HEALTH & DISEASE - HIV

1998

Zuma axes another disagreeable health body

(92)

M+G 3-8/4/98

Lynda Gledhill

Minister of Health Nkosazana Zuma has disbanded another medical body the HIV/Aids and Sexually Transmitted Diseases Advisory Committee, set up to advise her and members of her department on Aids policy

The committee was scheduled to meet Zuma next week to continue discussions on her intention to make Aids a notifiable disease, which the committee had previously opposed

A letter from Department of Health Director General Olive Shisana to committee members says the body is being "reconstituted", as set out in the White Paper for transformation of the health system

Members will now be appointed by Shisana for a period of three years and meetings will be funded by the National Aids Programme

"In order to proceed in accordance with the process described in the White Paper, some time is required to reconstitute the committee For this reason it has been decided to cancel the next meeting of the current committee which was scheduled for April 7 1998," the letter says

At the previous meeting, in October, the committee passed a resolution stating it does not believe making Aids notifiable is useful

If Aids becomes notifiable, the government will keep records of who has the disease

This will make it possible to trace the infection and determine where the disease is a major problem

But opponents say it may drive the disease underground, as people will refuse to be tested for fear of reprisals

Dr Mark Colvin of the Medical Research Council says the impact of the disbandment of the committee is minimal because the department did not listen to the committee's recommendations

"Everyone recommended against notification, but they are proceeding If we are being ignored, we are not serving a function."

Mary Crew of the National Project Committee for Life Skills says the committee had enormous expertise which will be difficult to match

"It's bad not to have a committee, but it is equally bad to have a committee that you don't listen to," she said

The decision to scrap the committee comes in the wake of the furore over Zuma's announcement that she intends disbanding the Medicines Control Council (MCC), and the suspension of MCC registrar Johan Schlebusch

In the way: Nkosazana Zuma has shut down the Aids advisory committee.
PHOTOGRAPH: RODGER BOSCH

and his deputy Chrystal Bruckner

The national health committee of the African National Congress this week announced its support for Zuma's decision to dissolve the MCC

"Minister Zuma has, unlike her predecessor, made enormous strides in making health care more accessible and affordable to the ordinary person For this she is commended," said Dr S Kariem, secretary of the ANC health committee

HIV patients live in fear for their clinic

ARG 6/4/98 (92)

Somerset unit threatened

GLYNNIS UNDERHILL
SPECIAL WRITER

The 24-year-old man knew he was in trouble when his partner fell sick with chest ailments.

Together they went to Somerset Hospital, which has the longest established HIV clinic in the Western Cape, where blood tests proved their worst fears. Both men were HIV-positive, a fate which they believed spelt a death sentence

But medical experts at Somerset Hospital turned their lives around.

For the past year the couple have been taking part in HIV clinical drug trials being run by hospital specialists for drug companies

"It hasn't cost us a cent My partner's health has improved a hundred and ten percent I feel well and I have not had any side effects from the drugs All I have is a bigger lust for life," said the fresh-faced young man

While attending a six-weekly check up, he hugs and kisses Sister Elizabeth Fielding, who shows her devotion to her patients with warm affection

Having joined the clinic when it opened in 1984, she is feeling understandably concerned Tears well up in her eyes as her patient describes how good she is to him Nobody knows these days what the future holds

The recent news that provincial health authorities had announced a business plan to save a R248-million shortfall in the health budget is having a devastating effect on morale Somerset Hospital was among five hospitals earmarked in this business plan for closure by July 1 to save funds

The young man said he was in a panic that his lifeline could be taken away

The cocktail of drugs he is taking includes AZT, medication which the government cannot afford to supply

"How could they close this clinic? It has given hope for me How can they condemn a person like this?" he asked

While the provincial health authorities claim there is no need for alarm, as the consultation process has only just begun, the alarm bells are ringing

Johan Smit, spokesman for provincial health minister Peter Marais, urged calm "No HIV patient or any other patient will be turned away," he said

Mr Smit said the HIV Clinic would be incorporated at another hospital but the specialists working there are doubtful services will continue if the hospital closes

Mr Marais' first-born was delivered at Somerset Hospital and he had a definite allegiance to the hospital, Mr Smit said "He is the last person to want to see the Grand Old Lady close "

But Robin Wood, head of the department of medicine at Somerset Hospital, remains deeply concerned

The HIV clinic, housed at the back of the hospital at the end of a long gloomy corridor, is modestly furnished and budgetary restraints are obvious. But the expertise has undoubtedly grown

"The closure of Somerset Hospital and the HIV Clinic will result in the loss of a centre with exceptional expertise in the field of HIV Undoubtedly, HIV patient care in the Western Cape will be adversely affected," he insists

Since it first opened its doors the clinic has been at the forefront of the battle against the HIV epidemic by maintaining a balance between patient clinical care and research

"Doctors trained at Somerset Hospital now supervise clinics at Groote Schuur Hospital, Tygerberg Hospital, 2 Military Hospital and Victoria Hospital

"Research has been an important component, adding to the body of knowledge concerning this epidemic in our local population, which has resulted in more than 100 articles and presentations at South African and international meetings and in journals," said Dr Wood

The HIV Clinic has been instrumental in supplying data for the development of HIV insurance policies and considerable research has also been conducted in the cost-effective diagnosis and treatment of HIV related conditions

This data has been used by medical aid societies in the development of their new HIV managed-care policies

"The loss of a centre which has contributed significantly to the development of cost-effective protocols for the management of the HIV will also result in misuse and waste of valuable resources," said Dr Wood

For the young man with HIV, the closure of the clinic is not something he can afford to dwell on "My friends also come here At least we know there is something worth living for At least I know I have HIV, but I am not sitting at home waiting to die "

LEON MULLER

Fresh hope: an HIV-positive mother taking part in drug trials at Somerset Hospital

Possible relief for HIV infants

(92) Sowetan 7/4/98

By Claire Keeton
Feature Writer

Two or three babies are born HIV-infected at the Chris Hani Baragwanath Hospital in Soweto every day However, groundbreaking research at the hospital could dramatically reduce the transmission of HIV to infants

"The Baragwanath (research) site is one of the largest as we have 500 patients on the trial," says co-director of the perinatal HIV research unit Dr Glenda Gray

"We will be contributing an enormous amount of knowledge internationally from Soweto"

The trial started in 1996 and is being run on a smaller scale at King Edward Hospital in Durban, in Tanzania and at two sites in Uganda

The treatment involves double therapy, which costs about R 1 500 for every mother-infant pair The drugs are sponsored for the trial and shipped in from overseas

Gray says: "We are using the anti-retroviral drug AZT and 3TC which act with synergy (to reduce transmission). It is a more profound treatment (than AZT alone) and we will have results by June."

Cost-effective method

Although treatment with AZT is so far the most cost-effective method of preventing the transmission of HIV from infected mothers to infants, it would nevertheless be costly for South Africa

Health Ministry spokesman Mini Vusani says: "In order to make a decision on treating pregnant HIV-positive women with AZT, the Ministry of Health is awaiting the results of studies currently being carried out at the Chris Hani Baragwanath and King Edward hospitals"

Recent research in Thailand, described by the United States Centre for Disease Control and Prevention, showed the number of HIV-infected infants could be halved with appropriate doses of AZT to pregnant women

"It is a most exciting research but still expensive," says Gray "About a quarter of all the women (in maternity) are HIV-infected and about 30 percent transmit HIV to infants We must make sure they have access to AZT"

The AZT treatment costs about R380 for each mother-infant pair and health authorities are in the process of deciding if they will be able to implement it across the country

"Whatever can be done to reduce transmission is a priority for us," says director of maternal and child health Dr Eddie Mhlanga

He said health authorities were discussing the cost, logistics and infrastructure as well as ethical questions related to the treatment

"One question would be whether to test every pregnant woman for HIV, irrespective of whether they have come for testing or not," Mhlanga explained

Today is Maternal Health Day, a reminder of the challenges and threats to maternal healthcare

The United Nations Programme on HIV-Aids (Unaids) released a report last December which warns that the HIV epidemic now rivals malaria as the leading killer in Africa

The United Nations International Children Emergency Fund (Unicef) believes the AZT treatment will "save thousands of children", particularly in Sub-Saharan Africa, where the Aids epidemic is rampant

"This new and strikingly cost-effective drug treatment against mother-to-child transmission of HIV during pregnancy, will fuel a major expansion of the war against Aids in the developing world," Unicef declared last week

Unicef, Unaids, the World Health Organisation (WHO), representatives of developing countries and the donor community met in Switzerland last week to discuss the implications of this new treatment

The finding prompted the pharmaceutical company, Glaxo-Wellcome, to offer to make AZT available at a cheaper rate in developing countries

Unaids and Unicef are jointly negotiating with the pharmaceutical industry on strategies to cut the price of the drug to make it more affordable

In Sub-Saharan Africa alone, there are 20,8 million HIV-positive women, out of a global total of 30,6 million

Latin America is the only other region in the world with over a million affected women

A thousand infants are born with HIV every day, most of them in developing countries, according to Unicef executive director Carol Bellamy

While AZT treatment for HIV-infected pregnant women has shown a high success rate in preventing transmission and is cheaper than current treatments, there are other options for limiting transmission

An important way of preventing transmission is for HIV-infected women to avoid breastfeeding and use breastmilk substitutes

More than 300 infants a day are infected through breastfeeding, mostly in sub-Saharan Africa, Unicef statistics indicate

Gray says: "It is easier for women with easy access to water, who can use substitutes, but it is more of a problem for women from poorer areas

"The state should be looking at a generic, no-name brand formula, then women can choose not to breastfeed."

There are real risks with formula-feeding if women have a limited supply of clean water Gray explained "In the 1960s the developing world became a dumping ground (for formula) and some infants died from gastro-enteritis after being formula-fed"

Despite the problematic history with bottle-feeding, it is crucial to find ways of making infant formula cheaper and safer to avoid HIV transmission through breastfeeding

Commercially produced infant formula is a more expensive way of preventing transmission than AZT in developing countries, yet AZT is not readily available

Gray says if breastfeeding is unavoidable, a mother should try to wean her infant as quickly as possible, and should not feed with cracked or bleeding nipples or when the infant has thrush

Another way of reducing transmission by about 50 percent is to have a Caesarean-section delivery Yet this method is very expensive since it costs about R10 000 to R12 000 a birth

Gray, a paediatrician, recommends that mothers take Vitamin A in the last trimester of pregnancy It does not reduce the transmission of HIV but has been shown to lower the chances of illness or infection

Gray said the perinatal unit plans to conduct research into why two-thirds of infants are born free of HIV-infection The infection rarely clears from infants born with HIV

Most babies die rapidly within two years, or slowly at some point in their early childhood

Infants included in the hospital study are under their care for the first 18 months

Gray says the hospital has developed local and regional guidelines for the care of affected infants and is working to develop national guidelines

She hopes that in the next five years there will be safe vaccines to give to children born to affected mothers

Flashback ... children at the Bethesda House in Soweto, which takes care of HIV-positive children.

Bonitas takes up Aids battle

By CHRIS HLONGWA (92) CP 12/4/98

THE GIANT medical aid scheme company, Bonitas, is spearheading a drive for the provision of benefits to Aids sufferers, national vice-chairman and chairman of the finance committee of the company, Aubrey Dube, said this week

Dube, who has seen some of his colleagues perish as a result of the disease – which is rampant especially in his home province of KwaZulu-Natal, with a 28% prevalence – believes no more time should be lost in trying to manage the disease

Other companies have shied away from involving themselves in the managing of the disease, he says

Acknowledging that Aids has no cure , Dube said the disease could however be managed by minimising its effects

He said medical advisers have told Bonitas the disease could be managed and a sufferer be given a lease of life of 15 to 20 years

"Because the virus can stay dormant, it does not necessarily mean contracting it is an immediate death sentence

"We have been engaged in research for some time with institutions like Groote Schuur."

With 180 000 members in the scheme and reserves of R565 million, the company has decided "to maintain its lead on Aids research" to install a benefit scheme from the end of April

"We don't know who will be next, so we are insuring ourselves," said Dube who is challenging other medical schemes and insurance companies to join hands in the research and provision of benefits

Current Bonitas members are paying approximately R2,20 each per month, to insure themselves

"I dare say at the end of the month the scheme will take off "

Dube who was elected into the national council of the fund in 1992, came in when Bonitas was having a deficit of R30 million, but "there's been such a phenomenal turnaround since then – now it has the muscle to make such groundbreaking initiatives

"We have set aside a substantial amount, we've done our homework," he said

Dube also said the disease was depleting manpower

"It will be in the benefit of this industry and SA's economy if other companies could join us in providing benefits to Aids sufferes," suggested Dube.

Aid for Aids, the company's Aids scheme unit, deals with managing the spread of the disease in the body, counselling and other related support services

"Anyone who has been diagnosed with the disease will phone the unit and their application will be confidentially processed

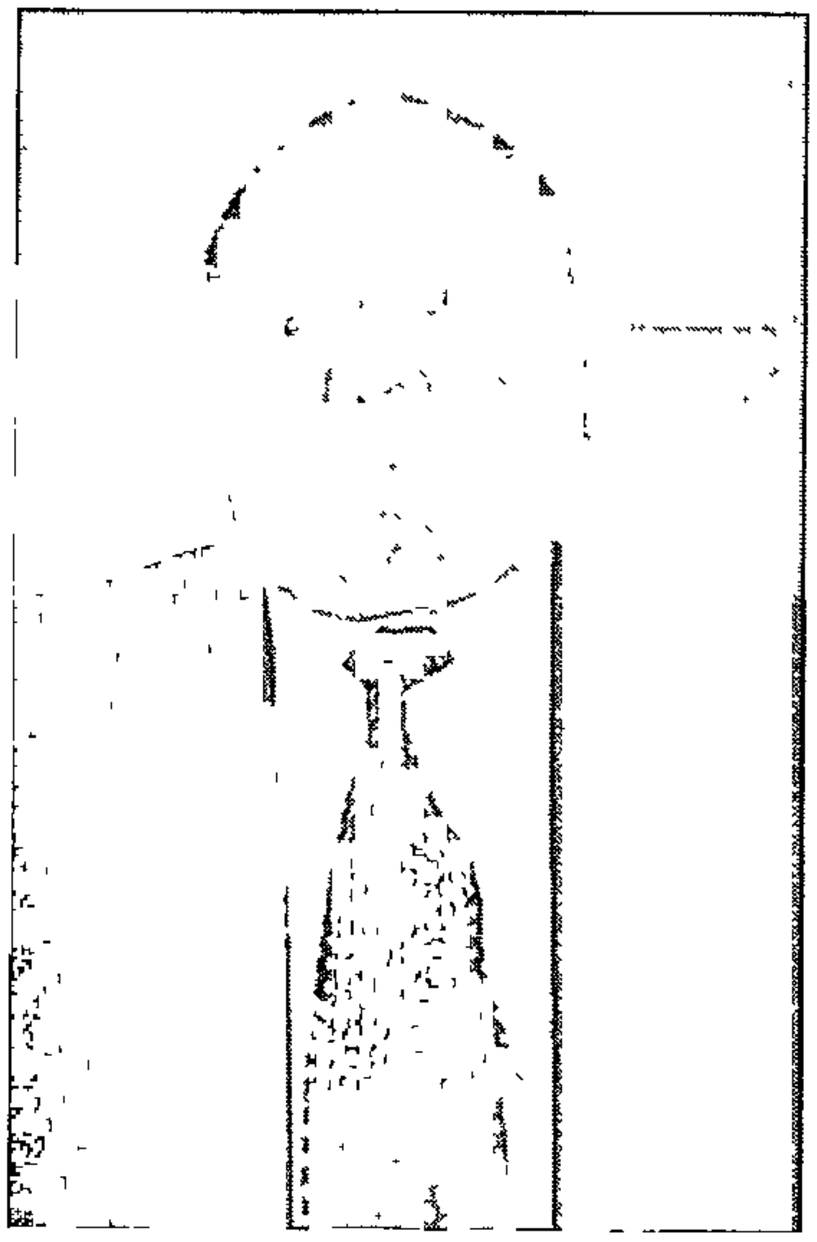
The unit will liaise with the person's doctor and then arrange for treatment "

Dube hopes Bonitas will use its reputation to influence the pharmaceutical companies to bring down the price of drugs used to control HIV

He was also optimistic that with the management of the condition, some sufferers may live long enough until a cure is found.

"Who knows?" he asked

Bonitas, who started out by catering for civil servants, is now open to the private sector and has devised new schemes, for high income down to low income earners.



PIONEER... *Aubrey Dube, vice-chairman of medical fund company Bonitas, has developed a scheme catering for Aids-HIV sufferers He urges other companies to initiate such units*

SOWETAN Friday April 17 1998

Economic effects of Aids not yet felt fully in SA

(92) Sowetan 17/4/98

By Mokgadi Pela

SOUTH Africa is yet to realise the extent of the impact Aids is having on the economy as the disease takes its toll on employees, according to a leading life insurance company

Old Mutual risk benefit actuary Mr Trevor Pascoe said employers could eventually lose large numbers of experienced employees, which would require hiring and training of replacement staff

This could result in the possible burden of low productivity during their first few months on the job

He said it was unfortunate that while evidence pointed to a growing HIV epidemic in the country, "most employers struggle to visualise how the disease is going to specifically affect them"

"For many, the disease has not yet had an impact on the company's bottom line

"One of the reasons is that HIV-positive individuals often remain healthy for a number of years before opportunistic diseases set in Only at this stage will employers experience greater absenteeism and consequently lower productivity," Pascoe added

He said besides human resources and production issues, Aids would also hit employers' pockets through rising employee benefit costs

Medical aid

Of these, medical aid costs and death benefit costs were likely to be those affected the most

Pascoe said already "funds are faced with the rising cost of death benefits and with the worsening Aids experience, insurers have to increase their premiums to meet the increasing number of death claims they expect to pay out over the next year"

Citing recent ante-natal surveys showing an average increase of 20 percent HIV positivity, Pascoe said the situation looked bleak for the economy

Government tackles the issue of AIDS in the workplace (92)

By the year 2000, two out of every ten employees could be HIV positive, writes CAROL PATON

ST (BT) 19/4/98

THE Department of Health has drawn up guidelines to help employers, including government departments, and their workers deal with the growing number of workers infected with HIV and AIDS

The guidelines include a step-by-step guide to drawing up an AIDS policy and provide legal and practical advice on dismissals of employees with AIDS, testing employees, benefits, managing workers with HIV and AIDS, AIDS education and the distribution of condoms

The guidelines also examine the effect AIDS is expected to have on employee benefits and they propose the restructuring of these in a non-discriminatory and financially sustainable way

Rose Smart, the Director of AIDS, HIV and Sexually Transmitted Diseases in the Department of Health, said the guidelines were both "generic and very detailed" and would be user-friendly both to private employers and government departments

All government departments had already appointed "focus people" to take responsibility for AIDS policy and the guidelines would be used to help them formulate their own internal policies

The departure point for the guide is the enormous impact AIDS is expected to have on the workplace By the year 2000 an average of two of every ten people in every workplace will probably be HIV positive

AIDS has the effect of lowering productivity because of absenteeism and low morale, and for raising costs like employee benefits and training

It is also expected that the AIDS epidemic will have a negative impact on economic growth, reducing economic output over a 20-year period by as much as one quarter

The guide highlights some of the key legal issues that must be considered when drawing up an AIDS policy and managing people with AIDS

☐ People with HIV and AIDS may not be discriminated against or dismissed simply because they have the virus or the disease

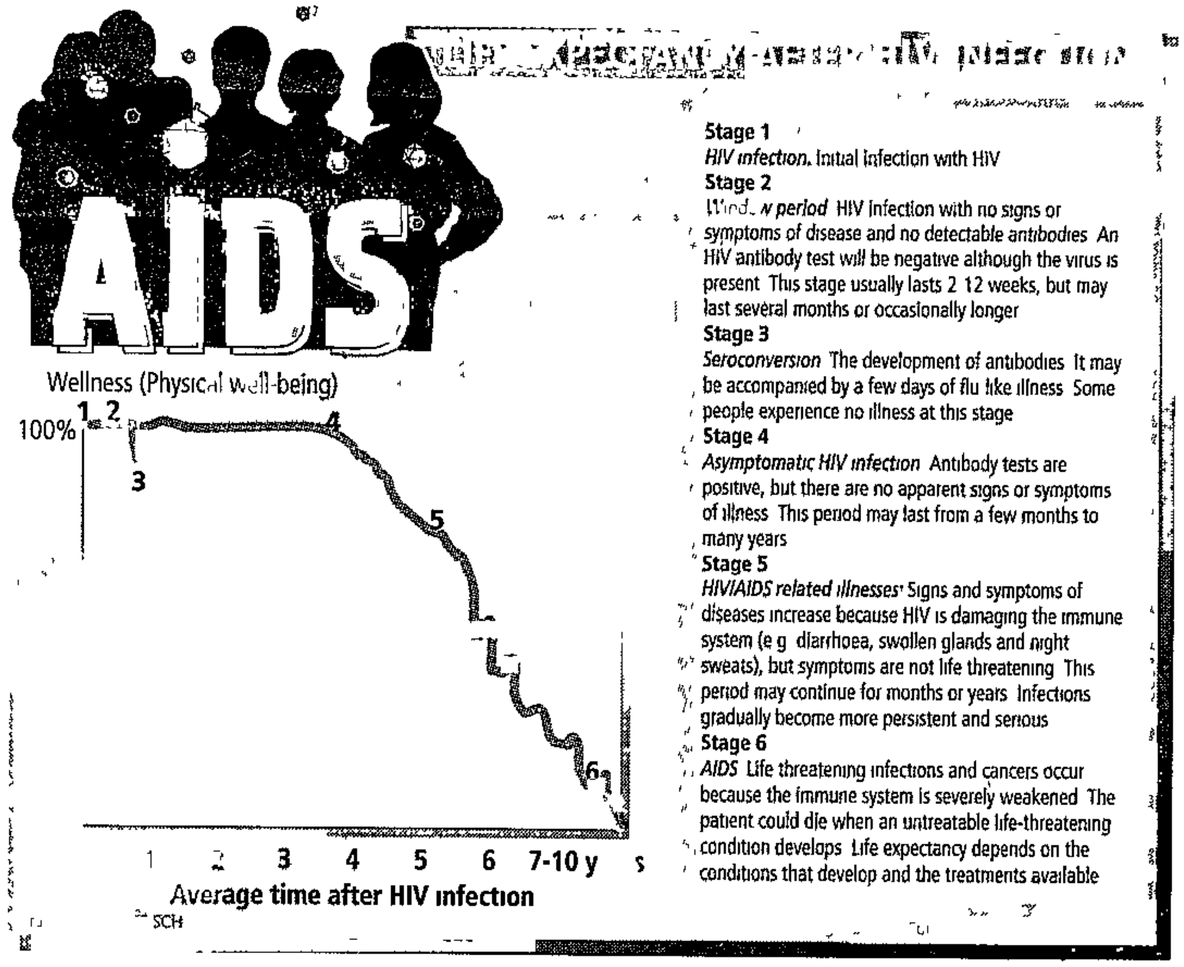
They are entitled to the same benefits, training and opportunities as other employees

☐ Employees have the right to confidentiality

They do not have to inform their employer if they are HIV-positive

☐ Employers must prevent the transmission of HIV during accidents

They are required to create a safe working environment and must therefore ensure the proper equipment is available and employees have been trained in how to prevent HIV transmission.



☐ People infected at work may claim compensation

If there is the possibility that an employee has been exposed to HIV during an accident, a test should be done immediately with their informed consent to determine their baseline status

Thereafter they should be tested again at three and six months and if they are positive, an application for compensation may be made to the Workman's Compensation Commissioner

☐ Employees with AIDS may be dismissed if they become too ill to work

HIV-positive employees must be treated the same as any other employee with a life-threatening disease and can eventually be dismissed on grounds of incapacity

The guide advises employers to develop objective and transparent procedures for assessing performance so all supervisors and managers understand the criteria for dealing with absenteeism, sick leave, transfer to lighter duties and early retirement

☐ Dismissal should be seen as a last resort

Employers are required to investigate adapting employees' duties or assigning them to lighter duties before dismissal

☐ HIV-positive employees should be offered early retirement

The guide recommends that employees who can no longer work are given early retirement along with the normal benefits

It encourages employers to support HIV-positive employees by allowing them time off to attend clinics and counselling, facilitating access to health services and transferring them to lighter duties

It warns against testing employees for AIDS

While pre-employment testing and pre-benefit testing are not yet against the law, new legislation and constitutional challenges are looming for both.

If testing does occur, it can only be done with the informed and written consent of the employee who must be offered pre- and post-test counselling

The confidentiality of the result must be assured and the individual informed in person

AIDS has already affected benefit schemes and as the epidemic matures could increase life and disability premiums and medical aid contributions by up to five times, the guide says

The guide provides a detailed treatment of the restructuring of benefits in a way that does not discriminate against HIV-positive employees but that could still be affordable

It also provides detailed information which will allow employers and unions to design their own AIDS awareness and education programmes

It gives practical advice on how and where to distribute condoms as part of an education programme

It provides advice on "wellness management" — how to maintain a workforce that is as healthy as possible in the light of the threat of AIDS

The guidelines will be distributed by the Department of Health next month

'HIV, Aids tests in jails costly'

(92) Saturday 23/4/98

By Ido Lekota

WHILE mandatory testing of prisoners might be an effective way of addressing the rocketing number of HIV-Aids cases in South African prisons, it would cost the Government at least R7,5 million to implement such a policy, Parliament was told yesterday

Correctional Services director for health and physical care Dr Younus Vawda said there were about 150 000 prisoners in SA jails and it would cost R50 to R80 to test each of them

Vawda said the number of HIV-Aids infected cases in prisons had more than doubled in the past three years

He revealed that in 1995 there were 29 HIV-Aids-infected prisoners, 38 in 1996 and 83 in 1997 Already 27 cases had been reported in the first two months of this year

According to Vawda, these statistics were not reliable because there was no mandatory testing of prisoners Authorities depended on voluntary information from those infected and the identification of patients with full-blown Aids

Revised policy

However, in terms of the revised policy on Aids adopted in 1996, measures are in place to try to tackle the prevailing situation, he said

These include the provision of condoms to prisoners, the establishment of sexually transmitted disease clinics and the partnership formed with the Ministry of Health and other ministries through the inter-departmental forums on HIV-Aids

Other measures included the distribution of brochures about basic information on HIV-Aids – some of which are written in graphic forms to cater for illiterate prisoners – and continuous training of prison staff in HIV-Aids patient counselling Prisoners are also being trained as peer counsellors, he said

Vawda said South Africa was the only country in Africa that provided condoms for prisoners

He said some of the problems his ministry was facing in its fight against HIV-Aids were overcrowding in prisons, the high turnover of prisoners entering and leaving jails daily, the high-risk sexual behaviour of some prisoners and the stigma attached to HIV-Aids

SAA tries to stem AIDS toll

Aspirant flight attendant claims airline's rejection, because he is HIV positive, violates his constitutional rights

ST 26/4/98 (92)

100 cabin attendants have died in 10 years, at a cost of R2,25m

SANTOSH BEHARIE

SOUTH African Airways is facing a crisis with at least 10 cabin crew dying from AIDS-related illnesses each year

It costs the airline R22 500 to train a cabin attendant, 100 of whom have died over the past 10 years at a cost of R2,25-million

Details of SAA's predicament emerged in the Johannesburg High Court this week after a young Cape Town man contested its refusal to employ him because he is HIV positive

In papers before court, Jacques Hoffmann, 25, said he had always wanted to be a flight attendant and was accepted by SAA in September 1996 But he was turned down at the last minute when his medical examination revealed his condition

Hoffmann, of Higgovale, said SAA's policy requiring flying personnel to undergo medical examinations as part of its selection process and to reject those who were HIV positive unfairly discriminated against him in terms of the Constitution

But Nadya Hoosen, head of SAA career management and employment, said in an affidavit that the airline's policy required cabin crew to be fit for worldwide duty

She said SAA required applicants for employment as cabin attendants to undertake six to nine months of training, and then post-employment training courses at an additional cost in the region of R6 000

"Because of the time and money that SAA spends on training each of the selected cabin crew applicants, it has a reasonable expectation that a cabin crew employee would remain in service for a reasonable period of time and certainly for a period exceeding the life expectancy of an HIV-infected person

"Twenty percent of applicants who are found suitable for employment as cabin crew attendants are found to be infected with HIV If SAA is obliged to employ 20 percent of its cabin crew attendants who are HIV positive, it would be compelled to replace these persons within a period of 10 years"

She said that more than 100 cabin staff had died of AIDS-related illnesses over the past decade

Another problem SAA faced was that flying personnel had to fly to areas in Africa and South America where there was a risk of yellow fever, necessitating their immunisation against the disease with a live vaccine But immunising HIV-infected people against yellow fever was potentially dangerous and ineffective

"Therefore SAA's policy of not employing individuals with HIV infection is an important precaution for the safety not only of its passengers, but also of the individual concerned," said Hoosen

Professor Barry Schoub, director of the National Institute of Virology, said in court papers on behalf of SAA that, depending on the stage of development of the HIV virus, those infected would not be able to comply with the nature and extent of safety obligations imposed upon cabin crew

He said Hoffmann appeared to be at the second stage of the virus, showing no symptoms and with his immune system still functioning

"SAA's policy of not employing flight crew personnel who are infected with HIV is, in my opinion, a justifiable precaution," said Schoub

He said besides yellow fever, there were other infections, such as tuberculosis, shigella enteric, salmonella, protozoal and measles, that could severely afflict HIV-infected individuals who travelled to developing countries with poor health standards

SAA claims in court papers that its policy is

- An important precaution which is justifiable on medical, safety and operational grounds, and
- Consistent with the corporate selection and employment policies used by other reputable airlines such as British Airways and Lufthansa

In court papers, Hoffmann said he was one of 12 flight attendants selected for employment in 1996 His selection was subject to a pre-employment medical examination, which included an AIDS test

His medical examination concluded that he was fit and suitable for employment as a flight attendant However, he was diagnosed as HIV positive

He was then informed on October 29 1996 that he was unsuitable for the position as SAA did not employ HIV-positive pilots or cabin service employees

"I believe that the current policy of SAA is inconsistent — to my knowledge, they currently employ HIV-positive cabin attendants," Hoffmann said

"My rights have been violated by the rejection of my application, solely on the basis of my HIV status"

Hoosen said Hoffmann had signed a declaration consenting to undergo a medical examination

But she did not deny that SAA employed cabin attendants who were HIV positive

She said ground staff were not tested for HIV or AIDS

Mastermind plans Aids research unit

M+G 30/4-7/5/98 (9)

Andy Duffy

The government is mulling over an offer from one of the world's leading Aids experts to set up a R40-million research unit in South Africa

Dr Luc Montagnier, the French scientist who first isolated the HIV virus in 1983, tabled his offer in a meeting in Cape Town last week with the Department of Health's Director General, Olive Shisana

The government would have to contribute to the cost of building the unit — one of a string Montagnier is setting up to pursue new prevention and treatment approaches in world HIV hot-spots

Montagnier, professor of virology at the Pasteur Institute in Paris, was unavailable this week Shisana refused to comment on his proposal

But the Medical Research Council, also present at the meeting, says the department wants to check whether Montagnier's offer fits into other government HIV initiatives before committing itself

The council's president, Walter Prozesky, says he expects the department's response by the end of May

Adds Professor Malegapuru Makgoba, chair of the council "Everybody is exploring ways in which we can have a co-ordinated, coherent effort in fighting HIV "

South Africa suffers the fastest-growing rate of HIV infection in the world, with an estimated 1 500 new infections every day Montagnier's research unit would look at strains of the virus peculiar to Africa and test vaccines appropriate to the region

The unit would be one of several built or planned by the Paris-based World Foundation for Aids Research and Prevention, established by Montagnier in 1993 The foundation built a similar unit in Cote d'Ivoire last year, and others are planned for Thailand, Japan and the United States

Prozesky says the South African centre would be managed by the Medical Research Council. The council, which reports to the Ministry of Health, funds HIV research at institutions across the country

Prozesky says the new unit would strengthen research efforts, while attracting top international scientists "Everybody knows we have to do more," he adds

He says Montagnier probably has another site lined up should the South African government rebuff him

Montagnier toured South Africa 12 months ago, searching for a site His three-day stay ending last Saturday was far more low-key

But he was accompanied by two other high-ranking officials from the Paris foundation — fellow physician Alberto Beretta and the foundation's business brain, Pier Luigi Vaghani They spent much of their time with prospective private-sector donors in Gauteng

They failed, however, to get a meeting with Deputy President Thabo Mbeki, who chairs the interministerial Cabinet committee overseeing government HIV strategy, or President Nelson Mandela Prozesky says both were too busy

Dr Luc Montagnier: First to isolate the HIV virus. PHOTOGRAPH: SIDDIQUE DAVIDS

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ELLIS

DP asks for investigation of ANC 'link' with AIDS drug

(92) BD 3/3/98

Wyndham Hartley

CAPE TOWN — The Democratic Party has asked public protector Selby Baqwa to investigate whether Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma actively supported the discredited AIDS drug Virodene because the African National Congress had been promised a 6% share in the company that would manufacture the drug

Sapa reports that Cryopreservation Technologies (CPT) yesterday denied any financial links with the ANC Spokesman Hugo Snyckers said his company welcomed any probe as it had nothing to hide He said government had no commercial interest in the company Its only interest in the matter was probably the hope that an AIDS drug would be developed

DP health spokesman Mike Ellis said yesterday there were court documents which showed that Mbeki and Zuma held urgent meetings with Olga and Zigi Visser, two of the drug's researchers, to resolve an internal battle at CPT last December

There was also a document before the Pretoria High Court in which the Vissers acknowledged the ANC would get a 6% interest in CPT once it was converted from a close corporation to a private company

Ellis also asked Baqwa to investigate whether there was any connection between Zuma promoting legislation which would allow her to overrule the Medicines Control Council and an ANC financial interest in the production of Virodene

Last year some of the Virodene researchers brought an urgent interdict in the Pretoria High Court to stop the Vissers from continuing to work on the drug They said Virodene was putting the lives of patients in danger

Virodene hit the headlines early last year when the Vissers asked for state funding for the drug It was later discredited when it was discovered that it contained an industrial solvent, and was rejected by the council. Ellis

Continued on Page 2

AIDS drug (92)

Continued from Page 1

BD 3/3/98

said that despite the negative publicity, Zuma had continued to support it and CPT, promising to take a decision one day to allow AIDS patients to take Virodene if they chose to She was also quoted as saying she wanted legislation in place which would allow her to overrule the council

Mbeki held four meetings in as many days to broker an agreement between the factions within CPT The court papers said the agreement reached would have seen CPT administered by a public official and paid for by the taxpayer "There are strong grounds for suspecting that these interventions by senior cabinet members were made to advance the financial interests of the ANC," Ellis said

National Party spokesman Daryl Swanepoel called for President Nelson Mandela to appoint a judicial commission to investigate the matter

Inkatha Freedom Party spokesman Ruth Rabinowitz said she had put a question to Zuma last year asking if the health department or the ANC stood to benefit financially from the production and use of Virodene Zuma had denied any links with the company. If it was established that the ANC had an interest in Virodene, it would mean she had misled Parliament

Virodene offer 'to ANC members'

ARG 3/3/98 (9a)

GLYNNIS UNDERHILL
SPECIAL WRITER

New documents in the possession of the Cape Argus reveal that shares in the AIDS drug, Virodene, were in fact to be offered to members of the African National Congress – but not to the Government.

A storm erupted after Democratic Party health spokesman Mike Ellis said he had asked Public Protector Selby Baqwa to investigate suggestions in court documents that the ANC stood to gain millions of rands by helping researchers developing the drug

But a letter sent in December last year by Zigi Visser, former administrator of Cryopreservation Technologies (CPT), which developed the drug, to George Chaane, secretary of the ANC, apologises for the confusion surrounding disclosure documents that were presented in court

"At no time would we have considered or intended to allocate or offer any member of the Government or the health department, national or provincial, with any of these shares and no such offer or suggestion has or ever will be made," he wrote

Mr Ellis claims to have proof that the ANC was promised a 6% stake in the close corporation, but the letter states the 6% stake was a shareholding within a subsidiary of CPT that was still to be formed

It had been intended for individuals and organisations who had done much to promote awareness and the cause of HIV/AIDS patients, as well as Virodene, said Mr Visser.

The people under consideration happened to be members of the ANC by political alliance, but were not members of the Government, said Mr Visser

"As the disclosure document was done in haste, no specifics as to conditions or merits were stated The description ANC was the wrong choice of phrase "

ANC 'stood to gain millions from Virodene'

JOVIAL RANTAO
PARLIAMENTARY BUREAU

CT 3/3/98

COURT documents suggesting the ANC stood to gain millions by helping researchers of the Aids-prevention drug Virodene, have sparked a major political row and calls for a top-level inquiry.

DP health spokesperson Mr Mike Ellis said yesterday he had asked Public Protector Mr Selby Baqwa to investigate the controversy and the role played by Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma.

Ellis yesterday presented documents which showed the ANC was to receive a six percent stake in the close corporation developing the drug, Cryopreservation Technologies (CPT), once it was converted into a private company, and that a Joshua Nxumalo, credited with introducing the ANC to CPT, would receive one percent of the shares in CPT.

Ellis suggested the ANC could have supported research into Virodene in return for financial returns. Confirmation of the offer of shares to the ANC is contained in minutes of a meeting of CPT members last October. Ellis has also asked Baqwa to determine whether the promise of shares in CPT, which would be worth billions if Virodene was approved, influenced Zuma in her resolve to support the research.

Other documents submitted by Mr Jacques and Ms Olga Visser, major shareholders in CPT, show that Mbeki and Zuma held meetings aimed at brokering a peace deal between the Vissers and Professor Dirk du Plessis and Dr Callie Landauer.

Du Plessis and Landauer, from the University of Pretoria, applied for an urgent interdict after they became aware that the Vissers had, without the knowledge of others in the company and in violation of a ruling from the Medicines Control Council (MCC), allegedly struck deals to distribute Virodene to African countries such as Zimbabwe, Ghana and Nigeria, as well as South Africa.

The Pretoria High Court has issued an interim order through which a neutral administrator, Dr Hugo Snyckers, former MD of Norstan Pharmaceuticals, was appointed to temporarily run CPT. Snyckers said there was no truth in the allegations. "It's lies," he said, adding that long-term plans to offer shares to black empowerment groups, contained in internal documents, had been misinterpreted.

Zuma's spokesperson Mr Vincent Hlongwane said: "There's no truth that the minister is supporting this research because it will benefit the ANC. She supports all research aimed at finding a solution to the HIV/Aids pandemic."

ANC spokesperson Mr Ronnie Mamoepa yesterday said Ellis' claims that the ANC had financial interests in the development of the drug were ludicrous and preposterous. "The ANC views these unsubstantiated allegations in a very serious light and will investigate all venues to seek relief on the matter. We take a dim view of attempts by the Democratic Party to cast an aspersion on the integrity of ANC president Thabo Mbeki and (Health) Minister Nkosazana Zuma."

Ellis claimed there were very strong grounds for suspecting the interventions by the Cabinet were made to advance the financial interests of the ANC. "If this is true, it's a scandal which makes *Sarafina II* pale into insignificance."

'ANC stood to make millions from Aids drug'

(92) Star 3/3/98

Ruling party rejects 'unsubstantiated DP allegations' while Zuma reacts angrily

By Jovial Rantao
Political Correspondent

Court documents, suggesting that the ANC stood to gain millions of rands by helping researchers of the Aids drug Virodene P058, have sparked a political row and calls for a top-level inquiry

Democratic Party health spokesman Mike Ellis said yesterday he had asked Public Protector Selby Baqwa to investigate the issue, as well as the role played by Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma

The ANC has strongly denied the allegations Mbeki and Zuma last night issued angry rebuttals Mbeki said the allegations were an attempt to score cheap political points and were designed to undermine a campaign launched last night by the Government to fight the Aids pandemic

ANC spokesman Ronnie Mamoepa said Ellis' claim that the ANC had financial interests in the development of the drug were "ludicrous and preposterous".

"The ANC views these unsubstantiated allegations in a very serious light and will investigate all avenues to seek relief on the matter. We take a dim view of attempts by the DP to cast an aspersion on the integrity of the ANC president and minister Zuma," he said.

He challenged the DP to produce evidence proving that the ANC had financial interests in the development of Virodene.

The most venomous of the reactions came from Zuma, who accused the DP of not caring for the majority of South Africans but "for the few that they represent"

"The DP hates ANC supporters. If they had it their way we would all die of Aids," Zuma told The Star last night.

At a press conference in Parliament yesterday, Ellis produced what he said was proof that the ANC was promised a 6% stake in the close corporation developing the drug, Cryopreservation Technologies (CPT), once it was converted into a private company

Confirmation of the offer of shares to the ANC is contained in minutes of a meeting of CPT members held in October

Ellis suggested that the ANC could have supported research into Virodene in return for huge financial returns

Zuma's spokesman Vincent Hlongwane said: "There's no truth in suggestions that the minister is supporting this research because it will benefit the ANC."

Cryopreservation Technologies, the company developing Virodene, also denied any financial links with the ANC

Ellis also presented documents which showed that during a series of emergency meetings with warring members of CPT between December 6 and 9 last year, Mbeki brokered an agreement in terms of which the affairs of the company developing Virodene would be administered by a Government appointee, paid out of public funds

"There are very strong grounds for suspecting that these interventions by senior members of Cabinet were made to advance the financial interests of the ANC If this is true, it's a scandal which makes *Sarafina 2* pale into insignificance ," Ellis said.

The Medicines Control Council refused to give permission for tests on humans, mainly because Virodene contains a toxic industrial solvent, dimethylformamide.

Mbeki's spokesman Ricky Naidoo said the deputy president was shocked that the DP could "stoop to this level when millions of South Africans are dying"

ANC-Aids scandal on the brew

(92)

Sowetan 3/3/98

DP wants drug link investigated

THE Democratic Party has asked public protector Mr Selby Baqwa to investigate whether the African National Congress had a financial interest in the development of the Aids drug Virodene P058

Documents in the party's possession indicated that the ANC was promised a six percent stake in the company developing the drug, Cryopreservation Technologies (CPT), DP health spokesman Mike Ellis said at a media briefing yesterday

"We also know that the Minister of Health (Dr Nkosazana Zuma) has at least considered taking legislative steps to help Virodene circumvent the problems it faced – particularly with the Medicines Control Council (MCC)"

Ellis said Zuma had told a World Aids Day rally in Pretoria last year that dying Aids patients "willing to take responsibility for their actions" should not be prevented from using Virodene

She was also quoted as having said she wanted "an enabling law that will allow me to overrule the Medicines Control Council"

Ellis said the DP also had evidence that Deputy President Thabo Mbeki – during a series of meetings with warring members of CPT between December 6 and 9 last year – brokered an agreement in terms of which the affairs of the company would have been administered by a government appointee, paid out of the public purse

"There are very strong grounds for suspecting that these interventions by senior members of the Cabinet were made to advance the financial interests of the ANC" – *Sapa.*

Pick 'n Pay staff down tools

By Abdul Milazi

Sowetan 3/3/98

CLERICAL staff and junior management employees at Pick 'n Pay in Highgate, Johannesburg, downed tools yesterday in protest against written warnings handed out to them by head office for "holding an unauthorised meeting" at the weekend

A manager, who did not want to be named, said the problem started when head office unilaterally transferred the Highgate branch's administration responsibilities to the Steeldale branch

"When the administration was moved to Steeldale, management at head office did not employ more staff to deal with the work load We held a meeting with our Steeldale colleagues on Friday to ask them what action we should take," said the manager

Pick 'n Pay spokesman Mr Frans van der Walt said staff from the Highgate, Boksburg and Steeldale branches had requested a meeting on Friday, but head office had objected because it was the busiest day of the week

'ANC unaware of possible Virodene offer'

BD 4/3/98 (92)

Pat Sidley
and Wyndham Hartley

THE African National Congress never knew of any possible allocation of shares in the close corporation which owns the patent for the controversial AIDS drug Virodene, according to letters sent by researcher Zigi Visser to the ANC in December

The Democratic Party (DP) has asked Public Protector Selby Baqwa to probe allegations that the ANC stood to make money out of Virodene Baqwa was yesterday reported as saying he would investigate the allegations

ANC spokesman Ronnie Mamoepa said last night Zuma became aware in December last year of the suggestion that the ANC would get a 6% shareholding in Cryopreservation Technologies (CPT) once it converted into a private company She immediately asked acting secretary-general Cheryl Carolus for an explanation She instigated an investigation which showed that CPT had no financial dealings with the ANC and the "so-called 6% share allocation did not exist The ANC was neither aware of such a shareholding nor had it consented to it "

Visser is one of the members of CPT, which owns the patent for Virodene He and his wife, Olga, have been involved in a dispute with other members of the corporation

In his letter to George Chaane of the ANC's legal desk dated December 11 — the date of the court case between the factions within CPT — Visser says that a reference in papers before court to a 6% allocation of shares was "intended for individuals and organisations who have done much to promote the awareness and cause of HIV/AIDS patients as well as Virodene and who are not yet aware they are to receive such shares or benefits for their selfless dedication and efforts" It said those who may in future be allocated shares "generally happen to be members of the ANC by political alliance, but not members of the government"

A letter the next day answering queries from the ANC said the purported share allocation to the ANC was "done without their knowledge or consent" and that "I hereby confirm that the ANC has had no dealings whatsoever with me nor my companies" He said the "ANC-aligned people referred

Continued on Page 2

Virodene

BD 4/3/98 (92)

Continued from Page 1

to held no mandate from the ANC and were never asked to produce any".

CPT administrator Hugo Snyckers said the letters were genuine. He was appointed administrator as part of a settlement of the dispute brokered by Deputy President Thabo Mbeki.

Snyckers said there was enough evidence to require Virodene to be investigated further, and believed this was the primary reason for the intervention of Health Minister Nkosazana Zuma and Mbeki after the Medicines Control Council refused to register it

CPT had consequently hired consultants to help it set up the required protocols for testing the drug.

Snyckers believed the Virodene issue had been badly handled from the outset. "In business never deal with politicians and do not work through the courts," he said.

Mamoepa said DP health spokesman Mike Ellis "has consistently pursued the interests of pharmaceutical monopolies and other forces opposed to health policies and programmes of the government We have it on reliable authority that some of the questions he poses in Parliament originate from some of these companies."

Ellis said Zuma's alleged statement that the DP wanted ANC supporters to die of AIDS was probably defamatory and he would consult his lawyers.

Comment: Page 17

CAPE ARGUS, **WEDNESDAY**, MARCH 4, 1998

Virodene shares for ANC were a 'black empowerment' move

ARG 4/3/98 (92)

DP's Mike Ellis alleges cover-up

GLYNNIS UNDERHILL
SPECIAL WRITER

African National Congress members and others who helped promote HIV/AIDS and Virodene awareness were to be rewarded with company shares by the developers of the AIDS drug Virodene as part of a "black empowerment" initiative.

This is the claim of Hugo Snyckers, acting manager of Cryopreservation Technologies, which developed the drug He said a wrangle within the company prevented the plans from materialising

A storm erupted when Democratic Party health spokesman Mike Ellis asked Public Protector Selby Baqwa to investigate suggestions in court documents that the ANC stood to gain millions by helping the researchers

Dr Snyckers said the company's intention to hand out shares to people for their selfless dedication were outlined in a copy of a letter, now in the possession of Cape Argus

But the letter was dismissed by Mr Ellis as a possible "cover–up"

The December letter from Zigi Visser, former administrator of Cryopreservation Technologies to George Chaane of the ANC legal desk, claimed the eligible people generally happened to be members of the ANC political alliance. Mr Visser apologised to the ANC for the confusion surrounding the disclosures in court.

"As the disclosure document was done in haste, no specifics as to conditions or merits were stated. The description ANC was the wrong choice of phrase and RDP might have been more accurate in this instance, however not complete," he wrote.

In the letter, Mr Visser said the company had not intended to allocate or offer any shares to any member of the Government or the health departments, national or provincial.

Mr Ellis said: "If you are going to give away a 6% share in a company that has a money-making potential like Virodene has, you do not make mistakes as to whom you purport to give shares to "

Dr Snyckers said yesterday the plans to give away shares to dedicated AIDS workers had never materialised. The company would have had to have converted from a close corporation to a private company, he said

Outside clinical researchers had been appointed to help develop an acceptable protocol for the drug, which had not been passed for clinical trials by the Medicines Control Council, said Dr Snyckers.

Meanwhile, the political row between the ANC and the DP threatens to blow up into a legal war.

In a statement yesterday, the ANC said again Mr Ellis "consistently pursued the interests of pharmaceutical monopolies and other forces opposed to health policies and programmes of the Government".

"We have it on reliable authority that some of the questions he poses in Parliament, in fact, originate from some of these companies," said ANC spokesman Ronnie Mamoepa

Mr Ellis said he would seek legal advice on Mr Mamoepa's statements and was considering suing Health Minister Dr Nkosazana Zuma for saying the DP wanted all ANC supporters "to die of AIDS" – Additional reporting by Charles Phahlane

Virodene offer to ANC 'wrong choice of phrase'

CT 4/3/98 (92)

HOPEWELL RADEBE

JOHANNESBURG: The offer to the ANC of a 6% stake in a subsidiary developing the Aids drug Virodene was "done in haste" and was the "wrong choice of phrase", the developers, Cryopreservation Technologies (CTP), told the ANC in December

In documents released by the African National Congress yesterday after a meeting of the party's national working committee, spokesperson Mr Ronnie Mamoepa hit back at claims by Democratic Party (DP) health spokesperson Mr Mike Ellis

The DP on Monday asked the public protector to investigate whether the ANC stood to benefit from its support for Virodene research He charged that court documents suggested that the ANC would be given a stake in the Aids drug, which stood to earn millions if it ever came on the market

'We never intended to offer government members the shares ... no such offer was made.'

In the documents released by the ANC, CTP administrator Ms Olga Visser wrote to Mr George Chaane of the ANC legal desk in December last year, explaining "As the disclosure document was done in haste, no specifics as to conditions or merits were stated The description 'ANC' was the wrong choice of phrase and 'RDP' might have been more accurate in this instance.

"At no time would we have considered or intended to allocate or offer any member of the government, the national or provincial health department the shares, and no such offer or suggestion has ever been made

"The people under consideration for the future allocation of these shares in a company (not yet formed), however, generally happen to be members of the ANC by political alliance, but not members of the government

"Many spend hours a week of their own time working for the HIV/Aids cause at no compensation "

Visser's letter followed a flurry of correspondence and meetings which involved Health Minister Dr Nkosazana Zuma, ANC acting secretary-general at that time Ms Cheryl Carolus and Deputy President Thabo Mbeki

In a letter to Carolus, Visser said: "I apologise for the misconstrued intent conveyed in a private company document " Zuma had queried the share offer with Carolus

She wrote to Carolus, saying "Would you kindly inform me of the validity of this suggestion as a matter of urgency "

In the documents released yesterday, the ANC again hit out at Ellis and the DP

Mamoepa said: "It is insulting in the extreme for the DP, on the basis of snippets of information, to even imagine that the ANC could enter into such a financial arrangement

"Unlike the Democratic Party, when the ANC pursues the needs of the sick and vulnerable, it is driven not by interests of pecuniary gain, but because it cares

"Had Mike Ellis inquired with the ANC before rushing to the media, these facts would have been explained to him Instead, the very party that croons about wastage of public resources chooses to rush to the public protector on a matter which could have easily been clarified "

Meanwhile, President Nelson Mandela has flatly rejected a National Party call for a commission of inquiry to probe the allegations that the ANC had a financial interest in Virodene.

Presidential spokesperson Mr Parks Mankahlana said yesterday that commissions were important in any society that respected the rule of law, but were only appointed after thorough consideration

"President Mandela will not trivialise this important judicial process by appointing a commission of inquiry for every problem or misunderstanding that arises," he said

"Political parties must bear in mind that judicial processes are not political footballs "

NP executive director Mr Renier Schoeman said in a letter to Mandela yesterday that his party was specifically concerned about the involvement of Mbeki, who allegedly mediated between warring members of the company last year and offered to have it run by a government appointee paid by money from the public purse

"In the interest of transparency and accountability we therefore call on you to appoint, as a matter of urgency, a judicial commission of inquiry to fully investigate this matter," Schoeman said

Virodene row: Mandela rejects call for inquiry

(92) Star 4/3/98

By Hopewell Radebe
Political Reporter

President Nelson Mandela yesterday flatly rejected a call for a commission of inquiry to probe into whether the ANC had a financial interest in the controversial Aids drug Virodene P058

Presidential spokesman Parks Mankahlana said commissions were important in any society that respected the rule of law, but were only appointed after thorough consideration "President Mandela will not trivialise this important judicial process by appointing a commission of inquiry for every problem or misunderstanding that arises"

The DP on Monday asked Public Protector Selby Baqwa to investigate whether the ANC stood to benefit from its support for Virodene Ellis charged that court documents suggested the ANC would be given a stake in the Aids drug, which stood to earn millions for its developers if it ever came on to the market

"Political parties must bear in mind that judicial processes are not political footballs," Mankahlana said

He added "A matter of this kind seems to us to fall within the ambit of the Public Protector If there was a need to investigate any possibility of impropriety on the part of any public official, that would be the correct avenue"

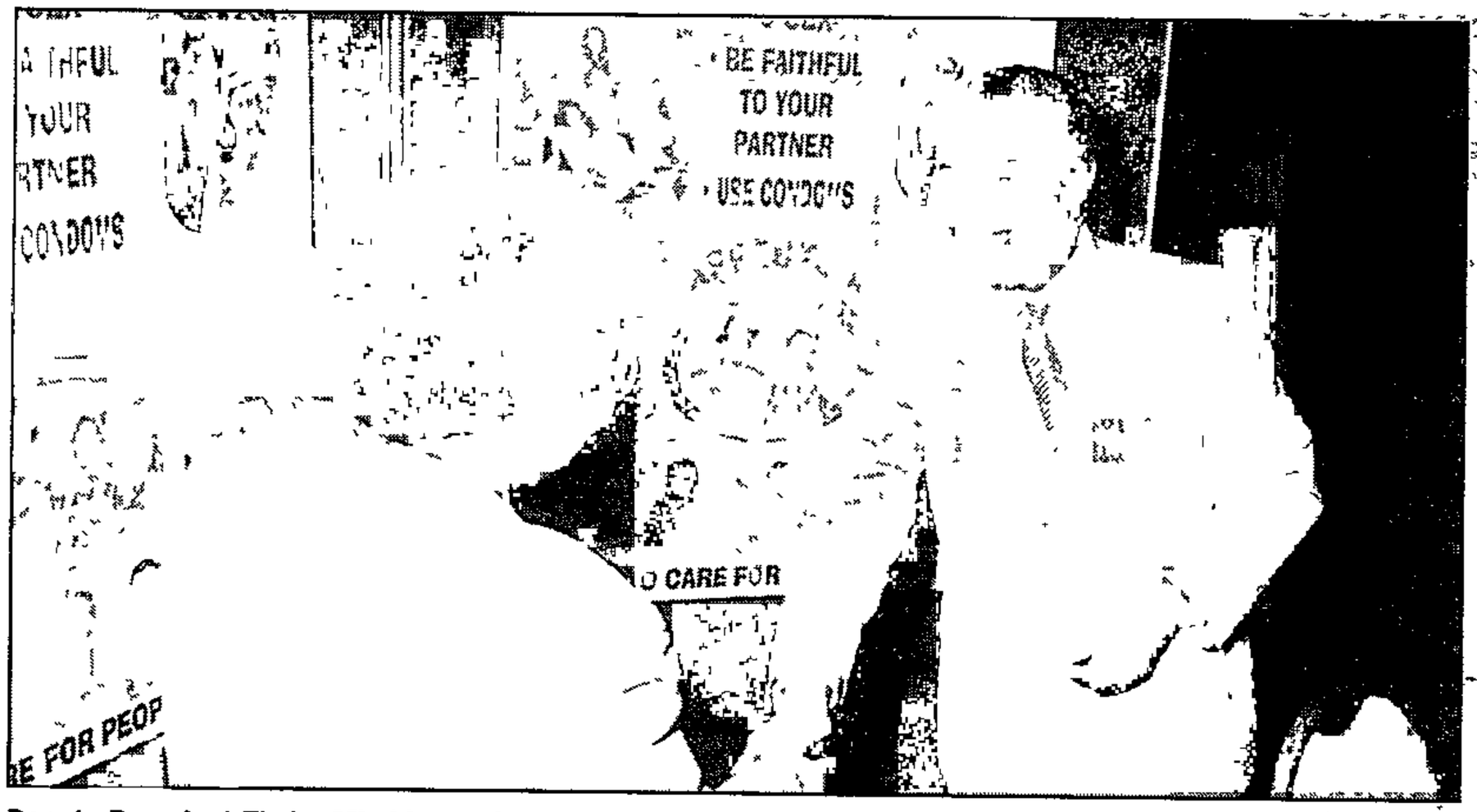
However, in the view of the presidency, "there is neither a need for a commission of inquiry nor a referral to the Public Protector"

But the offer to the ANC of a 6% stake in a subsidiary developing the Aids drug Virodene was "done in haste" and was the "wrong choice of phrase", the drug's developers, Cryopreservation Technologies told the ANC in December

After a meeting of the party's national working committee, ANC spokesman Ronnie Mamoepa hit back at claims by DP health spokesman Mike Ellis Mamoepa said yesterday "It is insulting in the extreme for the Democratic Party, on the basis of snippets of information, to even imagine that the ANC could enter into such a financial arrangement"

The ANC said Ellis' accusation that it had a financial interest in the production of the Aids drug Virodene P058 was aimed at protecting his vested interests in the pharmaceutical industry Ellis denied these allegations and said he would consult his lawyers today with a view to taking the ANC to court

▶ **Zuma's insult**
Page 3



Deputy President Thabo Mbeki unveils an Aids poster campaign in Pretoria. With him is Health Minister Dr Nkosazana Zuma, who says the poster commits the Government to a partnership in the fight against Aids. PIC JOE MOLEFE

Mbeki fires broadside at DP over Aids

(92) Sowetan 4/3/98

By Mokgadi Pela

THE Government has reiterated its commitment to the battle against the HIV-Aids scourge

It also launched a broadside at the Democratic Party (DP), accusing it of "stooping low" after the DP's accusation that the African National Congress (ANC) stood to profit from the Aids drug, Virodene

Responding to allegations by the DP that the ANC had a financial interest in the development of the Aids drug, Virodene PO58, Deputy President Thabo Mbeki said "I am disappointed that people will stoop so low to score points

"The DP cannot hide its pathological hatred of the ANC Let us, however, not be deflected by activities of those who have no interest in the welfare of our people "

Unveiling the Government's official Aids poster in Pretoria on Monday night, Mbeki said the disease presented South Africa with "one of the greatest challenges since 1994"

"We will wage this campaign so that fewer people acquire HIV We will do this so that it shouldn't be said that South Africa leads the way in HIV and Aids statistics

"We also want to say it's the responsibility of everybody to respond to this crisis

"It's disturbing when you hear that up to 60 percent of bodies in mortuaries in Natal are HIV-positive

"We are also worried about the fact that about 45 percent of hospital admissions in the country are HIV-positive

WHO statistics

'Figures provided by the World Health Organisation (WHO) show that about 66 percent of people with HIV live in sub-Saharan Africa," Mbeki said

He said Government would link up with business and all role players in a national "offensive to save lives"

Health Minister Dr Nkosazana Zuma urged the public not to discriminate against people with Aids because it was like any other disease

Zuma said the poster would be displayed in all Government buildings to show its commitment to the fight against Aids

No drug money inquiry – ANC

Sowetan 4/3/98 (92)

PRESIDENT Nelson Mandela has rejected a National Party call for a commission of inquiry to probe whether the African National Congress has a financial interest in the controversial Aids drug Virodene P058

Presidential spokesman Mr Parks Mankahlana said yesterday that commissions were important in any society that respected the rule of law, but were only appointed after thorough consideration

'President Mandela will not trivialise this important judicial process by appointing a commission of inquiry for every problem or misunderstanding that arises Political parties must bear in mind that judicial processes are not political footballs

"A matter of this kind seems to us to fall within the ambit of the Public Protector If there was a need to investigate any possibility of impropriety on the part of any public official, that would be the correct avenue," he said

However, in the view of the presidency, "there is neither a need for a commission of inquiry nor a referral to the Public Protector"

The NP called for the commission after the Democratic Party released documents which it claimed indicated the ANC was promised a six percent stake in the company developing the drug, Cryopreservation Technologies

The NP s Reinier Schoeman said his party was specifically concerned about the involvement of Deputy President Thabo Mbeki – *Sapa*

Zuma 'knew nothing about Virodene offer'

BD 5/3/98 (92)

Pat Sidley

HEALTH Minister Nkosazana Zuma has written to the owners of the Virodene patent, Cryopreservation Technologies, saying that she had no knowledge of a proposed allocation of shares — and asking for an explanation

Her query arose after she saw court documents presented by warring factions of the close corporation in December, one of which contained a reference to the possible allocation of shares to members of the African National Congress (ANC)

Her letter, dated December 9 last year, said. "I am not aware of any such proposal having been brought to the attention of the African National Congress I am also not aware of the origin of such a proposal Would you kindly inform me of the circumstances surrounding this matter as a matter of urgency"

A day later, ANC legal co-ordinator George Chaane wrote to Cryopreservation Technologies with the same concern and request

His letter stated. "The ANC has absolutely no knowledge of this matter, has had no dealings with Cryopreservation Technologies and has authorised no one to enter into this or any other agreement, or to be in any way associated with your present or future business concerns on its behalf.

"You will perhaps be kind enough to inform this organisation, at your very earliest, about the person or persons from the ANC whom you have been dealing, as well as indicate under what authority they purported to deal with you"

The letters were answered by close corporation member Zigi Visser who apologised for the apparently tactless error and confirmed to the ANC that no approach had been made to the ANC and no shares had been offered

Sapa reports that the office of public protector Selby Baqwa said yesterday he was already probing allegations that the ANC had a financial interest in the controversial AIDS drug Virodene P058.

"Yes, we are investigating the matter," spokesman Tinus Schutte said in Pretoria "Mr Baqwa has asked for extra documents related to the matter and received some yesterday (Tuesday)."

The Democratic Party released documents on Monday which, it said, indicated that the ANC was promised a 6% stake in the company developing Virodene, Cryopreservation Technologies.

Schutte, asked yesterday what stage the probe had reached, said: "The preliminary stage and the full investigation often overlap You can say that we are investigating the matter."

MINDING THE TILL... *Ajith Haripaul is now financial controller at South African Breweries' Rosslyn Brewery*

HANDS ON... *Tlhabeli Ralebitso has been appointed capacity engineer – at South African Breweries' Rosslyn Brewery*

Aid for Aids sufferers

IN THE PAST, medical schemes would not pay for HIV/Aids. Now Bonitas Medical Fund offers a solution by way of the Aid for Aids programme, which provides benefits for the treatment of HIV/Aids.

Benefits include counselling, vaccinations, medication, hospitalisation, consultations and tests.

Bonitas deputy chairman Aubrey Dube says if you have HIV you can join the Aid for Aids programme, where their medical team is especially trained to help

"Instead of keeping your disease a secret, tell the medical staff in the Aid for Aids unit about it. No one outside the unit, except your doctor, will know about your condition – not your employer, not even your medical scheme," he says.

Dube added that the programme is also open to pregnant women and all members of a family.

Medical schemes are also welcome to contact the unit for help.

The Aid for Aids unit can be reached at (021) 658-6555, or fax (021) 685-2283. Write to PO Box 23286, Claremont 7735.

CP 8/3/98

'The ANC will not cash in'

AIDS drug storm only obscures the HIV crisis, says Mbeki

CP 8/3/98 (9a)

By THABO MBEKI

IN DEFENCE. *Thabo Mbeki explains the ANC's involvement with the company which is researching the AIDS drug,* Virodene

FROM THE DAY it entered the public domain, *Virodene* has been attended by impassioned controversy and strident charges of dangerous and unethical behaviour

As it proceeds towards a seemingly uncertain future, it continues to stir up more controversy and yet more strident charges of dangerous and unethical behaviour

The *Virodene* researchers themselves have had unbounded criticism heaped upon them.

As expected, the minister of health has not been spared the poisoned barbs

On top of all that, these researchers have been subjected to a provocation by a person who falsely claimed to have fallen seriously ill as a result of being treated with *Virodene*

Hot on the heels of this fraud, night raids directed at some of the researchers were carried out by investigators in search of information about alleged criminal behaviour

Shots have been fired at one of the researchers by unknown gunmen, leading to the need to provide armed protection

How alien all these goings on seem – those who seek the good of all humanity have become the villains of our time!

The storms generated by all these vexatious proceedings have served to obscure the fact that what confronts us all is the pressing crisis of an escalating pandemic of AIDS

Two-thirds of those affected world-wide are in Sub Saharan Africa, including a 2 800 000-strong South African contingent

Often I have wondered whether those who have generated the storms with the greatest enthusiasm did not seek to achieve precisely this result!

However, let us come to the matter which has caused the latest rumpus around *Virodene*

Neither the ANC nor anyone in its leadership, whether working inside or outside Government, has been or will be involved in any financial arrangement related to *Virodene*

Neither has there been any discussion between any of these and any other person which related to financial arrangements involving the ANC and any among its leadership

To satisfy those who seem so perversely attached to the notion that the ANC and the Government are guilty until proved innocent, the independent public protector will, in due course, pronounce on these matters

A question has also been posed as to why I interacted with the researchers on matters affecting the company handling *Virodene* affairs, Cryopreservation Technologies cc (CPT)

Last year, differences emerged among the reseachers

Ultimately, the courts facilitated a resolution of this dispute

The dispute threw up two dangers

One of these was that CPT could be auctioned to the highest bidder

The second was that the dispute could block the clinical trials to which the Medicines Control Council (MCC) ultimately and at last, agreed, but later change their mind

If the first eventuality came to pass, the intellectual property represented by *Virodene* could fall into the hands of people who could shut down the research effort or sell *Virodene* at unaffordable prices, should it be licensed as effective medication

Taking these matters into account, the minister of health and I decided that we should help the researchers to resolve the differences among themselves to facilitate the carrying out of the critical trials that would test the efficiency of *Virodene*

The judicial process resulted in the appointment of a neutral administrator to oversee the affairs of CPT

We have met the administrator and conveyed to him our support as he carries out his important tasks

Should a similar situation emerge in future, requiring that we intervene to encourage the researchers not to allow anything to compromise their legitimate scientific work, we will intervene

More than twelve months ago, emanating from a request the minister of health presented through me, the Cabinet listened to a presentation by the *Virodene* researchers

Cabinet also had the privilege to hear the moving testimonies of AIDS sufferers who had been treated with *Virodene* with seemingly very encouraging results

The Cabinet took the decision that it would support the *Virodene* research, up to the completion of the MCC processes

So far, this has not necessitated any financial or other material support

The Cabinet has not changed its mind on this issue Those in Government who deal with this matter directly, including the minister of health and myself, will continue to do so until Government policy changes

The importance of this is further emphasised by the fact that our entire system of government, from the national to the local level, has begun implementing a programme of action of sustained national mobilisation to intensify the offensive against the spread of HIV/AIDS

The Government has established an Inter-Ministerial Committee on HIV/AIDS to lead this critical campaign I chair this Committee and the Minister of Health heads its Secretariat.

Both I and the minister of health, as well as the rest of our colleagues in our country's system of governance, will try as best as we can to discharge our responsibilities in the supremely important fight against HIV/AIDS, including support for all relevant bona fide medical research

MCC had vested interest in AIDS drug, says ANC

The ... of words over the AIDS drug *Virodene* continued ... this week. In the latest developments, the ANC accused the Medicines Control Council (MCC) of blocking further research into the drug because it allegedly had a "vested financial interest".

This charge was levelled by ANC secretary general Kgalema Motlhanthe, who went on to charge that the MCC was "playing God" by hampering research into establishing whether *Virodene* was an AIDS cure or not.

Earlier in the week the Democratic Party – which instituted this latest round of controversy – said the ANC stood to gain substantially if the drug was approved.

... from health, Mike Hill said of court papers which showed that the ... true ... found to be ... AIDS, we are ... billion and billions ... would never have to raise another cent again."

The ANC denied that the maker of *Virodene*, Cryopreservation Technologies, ... party shares.

... revealed the memo to Health Minister ... Zuma and the ANC, where the *Virodene* company cleared the air over the issue.

In the letters, the *Virodene* company says "At no time would we have considered or intended to allocate or offer any member of government or the health department, national or provincial, any of these shares, and no such offer or suggestion has or ever will be made".

... company apologised for the misconstrued intent conveyed in the document.

Motlhanthe reiterated that the ANC had no financial interest in the drug, but said there could be a conspiracy to block research into it.

Political comment and newsbills by K Sibiya and L Kalane, headlines and sub-editing by F Moyo, all of 2 Herb St, New Doornfontein, Johannesburg

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School shock: All students HIV-positive!

CP 8/3/98

(94)(92)

ALL THE STUDENTS of a Soweto high school were found to be HIV-positive (infected with the human immuno-deficiency virus) – and, as a result, health authorities had to destroy about 400 litres of contaminated blood taken from the pupils

This is, according to City Press sources, a major problem faced by the SA Blood Transfusion Service, which invariably stumbles upon litres of infected blood each time they try to replenish the blood bank.

About 920 students at the school are infected, according to a well-placed and impeccable source

HIV is the virus that develops into full-blown AIDS within months or years in an infected human being This incident, according to the source, explains the absence of blood transfusion services in Soweto schools in the past two years.

"We haven't spoken to the press about this incident because AIDS stigmatises," said the source

The implication is that the HIV/AIDS epidemic is rampant in South Africa and runs deeper than people want to believe – one would assume that if pupils at one school were found to be HIV-positive, the situation in the rest of Soweto schools and the country becomes academic

Ten years ago an estimated 15 000 South Africans were HIV-positive, City Press reported at the time And in 1988 the health authorities gave the official figure of South Africans with full-blown AIDS as a paltry 96 people.

☐ Asked if the school incident was perhaps a cover-up by the health authorities, the source denied it It was considered a sensitive issue which would have wrecked the work of anti-AIDS workers in the townships and elsewhere

This revelation comes during an alarming HIV/AIDS epidemic which a number of health experts, health workers and non-governmental organisations (NGOs) warn will kill millions of young people if urgent and drastic action is not taken to combat it.

Published figures of South Africans infected by the HIV/AIDS epidemic at the moment range between 2,2 million and 3,5 million Working on these figures means between 220 000 and 350 000 South Africans, especially young people, will die each year for the next 10 years.

On the other hand, a number of health workers and NGOs say the official figure is the tip of an iceberg These organisations at the rockface of the infection, warn that South Africa is facing an AIDS epidemic of biblical proportions between now and the next century.

☐ In another development, the 1998 national HIV survey of women attending antenatal clinics of the public health services will hopefully throw some light on the epidemic

Rose Smuts, director of the Department of Health's National AIDS Programme, would not talk about the survey, which is expected to be made public within weeks, except to say. "We are going to see a predicted increase The whole matter is a complete disaster Crime, road accidents and

☐ To Page 2

P.T.O

SPECIAL REPORT

By ZB MOLEFE

Virodene: We'll know in a matter of weeks

(92) CP 8/3/98

By CHARLES MOGALE

IN A MATTER of weeks, South Africa should know if we have a wonder drug that will wipe the tears of Aids sufferers here and all over the world – or if our compatriots will literally drop dead in unmanageable numbers from the disease

When Virodene came onto the scene last year, it brought with it a flicker of hope for millions all over the world suffering from the deadly HIV/Aids disease The flicker was blown out like a candle in the storm when the Medicines Control Council halted its use on humans because it was not registered, and proper channels had not been followed to secure the council's blessings

Since then, the manufacturers of Virodene have made three submissions to the council All failed because of loopholes in the drug that had not been tightened yet A fourth submission is expected to be made within the next two months

The major complaint against Virodene is that one of its components is a toxic industrial solvent that could be harmful to the liver

This week Dr Hugo Snyckers, interim chairman of Virodene manufacturers Cryopreservation Technologies (CPT), was upbeat about the possibilities

Snyckers is a leading pharmacologist with 40 years' experience His father founded the giant Noristan group, which he (Snyckers) headed for 18 years

Responding to accusations that Virodene is toxic, Snyckers told City Press "Of course it could be All medicines could be. I would not like to make any claims now, but when we talk about toxicity we should consider the dosage involved, and its rate of absorption If you drink it, sure it will kill you "

Virodene comes in the form of a plaster-like patch which is attached to the skin The skin then absorbs it into the system – "at a very, very slow rate".

The manufacturers claim that it improves the body's immune system immensely.

"What we have to consider is if the side effects outweigh the positive aspect of the treatment," Snyckers said "There isn't sufficient evidence yet to say if the potential benefits outweigh the risks When we do hand in our next submission, we hope it will comply with the the requirements of the council "

Snycker described as nonsense allegations that Virodene was being sold regardless of its ban

"We are not ready yet If anyone is offered Virodene, they must refuse it We are not sure if what they are offered is the real thing or not It does seem some people decide to use it, and when they pick up problems, then they blame it on us We urge the police to bust whoever is selling this product – if they are so sure of their facts why are they not prosecuting?"

Reports that the ANC had been offered shares in the product were also misleading, he said.

"The government was interested in the success of the research because it had the responsibility to care for most AIDS sufferers "

Fiddling while the AIDS crisis gets out of control

We mediated in the disputes around the drug Virodene in a bid to further the fight against the epidemic, writes Deputy President THABO MBEKI

(92)

ST 8/3/98

FROM the day it entered the public domain, Virodene has been attended by impassioned controversy and strident charges of dangerous and unethical behaviour

As it proceeds towards a seemingly uncertain future, which more recent events suggest, it continues to drag with it more controversy and yet more strident charges

The Virodene researchers themselves have had unbounded contumely heaped upon them, as has the Minister of Health, Dr Nkosazana Zuma

On top of all that, a person has falsely claimed to have fallen seriously ill as a result of being treated with Virodene, night raids have been directed at some of the researchers by investigators in search of information about alleged criminal behaviour, and shots fired at one of the researchers have necessitated armed protection

How alien all these goings-on seem to be to the noble pursuits of medical research!

In our strange world, those seeking good for all humanity have become the villains

The great sand storms generated by all these vexatious proceedings have served to obscure the fact that what confronts us all is the pressing crisis of an escalating pandemic of HIV/AIDS Two thirds of those affected worldwide are in sub-Saharan Africa, including 2,8 million in South Africa

Nevertheless, let us come to the matter that has caused the latest rumpus Neither the ANC nor anyone in its leadership, whether working inside or outside the government, has been or will be involved in any financial arrangement related to Virodene

Neither has there been any discussion between any of these and any other person which related to financial arrangements involving the ANC and any among its leadership

The allegation that the ANC has been involved in such arrangements or discussions is both completely false and gravely insulting

To satisfy those who seem so attached to the notion that the ANC and the government are guilty until proven innocent, the independent public protector will, in due course, pronounce on these matters

A question has also been posed as to why I interacted with the researchers on matters affecting the company handling Virodene affairs, Cryopreservation Technologies cc

Last year, differences that emerged among the researchers — which were resolved with the help of the courts — threw up two dangers one was that the company could be auctioned to the highest bidder, the other that the dispute could block clinical trials to which the Medicines Control Council first agreed but later changed their minds

If the first possibility came to pass, the intellectual property represented by Virodene could fall into the hands of people who could shut down the research effort or sell Virodene at unaffordable prices, should it be licensed as efficacious medication The consequences of the second possibility are obvious enough

Taking these dangers into account, the minister of health and I decided we should assist the researchers in resolving their differences so as to facilitate the carrying out of the critical clinical trials

Should a similar situation emerge in future, we will intervene again

The researchers have submitted at least four versions of their research proposal, the protocol, in response to the critical appraisals of the Medicines Control Council As it became more and more difficult to understand the council's attitude, Zuma and I held meetings with the researchers and the council's chairman to help facilitate a resolution

Again, should the need arise for us to play such a role, we will not hesitate to do so

We, and the rest of our colleagues in government, will continue trying our best to discharge our responsibilities in the vital fight against HIV/AIDS, including support for all bona fide research

As we have frittered away time by promoting our various agendas rather than doing the important investigating of the drug's efficacy, the world scientific community has been subjecting the Virodene protocol to detailed assessment — with encouraging feedback

Among others, Dr Lefesvre of France says " I find the protocol well thought through and I do not think it will be necessary to modify the present version, which I approve of "

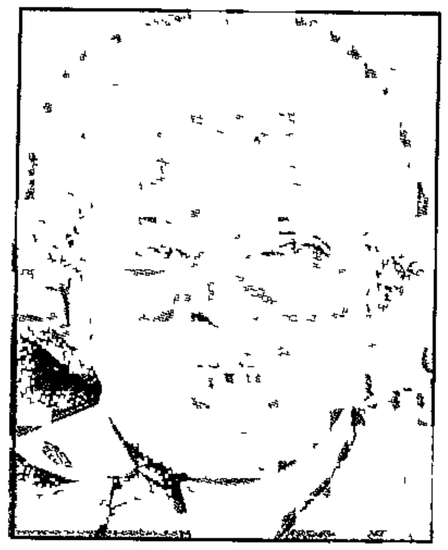
Britain's Professor Dayan says "I must congratulate you on the membership of the Ethics Review Board You have collected a set of appropriately learned and highly qualified professionals I was glad to see none had any major objections to the draft protocol, nor were major changes suggested I hope the local review board accepted the application?"

Alas, "the local review board", the Medicines Control Council, still refuses to accept the application, despite the unanimous opinion of these highly qualified professionals

To confirm its determined stance against Virodene, and contrary to previous practice, it has also denied dying AIDS sufferers the possibility of "mercy treatment" to which they are morally entitled

I and many others will not rest until Virodene's efficacy or otherwise is established scientifically If nothing else, those infected by HIV/AIDS need to know The cruel games of those who do not care should not be allowed to set the agenda

CHRIS BARRON



NKOSAZANA ZUMA

THABO MBEKI

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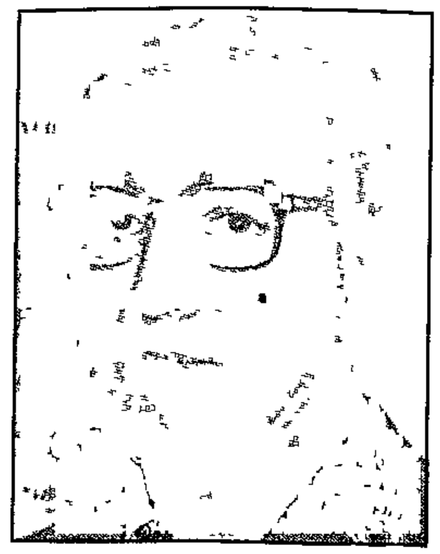


PETER FOLB

KGALEMA MOTLANTHE

Government swallowed the wrong AIDS pill

Not even a nod from officials for research recognised by world experts

ST 8/3/98 (9a)

WHILE the government gave VIP treatment to the people behind the discredited AIDS drug, Virodene, it cold-shouldered a team of researchers acknowledged to be in the forefront of local efforts to find a cure for AIDS

The Democratic Party this week alleged the ANC had a financial stake in the company producing Virodene, after court papers referred to the ANC getting a six percent shareholding

Correspondence between the ANC and the company, Cryopreservation Technologies, suggests the ANC knew nothing about this, and has no such financial interest

But what is still unexplained is the extraordinary level of involvement of the Minister of Health, Dr Nkosazana Zuma, and Deputy President Thabo Mbeki in the affairs of the company

First a cabinet hearing was given to the Virodene researchers after they had ignored all the rules of scientific research and shown nothing scientifically verifiable about their drug Then in December last year, Zuma and Mbeki had numerous private meetings with them to try to resolve an internal dispute

Zuma's position has been that the need for an AIDS cure is so urgent that it overrides the demands of procedural "technicalities"

But when researchers from Stellenbosch University wrote to her department announcing their discovery of a drug that had satisfied all the technicalities, passed all the right clinical tests and shown exciting, scientifically verifiable promise, they were ignored

The head of the team, Professor Patrick Bouic, confirmed that a letter had been sent to Zuma's director general, Dr Olive Shisana, in March last year

The letter, which was posted, faxed and hand-delivered to Shisana's adviser, Dr P Mafora, pointed out that the drug was cheap and non-toxic, and that the government should be made aware of its benefits Bouic asked for a meeting to present their findings

He said this week he was still waiting for a reply

"We did not even get an acknowledgement of receipt"

The drug invented by the Stellenbosch researchers, who are from the departments of medical microbiology and pharmacology at the university's faculty of medicine, energises the human immune system to the extent that the body can more effectively combat the virus which leads to AIDS

A committee of experts slated the inventors of Virodene for research and experiments that were so "sloppy" it was impossible to determine results with any certainty Their work has not been published in scientific journals and is unknown to the scientific community The Medicines Control Council has banned them from doing tests on several occasions because Virodene contains a highly poisonous industrial solvent that could cause irreversible liver damage, and has been linked to the development of cancer

The results of the Stellenbosch team, on the other hand, have been well-documented in internationally reviewed scientific journals

Among those impressed by their work was the discoverer of the human immunodeficiency virus, Professor Luc Montagnier, from the Pasteur Institute in Paris

He came to South Africa after hearing about their results, as did a team from the US and Canada, which has expressed interests in collaborating with them

> *'The rationale of the Medicines Control Council should be questioned. I surmise that it is driven by other interests than concern for proper control'*

The president of the Medical Research Council, Dr Walter Prozesky, said "I have seen their work, and scientifically it is very good"

While the Virodene researchers carried out clinical trials on 11 patients and evaluated six, the Stellenbosch team has done tests on 300 people since 1993

Although reluctant to get embroiled in the Virodene controversy, Bouic, who is the head of the immunology section in the department of medical microbiology at Tygerberg Hospital, said "the fuss" the government had made over Virodene left "a bad impression"

The chairman of the Medicines Control Council, Professor Peter Folb, said he could not comment on the behaviour of government ministers with regard to Virodene But he said it was important that state support for the development of any drug "be based on sound scientific and ethical advice"

"A massive amount of research (in the AIDS field) has been done in South Africa, all of it by the book Researchers have a moral, professional and ethical obligation to do these things by the book"

The secretary general of the ANC, Kgalema Motlanthe, said on Friday that the council might have had ulterior financial motives for banning tests on Virodene He said it had "criminalised" the tests and treated those conducting them like "criminals"

"The rationale of the Medicines Control Council should be questioned," said Motlanthe "I surmise that the council is driven by other interests than concern for proper control of medicines"

He said the rejection of protocols from the Virodene company should be seen in the context of rival pharmaceutical companies jockeying for position

"We can only surmise that perhaps there is more at stake than meets the eye This is a highly contested terrain"

Folb said Motlanthe's allegation was so serious that it should be passed on to the public prosecutor and the police immediately

He said members of his council were all specialists in their fields and had a "clear and strict mandate" to apply their knowledge for the public good It was a condition of being on the council that members declare their interests

"I know of no single person on the council who has any financial interest whatsoever in any pharmaceutical," he said

"This is not something that a responsible person should be hinting at He should be called on to clarify his statements, which are seriously damaging and utterly untrue"

Folb said the council had met with the Virodene researchers in January, and examined with them the deficiencies of their proposals The researchers had agreed to deal with the problems and the council was awaiting their response

"The investigators have agreed with the council that they do not believe it is safe or ethical or professionally responsible for them to give the drug to any person at this stage," he said

One of the researchers, Dr Callie Landauer, admitted this week that the team had gone "prematurely" to the government with its results

"Scientifically speaking it was not the right way to do it," he said

He confirmed that the doctors in the research team were worried that the drug was still being tested on humans and that they would be liable for the consequences

He said they had taken Olga and Zigi Visser, the majority shareholders of CPT, to court, to force them to disclose exactly what tests were being conducted, and who was being treated with Virodene

"Something could go wrong, people could be harmed We, as members of the closed corporation, would be liable"

The South African Narcotics Bureau said it believed about 5 000 people in and outside South Africa had been receiving Virodene, which he said was manufactured and distributed at least until December last year The ban on further testing was imposed in February last year Olga Visser denied this week that Virodene had been manufactured or distributed after January last year

The Sunday Times faxed questions to Zuma's office on Friday but no response had been received by publication Attempts to contact Shisana yesterday failed

● See page 18

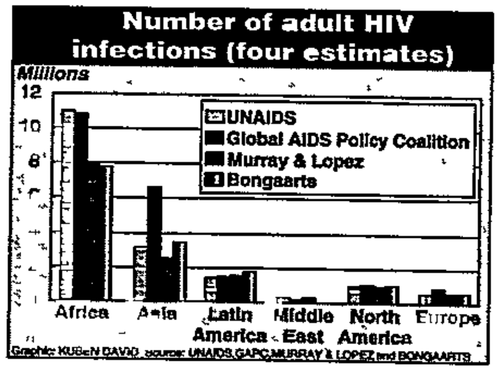
AIDS will reverse gains

The much-touted African renaissance stands to be severely undermined by the impact of AIDS unless the continent as a whole elevates the issue on its agenda, writes Mark Heywood

IN A number of speeches recently President Nelson Mandela and Deputy President Thabo Mbeki have emphasised SA's pioneering responsibility to Africa in the "African Renaissance"

Indeed so strong is this idea that it features in statements about foreign and trade policy and in the government's desire to extend its mandate for reconstruction and renewal to the whole of Africa.

At the African National Congress's (ANC's) congress in December the idea was developed at length. According to Mandela, renaissance is the "rebirth, renewal, springing up anew" One of the aims of the African renaissance will be "sustainable development which results in the continuous improvement in living standards and equality of life of the of African people"



This idea is a powerful motivating force for Africans and Africa. Like the ideology of Black Consciousness, it could play a part in restoring pride, vision and a determination by Africa to impact on global society However, it must also be more than rhetoric. It must confront the real conditions that face Africa today It is surprising, therefore, that the idea makes no mention of the African AIDS epidemic.

In 1997 the United Nations Joint Programme on AIDS (UNAIDS) estimated that of the 30,6-million infected with HIV world wide, 20,8 million lived in sub-Saharan Africa Because the increasingly effective antiretroviral treatments are unaffordable to Africans, and because a vaccine is still years away, most of these people will die As will most of 16 000 people who are infected daily

These statistics are stunning when measured against the silence they elicit. It is this silence, an anathema to the concept of the African Renaissance, that must be probed. The reason may be that the economic impact of AIDS on Africa will be different to the effect a similar sized epidemic would have on other regions of the world, particularly the industrialised world.

HIV/AIDS is most prevalent among the economically active But despite this, the World Bank believes that in Africa it is not going to have a significant effect on economic growth. A recent publication by the World Bank (Confronting AIDS Public Priorities in a Global AIDS epidemic) states that "declines in population growth due to HIV/AIDS will tend to offset declines in economic growth, so that the net impact on gross domestic product (GDP) per capita will be generally small"

At a time when many African countries are locked into Structural Adjustment Programmes aimed at improving economic output, "development" is gauged around indicators such as GDP and gross national product. The fact that AIDS may not adversely affect GDP seems to be one of the reasons why it gets little attention from policy makers and planners

Recently the UNDP has developed new indices of development that take into account more than merely economic statistics The Human Development Index compares variables such as life expectancy, education and GDP The Human Poverty Index compares percentages of people expected to die before they are 40, illiteracy, economic provisioning and child malnutrition

These indices reveal dramatic declines in African countries Of the 30 countries with declining development indexes, 12 are in sub-Saharan Africa, with the main reason being "falling life expectancy due to armed conflict and HIV/AIDS" In 18 sub-Saharan countries HIV/AIDS will reduce life expectancy by at least 10 years, and in 14 it will push child mortality up by at least 50 deaths per 1 000 births

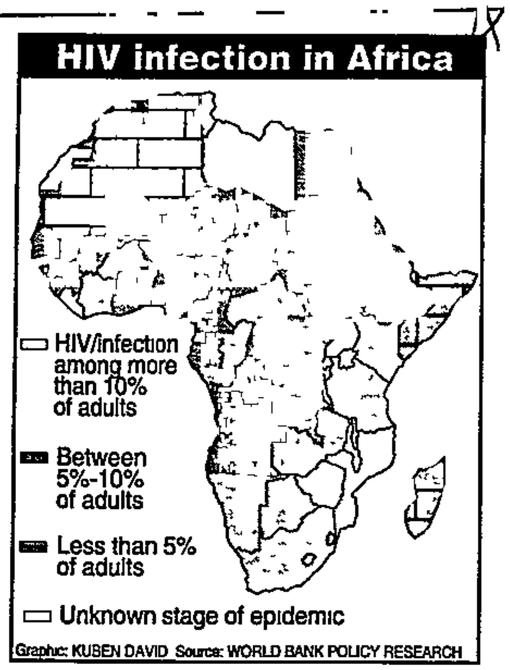
A study of 15 countries in sub-Saharan Africa predicted a doubling in the number of orphans by 2005 — 4,2-million.

Clearly if unchecked the UNDP's prophesy that "AIDS will reverse poverty gains and set off a cascade of economic and social disintegration and impoverished " will be fulfilled. AIDS will also impact significantly on human rights, law and Africa's achievements in sciences and culture Mandela's elucidation of the African renaissance as leading to "strengthening the genuine independence of African countries and the continent in our relations with major powers" will be a chimera.

This should be sobering for advocates of the African renaissance It should be sufficient reason to justify a continental campaign to slow down HIV infection and provide services for people with AIDS This must be advocated through regional and continental bodies

Only one African country has acted decisively to try and impede the progress of HIV/AIDS The commitment of President Yoweri Museveni of Uganda to HIV prevention over a number of years has made Uganda one of the few countries in the developing world where AIDS, whilst still a huge epidemic, is beginning to be managed In the industrialised world this has been achieved by science and access to treatments. In Africa it will only be achieved by political commitment and reallocation of resources

SA should be shamed by Uganda or move faster to emulate its successes. Commitment at home, and the notching up of successes, can be exported abroad. Our powerful position in the Southern African Development Community and the Organisation of African Unity places the government in an ideal position to elevate AIDS on the African agenda. Not to do so will be to the continent's lasting cost, and make the idea of the African renaissance a quirk of politics



Heywood is head of the AIDS Law Project at Wits University's Centre for Applied Legal Studies in Johannesburg

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Results of general meeting

Deutsche Morgan Grenfell (Pty) Limited is authorised to announce that, at the general meeting of shareholders held on Friday, 6 March 1998, the requisite majority passed the resolution necessary to effect the disposal of Theta's 8 886 832 shares in Mercantile Lisbon Bank Holdings to The Hollard Insurance Company Limited for a cash consideration of R95,4 million

The effective date of the disposal will be 1 April 1998

Aids school rumours denied

(92)

Star 9/3/98

By Melanie-Ann Feris

The South African Blood Transfusion Services has allayed fears about the circulation of HIV-infected blood and denies rumours that there were 920 HIV-positive pupils at a Soweto school.

A Sunday newspaper report claimed that 400 litres of contaminated blood had to be destroyed by health authorities. The blood was allegedly donated by 920 pupils at a Soweto high school who were found to be HIV-positive.

Diane De Coning, spokesman for the SA Blood Transfusion Service, said the story was based on rumour

She said statistics from mobile Soweto clinics and the permanent clinic at the Chris Hani Baragwanath Hospital indicated less than one person in every 1 000 was HIV-positive.

"If the number of HIV positive incidents reported at the general clinics is 0,8% the schools will be about the same"

Statistics on the HIV infection rate in schools is expected to be released today.

De Coning also refuted the statement that the absence of blood transfusion services in Soweto schools over the past two years was a result of rampant HIV infections among pupils "The schools are a major source of blood We collect about 12 000 units from Soweto every year and about 40% of this is from schools."

Dr Liz Floyd, director for Aids and Communicable Diseases for the Gauteng Health Department, said it was estimated in 1997 that 20% of women at anti-natal clinics in the public sector were HIV-positive in Gauteng

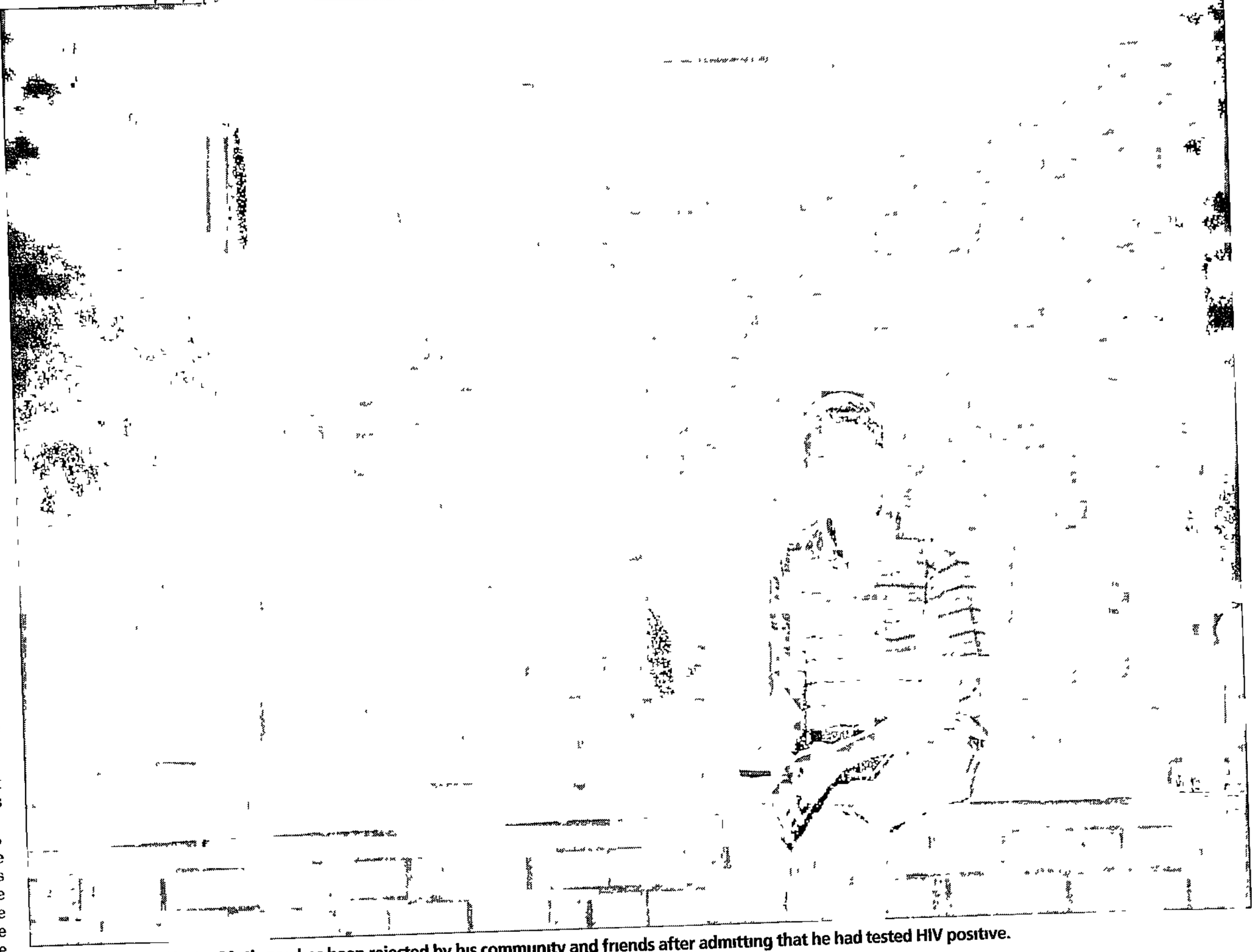
From these figures it could be extrapolated that at least 15% of youths between 15 and 30 were already infected. In some areas, however, the figures could be higher, up to 20%, she said

The reality of living with Aids

(92) Star 10/3/98

Figures may be worse than imagined

CHRISTINE NESBITT



Out in the cold ... Nester Motingoe has been rejected by his community and friends after admitting that he had tested HIV positive.

By Shirley Woodgate.

South Africa's HIV epidemic may be worse than predicted, and population projections may have to be scaled down in the light of latest research findings on decreased fertility rates and higher rates of miscarriages in HIV-infected women

Aids expert Dr Clive Avian said a recent (1995) population based study of fertility in women with HIV infection in Uganda's Rakai district revealed HIV positive women had a 55% less chance of falling pregnant, compared with HIV negative women

This was due to lower fertility rates among HIV positive women and higher rates of miscarriages, according to the research results, published in the reputable Lancet medical journal in January 1998

Another finding was that the reduction in pregnancy was higher in younger age groups

The same study found 19,8% of the sample of women were infected with HIV (the virus which causes Aids), but in the 20-29 year age group 26,5% were HIV positive, illustrating the higher HIV infection rate among younger women compared with older age groups

The study also showed that 87,4% of all women who were found to be HIV-infected did not have any clinical signs or symptoms suggesting HIV infection (this was only detected by blood tests)

South Africa has been following closely on the Ugandan epidemic, said Evian

In the same year, 1995, 10,4% of pregnant women were HIV infected. Currently the figure has risen to and about 11-13% in the 20-29 year age group

"Most of our information on the prevalence of HIV infection is known from studies done of pregnant women, because they provide a convenient sample of blood which the State Health Department samples and tests for HIV on a yearly basis, purely for the purpose of HIV surveillance," Evian said

The finding of a lower frequency of pregnancy in HIV positive women compared to HIV negative women , had very important implications

"This means that pregnancy, to some extent, selects our HIV negative women, and therefore estimates of HIV prevalence done on pregnant women will underestimate the true HIV prevalence," he said

"It implies that our data on HIV, from the annual ante-natal surveillance is under-estimating the number of HIV-infected individuals in South Africa, and our epidemic is probably worse than was previously estimated

Also, the prediction on children who will develop Aids, Aids orphans and the number of women who may require AZT during their pregnancies, for mother-and-child transmission reduction, will all be underestimates – if based on the national ante-natal study

Another critical outcome was that the HIV epidemic may have lowered the population growth rate more than was previously expected

Since the country's level of HIV infection was currently ascertained entirely from blood tests done only on pregnant women, it could become necessary to take blood samples from "ordinary" men and women to get a proper assessment

Latest figures indicate the HIV infection rate rose more than 14 fold in 27 years, from 0,76% in 1970, to 14,07% in 1996 currently standing at 16%

A provincial breakdown in 1996 showed North West led the pack with 2[illegible]% of its population carrying the HIV virus, KwaZulu Natal was second with 19,9%, followed by Free State on 17,5%, Mpumalanga with 16%, Gauteng on 15,5%, Northern Province and Eastern Cape on 8%, Northern Cape 6,5% and Western Cape at 3%.

National Aids programme director Rose Smart said, although antenatal research was heavily relied on for data th[illegible] programme was aware [illegible] was not the only reliable sour[illegible] of information

Negotiations under way to supply Aids drug cheaper

(92)

By Anso Thom
Health Reporter

Star 10/3/98

An international pharmaceutical manufacturer is negotiating with the Department of Health to supply Aids drug AZT at a reduced rate to pregnant women.

Researchers have indicated that giving AZT to pregnant women infected with HIV, would reduce the chance of their babies being born with the disease by 50%

This meant that poorer countries would also have to spend less on caring for HIV infected children, a double saving for their ministries of health AZT treatment costs between $800 (R3 987) and $1 000 (R4 984) in the United States where hospitals now routinely administer it to HIV positive pregnant women

Pharmaceutical manufacturer, Glaxo Wellcome said the price reduction meant AZT would be three to four times cheaper in the developing world.

The company's chief executive in South Africa, Bill Collier said their HIV medicines could be used as part of a public health programme.

It was revealed four years ago that AZT given to HIV positive pregnant women for several months prior to birth, reduced transmission of the virus to their infants by 67%

Recent research from Thailand showed that three weeks of AZT pills given to women twice daily, halved transmission rates Ninety percent of the world's HIV victims live in the Third World, according to United Nations Aids, the Joint UN programme on HIV/Aids

SOWETAN Tuesday March 10 1998

Aids report got it wrong, says SABTS

Soweran 10/3/98 (9a)

By Muzi Mkhwanazi

THE South African Blood Transfusion Service (SABTS) yesterday dismissed as "malicious and devoid of any truth" a report in a weekend newspaper alleging that all pupils at a Soweto high school were found to be HIV-positive

Reacting to the report, titled "School Shock all students HIV-positive", the medical director of the SABTS, Professor A du Plessis Heyns, said his organisation "noted with dismay the inaccurate special report" He added that Soweto high schools were an important source of low-risk blood

"The statement that all students at the Soweto high school were found to be HIV-positive and as a result health authorities had to destroy about 400 litres of contaminated blood taken from the pupils was not true

"The SABTS has never found all students at any school or at any clinic HIV-positive This would in any event be a statistical impossibility," Heyns said

Meanwhile, official statistics from the Gauteng director of Aids and communicable diseases Dr Liz Floyd noted that last year's figures revealed about 20 percent of pregnant women were HIV-positive, meaning that one out of five women were infected

Floyd said about 15 percent of males between the ages of 15 and 30 were HIV-positive, adding that about seven percent of children in Gauteng were born HIV-positive

Heyns further said statistics of high schools in Soweto showed that only about 0,2 percent of the pupils were HIV-positive

He added that the SABTS had not destroyed 400 litres of HIV contaminated blood

Heyns said the blood donated by donors to the SABTS was as safe as that of anywhere else in the world

Heath commission to probe Sarafina 2 play

(92)

Kevin O'Grady

BD 11/3/98

THE Heath special investigating unit has been given official sanction by President Nelson Mandela to probe the Sarafina 2 contract between playwright Mbongeni Ngema and the health department and to recover any misspent public funds

Sarafina 2, an AIDS awareness play that cost the state more than R14m in 1996, was discontinued after a public outcry and allegations of irregularities in the department's tender procedures The taxpayer carried the costs after an anonymous benefactor withdrew his offer to do so

Gerhard Visagie, second in charge of the unit that investigates maladministration, corruption and fraud involving state assets and public funds, said yesterday its probe into Ngema and his Committed Artists company was "fairly well advanced"

The investigation was given the official go-ahead in last week's Govern-

Continued on Page 2

Heath

(92)

BD 11/3/98

Continued from Page 1

ment Gazette in a proclamation by Mandela and Justice Minister Dullah Omar The proclamation instructs the unit, headed by Judge Willem Heath, to investigate:

- The conclusion of a contract between Ngema and the department in August 1995 for the Sarafina 2 project and "the subsequent breach of such contract by Ngema and/or Committed Artists",
- The loss of public money and property due to the conduct of Ngema or his company relating to Sarafina 2; and
- The unlawful expenditure and misappropriation by Ngema or his company of funds voted for Sarafina 2.

Visagie said the unit had been unable to "use the full machinery" of its founding legislation in the investigation until the proclamation was made but had done "a measure of preliminary investigation"

"We intend questioning Ngema in the near future and, if necessary, we will embark on litigation to recover money in the special tribunal " The tribunal, established by the same legislation as the unit, tries civil cases investigated by the unit

Visagie could not say how much money was involved in the alleged irregularities but said recovery by the unit and the tribunal could also include vehicles and equipment.

Ngema, who is employed on a limited contract as artistic director of musicals at The Playhouse Company in Durban, could not be reached for comment yesterday.

Separate proclamations by Mandela instructed the unit to investigate eight allegations, ranging from fraud to theft, in the KwaZulu-Natal departments of local government, housing, health and transport. It was also instructed to investigate two cases in the Northern Cape, including "the irregular conclusion of contracts" between the province and Kim-Diamonds

Virodene scandal sours unity on Aids fight

CT 11/3/98 (92)

NKOSAZANA ZUMA

JOVIAL RANTAO

ALL political parties stood in unison in Parliament yesterday and dedicated themselves to help in the fight against HIV/Aids, which has infected at least 2,4 million South Africans

However, the opposition parties also used the occasion to revive allegations that the ANC had been promised a 6% stake in a company researching a cure for Aids

In a special message to Parliament, Health Minister Nkosazana Zuma appealed to all parties to stop scoring political points while the deadly virus continued to claim at least 50 000 new victims in South Africa every month

Zuma warned that the spread of HIV/Aids would have a negative impact on the economy as it affected the economically active section of the population

"This results in productivity being affected through absenteeism and premature deaths of both skilled and unskilled workers As breadwinners die the market base shrinks The result is a projected loss of one percent of the GDP by the turn of the century.

"Hundreds of orphans left by young people who had died of Aids will create enormous strain on the welfare services and the country's budget

"Human resource development will suffer as professionals of all disciplines get infected with Aids

"This is the one single issue around which there has to be a national consensus, not only among political parties but throughout all sectors of our community.

"The question that begs an urgent answer is, 'Is it possible for all political parties to participate in a united national campaign, on a non-partisan basis, spreading a common message for the single common purpose of saving the lives of our people and saving our country from becoming a wasteland'?" Zuma said

DP MP Mr Mike Ellis committed his party to the joint effort, but said that unless Zuma retracted her statement that if the DP had its way all ANC supporters would die of Aids, she should resign

Ellis also challenged Zuma to say why she had not supported other research efforts to find a cure for Aids and asked her to reconsider funding Aids organisations that no longer enjoyed government support

"Many questions about the Virodene issue remain unanswered and they will haunt the minister and the ANC," Ellis said

NP health spokesperson Dr Dirk Gouws asked Deputy President Thabo Mbeki, who heads the government's initiative to combat Aids, to resist questioning the integrity of the Medicines Control Council, which has refused permission for anti-Aids drug Virodene to be used in human trials

Pan-Africanist Congress MP Mr Ngila Muendane said his party expected the government to make available more funds for research to find a cure for the pandemic

Blood bank busy after 'nonsense' story on HIV in Soweto school

(92) Star 11/3/98

By Anso Thom
Health Reporter

Only 16 of Soweto's 8 000 pupils who donated blood were found to be HIV-positive, the SA Blood Transfusion Service (SABTS) said this week.

The City Press claimed, at the weekend, that all 920 students at a high school in Soweto had been found to be HIV-positive and, as a result, about 400 litres of contaminated blood taken from the students, had to be destroyed.

Township Aids Project director Enea Motaung said on Monday the story was "utter nonsense"

"The statistics in the Soweto school are very good. In fact, we are running a clinic at the school this morning," branch manager at the Chris Hani Baragwanath transfusion clinic, Isaac Mafifa said.

He said more than 8 000 of their donors were scholars with only one school in Soweto donating blood as part of the project. About 16 out of the more than 8 000 scholars tested HIV-positive

Mafifa said schools from Lenasia, Eldorado Park, Bosmont, Mohlakeng, Reiger Park and Alra Park also participated in the donor project.

SABTS spokesman Diane de Coning said that they regarded Soweto high schools as an important source of low-risk blood and they had had a programme in these schools for several years to educate scholars about HIV risks and to motivate them to become blood donors.

"The SABTS has never found all students in any school or at any clinic HIV-positive This would be a statistical impossibility," De Coning stated.

She added that they had never destroyed 400 litres of contaminated blood and that their donors had a low prevalence of HIV and other diseases that may be transmitted by blood transfusion.

"We regard these scholars as the backbone of our future regular donor corps "

Further statistics released by the SA Blood Transfusion Service have indicated that about 96 of the estimated 12 000 people who donated blood at the Chris Hani Baragwanath Clinic last year were HIV-positive.

This translated to less than one HIV- positive person in every 1000 donors at the Soweto Hospital's blood transfusion clinic

Motaung said the SABTS statistics were a fair reflection of what was happening in the rest of the Soweto area.

> **"Scholars are backbone of our future regular donor corps"**

The clinic last year received 14 787 units of blood, one unit being one donation.

De Coning pointed out that the statistics reflected only the HIV rate among blood donors, and not the rate among the general public.

She said potential donors were given the opportunity to exclude themselves from the donation process if they had participated in risk behaviour such as having had more than one sex partner in six months prior to donating, male to male sex, and drug abuse

"We are aware of the prevalence of HIV/Aids in schools in South Africa and the need to ensure that blood donors have not participated in risk behaviour and that they are negative for HIV," De Coning added.

When asked for comment, the City Press journalist responsible for writing the story over the weekend said he had to consult his editor first.

Department to assist in AIDS play probe

Dustin Chick

THE health department said yesterday it had contacted the Heath special investigations unit, called in to probe a contract between the department and playwright Mbongeni Ngema, to help in finalising the probe into the AIDS play Sarafina 2.

Health department spokesman Vincent Hlongwane said the department had offered to provide any documentation or other information the unit needed to complete its investigation.

The department did not know what the unit expected to uncover and wanted to help in whatever way it could, Hlongwane said.

In April 1996 the health department approached the police to investigate the use of funds by Ngema's production company, Committed Artists.

In late February, President Nelson Mandela officially endorsed the investigating unit, giving it sanction to probe Ngema's contract.

Health department director-general Olive Shisana said her department eagerly awaited the results of the investigation so that a report could be submitted to Parliament.

The department commissioned the play, which cost R14m, to boost AIDS awareness.

Support teams to aid municipalities

Pule Molebeledi

GAUTENG local government MEC Sicelo Shiceka yesterday announced the creation of management support teams to aid provincial municipalities lacking in managerial skills and the financial resources to handle their own affairs.

The teams are to be made up of the mayor, the executive committee chairman and one councillor from the affected municipality. They will be supported by management technical support teams headed by independent experts on local government finance. The experts are to be drawn from the private sector.

The provincial government's intervention comes amid reports that of the country's 843 local authorities, 135 were in financial difficulty, with some forced to suspend payment of their employees

At a press briefing in Johannesburg, Shiceka said he expected a preliminary report at the end of the month, though the team would have six months in which to finish its work.

He said an in-depth investigation conducted by the provincial government within a national framework, called Project Viability, had found the financial status of many local authorities to be on a proper footing and under control.

The study categorised the status of the authorities under four levels:

- Thirteen local councils were found to have the managerial capacity and financial resources to handle their own affairs and needed only minor instructions from the provincial government;
- Four councils were able to handle their financial resources and their affairs to an acceptable standard, but they required specific, high level instructions from the provincial government;
- Five municipalities were found to be lacking, to a major degree, either the managerial skills or financial resources to handle their own affairs to an acceptable standard, and
- Four municipalities lacked both the managerial skills and the financial resources to handle their own affairs, and would need provincial government or outside assistance.

Sapa reports Shiceka said "proactive measures" had been taken to prevent collapse of the latter four municipalities They were Brakpan, Bronkhorstspruit, Cullinan and the Vereeniging/Kopanong metropolitan local council

Shiceka said he had set up management support teams in those councils. There would also be technical support for the teams, headed by experts in local government finance.

Shiceka said all local councils would make it for the financial year ending in June. "We are convinced that all local authorities will be sufficiently liquid to meet basic bills such as essential services and payment of staff"

He called for the establishment of a national transitional fund for local government as some local authorities were dealing with inherited debt not of their own making.

Shiceka allocated R12m last year to bale out struggling local authorities and has indicated he would be providing more money this year to assist those facing a grave situation.

'Demand management' needed for water

Josey Ballenger

WATER demand management needs to come into greater play to use the scarce resource efficiently and save on capital expenditure, water experts say

"There is no question we are still being driven by supply-side management. It is a circular argument that we do not know how much we can conserve, so we build more dams and manage supply," said Guy Preston, special adviser to Water Affairs Minister Kader Asmal. "We need to break that cycle."

George Constantinides, Rand Water's demand manager, said at a Sandton conference yesterday that demand management should be seen as an alternative investment. Spending R1bn on retrofitting less efficient appliances and fixing leaky pipes, for example, would save R3bn in consumption.

Rand Water figures show domestic and network leaks account for 10% and 14% of consumption respectively, and a survey the utility conducted three years ago showed 50% of Sowetan households had plumbing problems, leaking an average 36Kl a month.

"We can get significant savings from delaying schemes. We can put that money into other, more important social things," Preston said

Constantinides said the nation's largest water supplier "definitely beheves that we could even drop supply by 40%" and therefore delay Vaal River system projects "by years" Between March 1997 and April this year, the price of water for Rand Water consumers almost doubled to R1,08/Kl because of capital investments, including the Lesotho Highlands water project.

He said the value of delaying capital investment, particularly in an environment of declining real interest rates, translated into savings. Delaying the next phase of the Lesotho project — the Mohale dam — would mean a "conservative" annual R800m savings, including operating costs, at 6% interest

However, Preston said the Lesotho project was "water under the bridge" as political considerations had to be taken into account.

The two experts emphasised the need for a "block rate" tariff system that would allow poor consumers to have a "lifeline" supply, normal users to pay marginally more, and upper "luxury" users to swing the cost of future dams.

"You cannot have social justice with a flat rate tariff," Preston said.

Human trials with Virodene carried out in Portugal

BD 12/3/98 (9a)

PRETORIA — Human trials were conducted in Portugal late last year using the purported anti-AIDS drug Virodene P058, which had been banned in SA, the company holding the Virodene patent rights admitted yesterday

Cryopreservation Technologies manager Hugo Snyckers said the company could not say whether the tests had been terminated "What they do there is their own business," he said

A foreign news agency reported on Monday the Portuguese health minister had ordered an investigation into newspaper reports that a clinic was illegally testing Virodene on AIDS patients recruited through the Internet.

The ministry said the drug was illegal in Portugal, and anyone using it would be punished.

Snyckers said he did not know whether the Portuguese tests were linked to trials conducted by a Portuguese firm, which had a co-development agreement with Cryopreservation Technologies

In terms of the agreement, both companies were entitled to conduct tests with each other's patented drugs, and had to report back on their findings

One of the SA researchers who developed Virodene, Olga Visser, is a shareholder in the Portuguese company, which is named after her Snyckers said he did not know if the drug was illegal in Portugal, and Clinica Olga Visser had informed them that this was not the case

Snyckers expressed concern that human trials might have been conducted illicitly "If the tests were done without the appropriate supervision, the results will be of no use to us," he said.

The Portuguese company had compiled reports based on the trials, and the results had been positive, he said. The SA Medicines Control Council has to date four times denied the researchers permission to do human trials using Virodene

Council chairman Prof Peter Folb said last month the researchers needed to make several corrections to their submission, which included some faulty scientific formulations, problems with the purity of the drug and the way it was produced.

"They must work on all the things that make Virodene unsafe and not suitable for human use," he said. "They must give us good reasons why Virodene would work in HIV-positive patients "

In 1996 Visser and Pretoria University cardiothoracic surgeons Prof Dirk du Plessis and Dr Callie Landauer asked the cabinet for R3,7m to continue their research into Virodene

At the time they claimed preliminary patient trails suggested a possible breakthrough in the fight against AIDS However, a committee probing the methods used by the three said no evidence was found that Virodene could inhibit HIV

The joint Pretoria University and Gauteng health department committee said the researchers had contravened accepted scientific procedures when testing the drug on 11 patients

Earlier this month, the Democratic Party released documents which it said indicated the African National Congress was promised a 6% stake in Cryopreservation Technologies Both parties allegedly involved denied this — Sapa.

Negotiators point to progress in trade talks

BD 12/3/98

John Dludlu

SA AND European Union negotiators sought to allay fears over continuing differences on sticky trade-related issues after the conclusion of another round of talks yesterday

Addressing a joint news conference in Pretoria yesterday, the two sides emphasised the degree of agreement achieved in five days of negotiations They also expressed guarded optimism that the mid-year deadline for the conclusion of the talks — set by political figures — could still be met despite limited progress in the latest round

Interviewed later yesterday, EU chief negotiator Philippe Soubestre said he had hoped more progress would be made during this round, which dealt with trade-related issues

He said the two sides were still far apart on the "big-five" subjects — competition, antidumping, countervailing and safeguard measures, and government procurement

Soubestre said apart from being interested in free trade, the EU was also keen to see fair trade based on agreed rules on trade-related issues

Eltie Links, SA's ambassador, who is leading the Pretoria delegation, said relative progress had been made on antidumping, countervailing and safeguard measures The difficulties in the other issues stemmed, in part, from lack of policy, such as in competition law, and clear disagreement, as in the case of government procurement

Links also countered perceptions that SA was stalling in the talks. He said Pretoria had delivered on its promise to provide clarity in dealing with sensitive items SA also undertook to address the EU's concerns on the standstill clause

The clause, which raised concerns in Brussels, forbade negotiating partners from raising trade barriers during talks Links said the concern was the result of a misunderstanding and that consensus had been reached.

To resolve the issue, SA has promised to define more precisely just more than 400 items which will be exempted from this clause

Pretoria's call for a derogation, or special permission to adjust its tariffs during the negotiation period, is attributable to the current tariff restructuring process involving the simplification of its tariff book — considered to be among one of the most complex in the world.

The derogation will also provide government with the opportunity to move away from import controls to the introduction of tariffs Tariff duties are considered more transparent than quantitative restrictions

Soubestre also emphasised areas of agreement, such as aid co-operation, saying a framework had been agreed.

Although emphasising progress made during the past week, Soubestre called on negotiators to begin working at once in a bid to meet the June deadline agreed to by commissioner João de Deus Pinheiro and Trade and Industry Minister Alec Erwin.

EU chief negotiator Philippe Soubestre, left, addressing reporters at a briefing on trade-related negotiations with SA. SA's ambassador to the EU, Eltie Links, right, listens

Picture: TREVOR SAMSON

Talks to be held on R2bn empowerment fund

Patrick Wadula

THE National Small Business Council plans to meet with both public enterprise and deputy trade and industry ministers to discuss the government's R2bn National Empowerment Fund to be launched this year

CEO Monde Tabata said yesterday the council was seeking an urgent meeting with the two ministers to discuss the role of the council in ensuring the success of the scheme

"The fund will certainly provide much-needed impetus to the growing entrepreneurial culture in the country which has thus far been hamstrung by limited access to finance," he said.

The fund, financed with proceeds from the government's privatisation programme, was aimed at assisting previously disadvantaged entrepreneurs and communities particularly in the development of small business

Meanwhile, North West Provincial Small Business Council chairman Ari Kgomongwe was elected a member of the Small Business Advisory Bureau.

BD 12/3/98

Soekor 'needs legislation'

Linda Ensor

BD 12/3/98

CAPE TOWN — Dedicated legislation to govern the upstream activities of Soekor was needed, Soekor MD Joggie Heuser said yesterday

At a parliamentary hearing of the mineral and energy affairs portfolio committee on government's green paper on minerals and mining policy, Heuser said the legal framework under which oil and gas exploration was undertaken was "complex and confusing for the investor"

Heuser said the green paper did not recognise the differences in oil and gas exploration and production, or Soekor's position as a facilitator between the state and investors It did not indicate whether and how Soekor's existing rights and those of subleases would be preserved.

Soekor was responsible for subleasing SA's offshore acreage and Heuser feared the paper's proposals could jeopardise its current negotiations on subleases

To ensure long-term stability for investors he proposed that its main OP26 lease be extended and broadened

Virodene tested on humans in Portugal

Human trials were conducted in Portugal late last year using the anti-Aids drug Virodene P058, which has been banned in South Africa, the company holding the Virodene patent rights admitted yesterday

Cryopreservation Technologies manager Hugo Snyckers said the company could not say whether the tests had been terminated

"What they do there is their own business," he said

A foreign news agency reported on Monday that the Portuguese health minister had ordered an investigation into newspaper reports that a clinic was illegally testing Virodene on Aids patients recruited through the Internet.

The ministry said the drug was illegal in Portugal, and anyone using the drug would be prosecuted

Snyckers said he did not know whether the Portuguese tests were linked to trials conducted by a Portuguese company, which had a co-development agreement with Cryopreservation Technologies.

In terms of the agreement, both companies were entitled to conduct tests with each other's patented drugs, and had to report back on their findings

One of the South African researchers who developed Virodene, Olga Visser, is a shareholder in the Portuguese company, which is named after her Snyckers said he did not know if the drug was illegal in Portugal, adding Clinica Olga Visser had informed them that this was not the case

"If the tests were done without the appropriate supervision, the results will be of no use to us," Snyckers said.

"I suppose we should have checked their protocol first."

The Portuguese company had compiled reports based on the trials, and the results had been positive, he said – Sapa

Drug control body refuses to give way on Virodene

13/3/98

(92)

ARG

GLYNNIS UNDERHILL
SPECIAL WRITER

The Medicines Control Council must be left to do its work according to proper standards that will offer reasonable prospects to patients and prevent their being exploited, says chairman Peter Folb

The council, which has declared the AIDS drug Virodene unfit for human use, in spite of government pressure to allow clinical trials, would continue to uphold these standards, he said.

"The Medicines Control Council is a highly dedicated body of people committed to public health and all the people of South Africa

"It must do its work according to proper standards that will offer reasonable prospects to patients and prevent their being exploited

"These are the only standards and purposes that the council stands for"

Professor Folb has refused to be drawn into a slanging match with Deputy President Thabo Mbeki over Virodene.

Mr Mbeki launched a blistering attack on the control council last weekend, criticising it for refusing to authorise clinical trials and accusing it of "censoring" research on Virodene

Health Minister Nkosazana Zuma, who has been involved in consultations with Mr Mbeki and the Virodene researchers, said this week South Africa was regarded as having the fastest-growing HIV epidemic in the world

Close to 50 000 people were infected every month, she said. Some people had taken to desperate measures to find a cure for HIV/AIDS.

The inventor of Virodene, Olga Visser, has said she believes the drug is being sold on the black market

Mrs Visser has hired investigators to try to track down doctors who might be selling Virodene illegally and has warned people not to use it.

HIV spreading fast in South Africa

By Mokgadi Pela (92)

SOUTH Africa has the fastest growing number of HIV patients with close to 50 000 people acquiring the virus every month, Health Minister Dr Nkosazana Zuma said this week

In her address to Parliament, Zuma said the disease affected mostly the sexually, economically and culturally active sections of the population between the ages of 15 and 40

She said the latest antenatal surveys showed an average increase of 16 percent compared to last year's 14 percent

Leading the provinces according to the breakdown is KwaZulu-Natal with 26,9 percent, followed by Mpumalanga with 22 percent Free State and Gauteng are next with 12 percent and 19 percent respectively

Northern Cape stands at 8,6 percent and Northern Province at 8 percent Western Cape's figures are up from a mere one percent to six percent.

Zuma said some of the factors contributing to the spread of the epidemic were poverty, illiteracy, poor health services, violence, the high incidence of other sexually transmitted diseases, the migrant labour system, the breakdown of society's moral fibre, prostitution and the poor socio-economic position of women.

Zuma said it was unfortunate that hundreds of orphans left by young people who will have died of Aids, would create an enormous strain on the welfare services and the country's budget

Sowetan 13/2/98

Cheaper Aids care call

Sowetan 13/3/98 (92)

By Mbongeni Hlophe

ALMOST two-thirds of in-patients at KwaZulu-Natal's largest hospital, King Edward, Durban, have been diagnosed as HIV-positive, says University of Natal academic Professor Jerry Coovadia.

Speaking at an Aids awareness workshop at Matigulu in the northern KwaZulu-Natal this week, Coovadia, also a medical practitioner at the hospital, said the Government had to create cheaper ways of dealing with the crisis.

Coovadia said King Edward Hospital was facing a 40 percent cutback incurred through negligence by both the hospital and provincial health department. "Nobody is trying to track down and prosecute culprits responsible for the disappearance of hospital resources."

Soul City adult education manager Ms Sally Ward said research showed that more people were changing their attitudes and behaviour towards healthcare messages

Ward said a series of workshops aimed at addressing the problems at community level had been planned to take place in six provinces and would begin in April

Virodene's unanswered questions

M+G 13-19/3/98 (92)

Stefaans Brümmer and Lynda Gledhill

Uncertainty surrounds the authenticity of two faxes that Ziggy Visser, husband of Virodene inventor Olga Visser, says he sent to the African National Congress in December which "proved" shares had not been earmarked for the party

This is one of the unresolved issues to be investigated by Public Protector Selby Baqwa after the Democratic Party last week claimed the government's favourable reception of the Aids drug — whose development flouted basic research principles — may have been influenced by ANC monetary interests

Some scientists this week also asked why Virodene should have received government favour while another South African-developed product that outshone Virodene in its claimed results has yet to secure government support.

Minister of Health Nkosazana Zuma and Deputy President Thabo Mbeki — who have both had personal contact with the Vissers and other members of Cryopreservation Technologies (CPT), the company that owns the Virodene patent — denied the ANC was offered a 6% share Both have publicly confirmed their continued support for Virodene research

Mbeki at the weekend launched an extraordinary attack on the Medicines Control Council (MCC), which has withheld approval for testing Virodene on humans He accused the MCC of denying Aids sufferers "mercy treatment", echoing ANC charges that the MCC was ' censoring" research and pandering to pharmaceutical interests

The latest controversy around Virodene was sparked by DP health spokesperson Mike Ellis, who released a CPT memorandum penned by the Vissers last November to the media. Drawn up during a legal battle between two warring factions in CPT, the memo informed company members that 6% of the shares in a CPT subsidiary would go to the ANC

In response, the ANC and CPT interim administrator Hugo Snyckers released copies of correspondence, dated mid December between Zuma, the ANC s legal desk and Ziggy Visser In it, Zuma and the ANC said they became aware of the "purported 6% shares" from court papers in the CPT dispute and stated for the record that they were not aware of any share offer They asked for an explanation

Visser in two faxes addressed to George Chaane of the ANC's legal desk and dated December 11 and 12 denied shares were intended for the ANC, saying "The description 'ANC' was the wrong choice of phrase and RDP might have been more accurate in this instance " The faxes were touted in the media as "proof" there had been no attempt to buy influence

Ellis this week said the correspondence proved nothing to him as it could have been pre-emptive cover up in December when it became clear the memo was part of court records "It is funny that there is this kind of scurrying if it were not a cover up "

The *Mail & Guardian* is in possession of a detailed printout of telephone calls made from CPT s fax line While it shows that Zuma s Pretoria office was faxed on December 10, there is no record of the other two faxes having gone to Chaane at the ANC s Shell House headquarters in Johannesburg The fax to Zuma has not been released

Visser could not explain why the faxes did not show up on the printout "Perhaps the post office [Telkom] is not so good after all Visser claimed also to have had copies of both letters delivered in the hands of' Chaane at Mafikeng where the ANC s 50th national conference started on December 15 But Chaane denied having received the hand-delivered letters, saying he did not even attend that conference" But he backed the rest of Visser's version

He showed the *M&G* copies of the two faxes in his own file and said "If anybody puts me in the witness stand and asks me did I get them I will say, 'Yes, I got them through the normal fax system '"

The MCC went silent this week after its chair, Peter Folb, originally responded to Mbeki's attack by saying CPT's researchers and the MCC agreed that Virodene was not ready for human testing He said the latest protocol — a detailed research proposal — had been handed to the MCC by CPT in January and, when the MCC pointed out problems, CPT agreed amendments were necessary

Folb found an unlikely ally in Snyckers this week Snyckers confirmed that CPT agreed the January protocol had "sufficient problems for us to resubmit it" He agreed that some of the foreign experts, quoted by Mbeki to have supported the protocol, did not give it an unqualified go-ahead "Some wanted aspects fixed, but they did not reject it out of hand."

Professor Patrick Bouic at the University of Stellenbosch has developed a mixture of plant extracts that supports the immune system and appears useful in treating people with HIV and Aids The substance, Moducane, has received approval for trials by the MCC

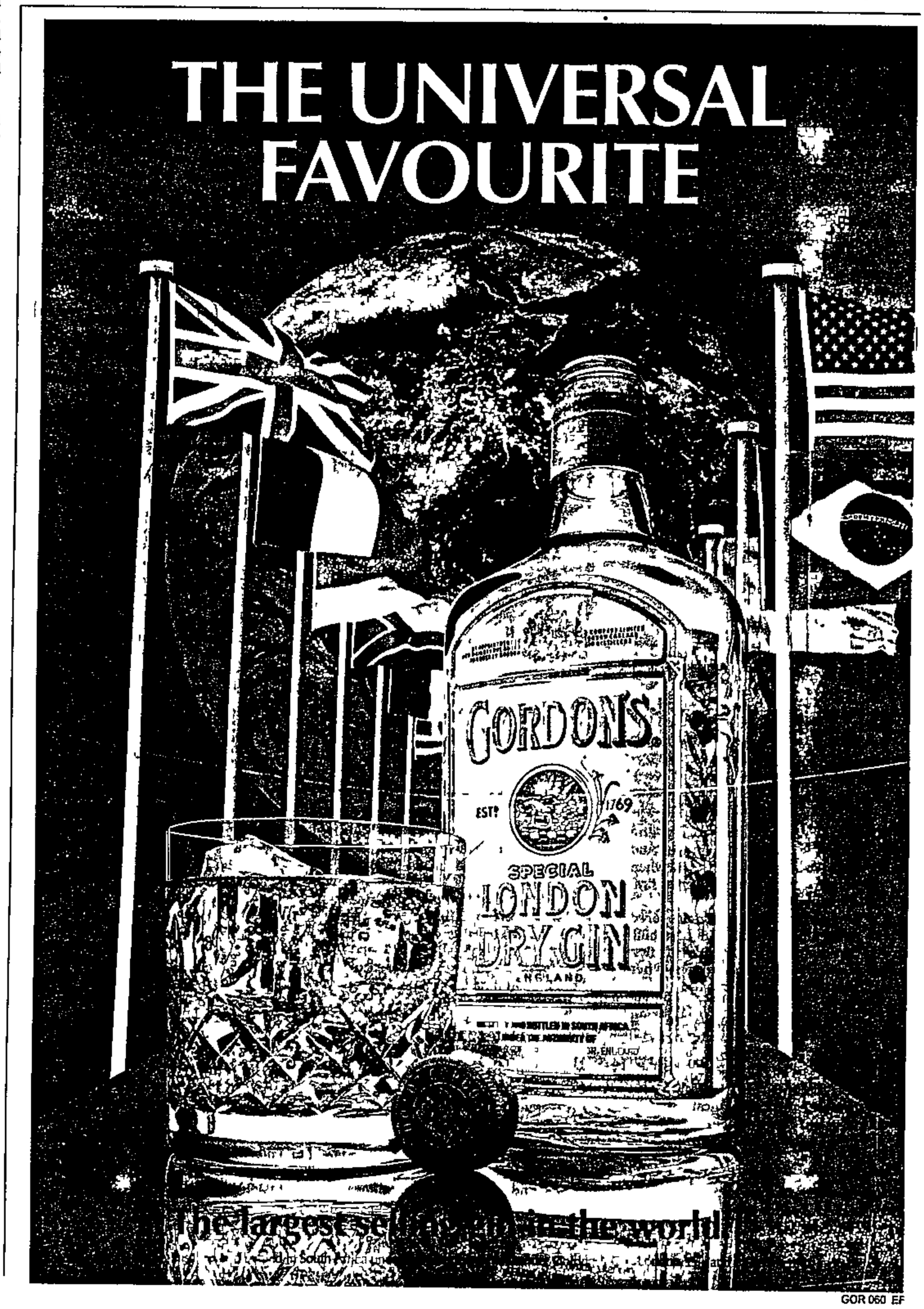
"Moducane is fantastic stuff," said Dr Keith Scott, who uses it in his clinic in Botswana. "I can't understand why it isn't being used [by the government] in South Africa It has everything going for it. The researchers have done everything by the book." Scott pointed out that because Moducane is natural it retails for as little as R100 for a month's supply

Bouic this week emphasised that he was not in competition with Virodene, but said he was upset that the government has not responded to a letter he sent the Department of Health alerting it to his research results He said several other African countries, as well as Canada, have expressed interest in Moducane and he assumed South Africa would also want to investigate providing the treatment to patients and hospitals

Mbeki's representative Ricky Naidoo responded that the Stellenbosch research "most certainly" had not been brought to Mbeki's attention, but he said Mbeki would be open to any proposals

Zuma's representative, Vincent Hlongwane, said the health department only took recommendations from the MCC, not individual researchers, and that it was up to the MCC to pass on information about any new drug.

Hlongwane said the only reason Zuma and her department took a direct interest in Virodene was because the researchers had approached the government for funding Bouic said this was "a pathetic excuse to give", and said since he was the one who had written the letter, he should have received a response



New twist for HIV-contaminated blood saga in Soweto

(99) CP 15/3/98

By ZB MOLEFE

THE HIV-contaminated blood saga at a Soweto school took another turn this week

A source charged that the South African Blood Transfusion Service (SABTS) rarely took blood in the township because of the alleged high rate of contaminated blood

As a result, the SABTS gave Soweto a miss and instead concentrated in the nearby coloured townships like Eldorado Park

While it was possible that the high crime rate had stopped the transfusion services from venturing into Soweto, contaminated blood from the area was one other consideration, claimed the source

"Oh no, I disagree with that It is not true," said SABTS corporate donor educator Freda Molefe

Molefe said her organisation caters only for school donors at Soweto's Musi High at the moment

SABTS conducts these bleeds quarterly at Musi High and they yield about 200 donations a year

According to the SABTS, they visited about 24 schools before pulling out their Soweto services in 1993 because of vilolence

And what the SABTS did at these schools was to give educational talks about blood tranfusions

Other donors in the Soweto area come from community clinics and nearby office and factory areas in places like Southgate and Nancefield And these donors include school children and adults, said Molefe

She was joined by the SABTS deputy medical director Robert Crookes who said "we don't know how people will interpret this What concerns us is that it is not true "

Dr Crookes emphasised that the SABTS mission is to provide the community with a safe, sufficient supply of blood Hence collection procedures are aimed at ensuring the safety of the country's blood supply

He also said at the blood collection site donors are interviewed and the importance of safe blood is explained once again Potential donors are given the opportunity to exclude themselves from the donation process if they participated in risk behaviour

"Risk behaviour includes having had more than one sex partner in six months prior to donating, male to male sex and drug abuse," said Dr Crookes

The SABTS also said that it collects blood from 48 000 students in its Donor Panel which covers Gauteng, Free State and Mpumalanga

□ In another development this week North West premier Popo Molefe said urgent attention will need to be given to the problem of AIDS in his province where one in every four people tested HIV positive, reports **DAN DHLAMINI**

Speaking during the official opening of the provincial parliament, Molefe warned that the battle against AIDS alone could require an extra expenditure of R61 million

Molefe said with a figure of 25 percent, North West was leading other provinces with the number of AIDS sufferers

He said some provinces already entered into serious debates on the necessity of training pupils who are HIV positive because those that trained will not live to increase productivity

Ngema being investigated for breach of contract regarding *Sarafina 2*

PLAYWRIGHT Mbongeni Ngema can expect Judge Willem Heath's men to come knocking on his door any day now

SIU (special investigating unit) chief investigator Jenny Perks said Heath's special investigating unit intends to speak to Ngema before March 31

Perks said she was not at liberty to discuss this issue until Ngema had been properly informed of a proposed charge against him

Ngema's *Sarafina 2* cost the taxpayer a bundle and excited the nation – not because it was spectacularly staged or brilliantly written but because it was so incredibly extravagant

The ill-fated AIDS awareness play was discontinued after a huge public outcry and amid allegations of irregularities in the department of health's tender proceedings

The controversy surrounding the R14 million play looks set to flare up again as Judge Willem Heath's crack SIU has been given President Nelson Mandela's blessing to investigate the playwright and his Committed Artists theatre company

Ngema and Committed Artists are being investigated by the SIU regarding aspects of the contract between Ngema and the department of health and the subsequent breach of this contract

The SIU is also looking into the loss of public money and property as well as unlawful expenditure and misappropriation of funds relating to *Sarafina 2*.

The department of health handed the matter over to the SIU at the end of August last year after the KwaZulu-Natal Attorney General declined to prosecute Ngema – ECN Weekend Service

SABTS pulled out from Soweto because of violence

CP 15/3/98 (93)

By ZB MOLEFE

THE South African Blood Transfusion Service (SABTS) pulled out of Soweto five years ago because of violence

SABTS corporate donor educator Freda Molefe this week said the organisation did not leave Soweto because HIV-infected blood was found at a Soweto school

Today the SABTS conducts blood transfusions at only one Soweto school, Musi High Transfusions are done once in three months and have about 50 donations per session

Before the 1993 pull-out from Soweto Molefe says she regularly visited 24 high schools out of the registered 94 at the time Her job was to give students pre-donor education

"I gave talks about our pre-donor education programme We never bled those schools Our intention was to get the students to use our services at Soweto sattelite clinics and our Baragwanath Hospital facility," said Molefe, who has worked for the SABTS since 1983

SABTS deputy medical director Robert Crookes was critical of the City Press report which said the contaminated blood from the Soweto school was destroyed.

"It's untrue On what basis do you say all the school's pupils were HIV-positive? And that we were forced to destroy 800 litres of the contaminated blood," asked Dr Crookes

He was joined by SABTS corporate public relations officer Diane de Coning who said earlier in a statement refuting the City Press story. "The SABTS is aware of the prevalence of HIV/AIDS in schools in South Africa and needs to ensure that blood donors have not participated in risk behaviour and that they are HIV-negative "

At the start of the interview City Press had made it clear that our last Sunday story's intention was not to target the organisation But the epidemic is growing by leaps and bounds in South Africa, and there is no clear and coherent strategy to fight the HIV/AIDS epidemic

SABTS and the Soweto high school were incidental to the thrust of the City Press investigations

In denying the Soweto school incident De Coning referred City Press to an earlier statement by the organisation's medical director A du Heyns

Said Professor Heyns "The SABTS regards the Soweto high schools as an important source of low-risk blood The service has therefore for several years had a programme in these schools to educate scholars about HIV risk factors and to motivate them to become regular blood donors "

The SABTS also said statistics from school blood donor clinics in Soweto indicate a 0,2 percent HIV-positive rate among Soweto students, while the overall rate for the Baragwanath branch of the SABTS (which covers the greater Soweto area) is 0,8 percent

"These statistics reflect only the HIV rate amongst blood donors, and are not an indication of the rate amongst the general public," said the SABTS

However, Dr Crookes pointed out in objecting to the City Press Special Report that SABTS did not want to minimise the HIV/AIDS epidemic because "it is a catastrophe"

But warned Dr Crookes. "Blood tranfusion is a bad way of giving figures about the HIV infection."

Dr Crookes and De Coning then gave the big picture on the steps the SABTS takes to ensure that donor blood is free of HIV.

First the potential donor is given the Blood Registration Donor Form, which, among other things, explains the process

Then there is the Self Exclusion Questionaire which potential donors must fill out Dr Crookes and De Coning are emphatic that "every (blood) donation must be tested for the virus (HIV) and therefore we know how many people are HIV-positive".

The pair also emphasise that blood donations are voluntary.

The SABTS was joined by the Gauteng Department of Health's directorate for health promotions director Joanne Collinge, who said she feared the City Press report may

- ☐ engender a sense of hopelessness and despair amongst school youth;
- ☐ jeopardise their "safe sex with condoms" campaign,
- ☐ give a false picture of the infection rate amongst school youth,
- ☐ create an impression that the Health Department is hiding the real figures

Virodene protocol

Top toxicologist backs researchers'

ANDREW TRENCH in London and
CHRIS BARRON in Johannesburg

A LEADING British toxicologist has confirmed his support for the Virodene researchers' protocol in which they motivate their proposal for human testing of the controversial AIDS drug

Professor Anthony Dayan, director of toxicology at London's St Bartholomew's Hospital's medical school, said this week that he had been one of a number of international experts invited by the Virodene researchers to form an "ethics review board" to consider a revised protocol

The protocol is the document submitted to the South African Medicines Control Council by researchers when seeking permission for clinical trials of a drug.

Dayan was cited by Deputy President Thabo Mbeki as one of the authorities who had lent his support to the protocol

But this week Dayan said he did not want to get involved "with what the deputy president may or may not have said"

However, he confirmed that he had commented on the toxicological aspects of the proposed trial. He stressed he did not form an opinion about whether Virodene would be an effective anti-AIDS drug

He said the comments attributed to him by Mbeki were, as far as he recalled, an "accurate quotation from a lengthy letter"

Mbeki said Dayan had hoped the South African review board accepted the Virodene researchers' proposal.

Dayan said he had suggested a number of changes to the protocol. "I thought it needed amendment in certain parts, but these were more of detail than of substance "

He said he was aware of the controversy surrounding the drug, but he did not know the details, and therefore would not comment on it

The control council banned human testing of Virodene on the grounds that it contained a toxic industrial solvent, and could cause irreparable liver damage, as well as cancer

In a letter to one of the researchers, Dr Callie Landauer, Dayan cautioned that "animal work" on the toxicity of the drug "should be considered" before using it on humans

Landauer said this week that he was concerned at reports that the drug was being used in a clinic in Portugal He did not feel it was ready for human use, and was concerned that he and other medical members of the Virodene team would be held liable for any negative consequences.

Professor Richard Morisset of the department of microbiology and immunology at the University of Montreal, in Canada, echoed Dayan's support for the revised protocol, and said that if it were presented to the scientific and ethics committees of the university it would be accepted

The chairman of the Medicines Control Council, Professor Peter Folb, said last week that the medical members of the Virodene research team had agreed in January with the council's opinions on the "deficiencies in their proposal", and had agreed to work on these

He said the council was awaiting their response before deciding whether to permit them to go ahead with testing or not

ST 15/3/98 (92)

CAPE TIMES
★ MONDAY, MARCH 16, 1998

DIRE WARNING: Health Minister Nkosazana Zuma, who warned University of Transkei medical students about the effects of Aids and HIV on the economy.

Aids 'biggest enemy' of SA

JOVIAL RANTAO (92) CT 16/3/98

HEALTH MINISTER Dr Nkosazana Zuma has identified Aids/HIV as the biggest enemy — perhaps worse than apartheid — that South Africa has had to face

Addressing medical students at the University of Transkei at the weekend, Zuma said the government and South Africans should do everything to boost economic growth, but if the HIV/Aids pandemic is not taken seriously, all efforts will be in vain

She said 1 500 South Africans were infected daily with the deadly disease To date, 2,8 million South Africans were walking around with the virus The bulk of those infected were between 15 and 25 and 25 and 40

Aids, Zuma warned, could, if left unattended, undermine efforts to build South Africa

"We should do all we can to improve human development in South Africa There's no way that we can have good economic growth without human development Aids poses a serious threat to our human development which even now leaves a lot to be desired Health education should be looked at more closely if we're to improve our human development "

She said a World Bank study had predicted that South Africa would lose one percent of its gross domestic product because of Aids

The spread of Aids would lead to high levels of absenteeism and premature deaths of skilled and unskilled workers Hundreds of orphans left by young people who had died of Aids would create enormous strain on the welfare services and the country's budget

The government has taken over the Aids/HIV campaign from the Department of Health

A Cabinet sub-committee, chaired by Deputy President Thabo Mbeki, has been established to spearhead the campaign against Aids

Zuma encouraged the medical students, and all South Africans, to undertake Aids tests "If you discover that you have been infected, talk about it to others We have a problem because Aids is viewed as a disease that people don't talk about," she said

● Zuma also announced that plans were underway for a R400-million regional teaching hospital to be built in Umtata Building work on the hospital, which will be linked to the University of Transkei's Medical School, is expected to start soon

Zuma says Aids is SA's worst foe

(92)

Sowetan 16/3/98

Report shows 90 percent of women contracted virus from male partners

By Ido Lekota

MINISTER OF HEALTH Dr Nkosazana Zuma is involved in spreading one ominous message "Aids is the worst enemy that our new democracy has"

"It knows no colour, no race and no class"

At the official opening of a community health centre in Cala, Eastern Cape, at the weekend, Zuma talked about Aids an audience of students, mothers and fathers.

Zuma spread the message while in the corridors of power the debate on whether the Aids drug Virodene can or cannot be used on humans rages on

"Many people often ask themselves what an HIV positive person looks like

I know what an HIV positive person looks like He-she looks like you!" she told the silent audience

To the chagrin of elderly males she went on to give a lecture on how male promiscuity contributed to the spread of Aids

"A recent report on a survey done in Africa showed that in 90 percent of the cases infected women were monogamous but contracted the Aids virus from their male partners

"While sowing their wild oats men are contributing to the number of orphans that Aids leaves by killing mothers and fathers," Zuma told the stone-faced male section of the audience, while the women nodded in support.

Economic growth

In an earlier address to medical students at the University of Transkei Zuma said the Aids epidemic has the potential of negatively impacting on the country's economic growth and thereby making it impossible for the new Government to address the social imbalances created by apartheid.

"By 2000 we will be losing one percent of the gross national product through Aids" Aids, Zuma told the students, would also affect the country's human resources development.

Cost saver on HIV new study

(92)

BD 17/3/98

Josey Ballenger

"COMBOTHERAPY" for HIV-positive patients is more efficient — and cost-effective — in the fight against AIDS than the use of only one drug, a recent study commissioned by pharmaceutical company GlaxoWellcome says.

The study, undertaken in Canada, Australia, Europe and SA among 1 800 patients, is the most recent in a series of research conducted in the last 16 months showing "dual" or "triple" therapy to be more effective than "monotherapy" in preventing the progression to AIDS

"There are concerns about cost-effectiveness and prices as we move from mono to dual and even triple therapies," said Peter Moore, GlaxoWellcome's SA medical director, highlighting medical aids' and insurance providers' concerns about balancing possibly spiralling costs and humanitarian instincts

Dr Michael Youle, the director of HIV clinical research at London's Royal Free Hospital who spearheaded the study, said it showed a group which continued its routine therapy but added Glaxo drug Lamivudine, which trades as 3TC, incurred far lower costs for managing HIV than did a control group which simply stuck with its current treatment

Settle Virodene issue – Masa

(92) Sowetan 17/3/98

By Mokgadi Pela

THE Medical Association of South Africa (Masa) has expressed concern at the ongoing debate about the controversial Aids drug Virodene PO58.

Masa said the unresolved debate "focusing on dispute, rather than the plight of thousands of hopeful patients should be addressed urgently"

To achieve this, Masa said, the scientific and ethical aspects must be separated from political and financial considerations

Masa was reacting to claims by the Democratic Party (DP) that the African National Congress had a financial stake in the Virodene manufacturing, a claim rejected by the ANC Masa said it fully supported the Minister of Health Dr Nkosazana Zuma in her commitment to curtail the Aids epidemic

Scientific answers

"We have recommended to her that, in the interests of the community, the Government and the medical profession, conclusive scientific answers be sought as a matter of urgency If this cannot be achieved locally, the assistance of internationally reputable drug regulatory authorities should be sought," Masa said

"As doctors, we are faced with the challenge of finding a cure for Aids and of caring for those of our patients living with Aids

"From a scientific point of view, we need to know if Virodene works "This can be achieved by way of acceptable scientific protocols and entrenching ethical principles," Masa said

HIV statistics reveal worst scenario

BD 18/3/98 (92)

Josey Ballenger

THE latest health department statistics on the rate of HIV infection in SA dashed government and private sector hopes that the country would "contain" the epidemic at lower levels, say AIDS activists

The figures indicated that South Africans might not "wake up" until huge social and economic losses had been incurred

The department's 1997 survey, unveiled last week in Parliament, showed an average 16% of 12 500 pregnant South African women were HIV-positive. This represents a two percentage-point rise on 1996's 14% figure

The biggest increase was registered in the Eastern Cape, where the prevalence among pregnant women increased 55% to 12,6% HIV increased in the Northern Cape 33% to 8,6%, and in KwaZulu-Natal 35% to 26,9%, the highest rate in SA

"The study shows what has been predicted, it is our worst fears borne out," said Clive Evian, consultant to the national health department's HIV, AIDS and sexually transmitted disease directorate

"The epidemic is still very active, we haven't yet reached the saturation point," he said

Evian said KwaZulu-Natal's results reversed a slowdown indicated in the previous two years, and said the rate looked set to go "dangerously high".

Mpumalanga had the second-highest rate at 22,5%, followed by the Free State's 19,6%, North West's 18,1% and Gauteng's 17,1%.

The Northern Province had the second-lowest rate at 8,2%

Evian said that one of the study's most salient points was the "trend" emerging in the Western Cape, where the HIV rate was the lowest in the country but had more than doubled in the past year to 6,3%, following 1996's 85% jump

Another trend was the high rate of infection among women between the ages of 20 and 24 years across the country — 19,7%. This is 23% higher than in women overall, and suggests that 33% of mothers in KwaZulu-Natal in that age bracket are HIV-positive

Evian said despite efforts to educate the public about prevention, "people don't appreciate AIDS education because (those infected) are not sick yet"

Health Minister Nkosazana Zuma told Parliament last week SA was now regarded as having the fastest-growing HIV epidemic in the world This was despite public and private initiatives to curb the rate of infection

Zuma said 1 500 South Africans were infected every day, or close to 50 000 a month She called for all political parties and sectors to participate in a national anti-AIDS campaign and said "only a handful" of the close to 3-million South Africans estimated to be infected knew of their condition

University deans call for medicines control council probe

(92) BD 18/3/98

Josey Ballenger

A PUBLIC inquiry into Medicines Control Council ethics could be the next chapter in the Virodene saga

Deans from at least five of SA's eight medical schools are preparing a letter to Deputy President Thabo Mbeki and Health Minister Nkosazana Zuma asking for an investigation into the council, saying its image should not be tarnished without solid evidence

The council's credibility has been called into question in the past two weeks, with Mbeki suggesting it had impure motives for rejecting anti-AIDS drug Virodene.

The council has blocked human trials of the drug four times on the grounds that it contains a toxic industrial solvent which has not been proved to have therapeutic value

Mbeki has accused the council of suppressing Cryopreservation Technologies' (CPT's) development because it has hidden financial links with the pharmaceutical industry He used seven international experts' support of Virodene's protocol to back his argument.

However, local experts said a protocol was only a research proposal, and that at least one overseas source had warned against human trials with the drug's current make-up

Wits University medical school dean Max Price said this week the deans were "not necessarily siding with the council, but the controversy around Virodene is threatening its credibility . (which) will have widespread implications for the public's confidence in drugs currently available, particularly generics.

"Up until now they have succeeded in maintaining first-world standards in research, so it is important for our ability to attract research that the MCC's reputation be thoroughly intact"

Price recommended that an independent body with local and possibly international recognition should conduct the inquiry

The public protector's office is already probing whether the African National Congress (ANC) had a financial interest in Virodene, as CPT documents showed the company intended offering the party 6% of shares in a subsidiary to be established.

The ANC and CPT have said the offer never materialised

Acting national spokesman Steyn Speed said the ANC could not comment immediately on the idea of a public inquiry, as the issue had not been formally discussed

Zuma's spokesman Vincent Hlongwane said the ministry could not respond until it saw the letter and the context in which the inquiry was suggested

Mbeki's spokesman did not return calls, and council chairman Prof Peter Folb refrained from comment.

Britain's Princess Anne chats to forest rangers of the National Banco Park, north of Abidjan in Ivory Coast, on Monday. The princess arrived on Sunday for a three-day visit at the invitation of the Ivory Coast head of state.

PIC. AFP

Drive to highlight Aids, TB

By Mokgadi Pela

THE Black National Conference of Review (BNCR) is to hold country-wide workshops from April to highlight the seriousness of tuberculosis and HIV in South Africa.

BNCR spokesman Mr Tsepo Sibusi said the workshops would be held in informal settlements, mining areas, rural areas and other places still to be identified.

He said "We will enlist the help of our health desk, experts, labour unions, non-governmental organisations and all relevant role players in the struggle against the twin evils of TB and Aids.

"We have already established links with trade unions operating in mining areas in places as far afield as the Northern Cape and the Penge asbestos mine in Northern Province."

Sibusi said political parties should join the Government in its efforts to rid the country of the scourge of HIV and TB through programmes.

"Considering that sub-Saharan Africa accounts for more than 66 percent of HIV cases in the world, we have to act fast before it's too late The BNCR will, therefore, become an active participant in the struggle against Aids and TB," Sibusi said.

Figures provided by Health Minister Nkosazana Zuma from ante-natal surveys show a national average of 16 percent compared to last year's 14 percent.

Sibusi called on organisations and individuals wishing to take part in the campaign to contact the BNCR at (011) 333-2032.

Sowetan 18/3/98

Zuma 'ignores advice' from govt's own Aids board

ET 19/3/98 (92)

JUDITH SOAL

WHO advised Health Minister Dr Nkosazana Zuma on *Sarafina 2*, Virodene and the move to classify Aids as a notifiable disease? Not the country's top Aids experts

The National Aids Advisory Board, established by the Department of Health in 1995, meets regularly — at taxpayers' expense — to inform the government on Aids policy, but says its advice is being ignored

Dr James McIntyre, one of the country's leading Aids researchers, wrote to Zuma late last year on behalf of the board requesting a meeting to discuss policy differences, but received a letter back from director-general of Health Dr Olive Shisana asking "who is this Aids advisory group?"

As a result of the letter the group is considering disbanding

"The board was started by the health department, is funded by the department and contains some of the best thinkers around Aids and HIV in the country, it's sad that they aren't being allowed to have a say," said board member Mr Pooven Moodley, national lobbyist of the National Aids Coalition of South Africa (Nacosa)

"It's very strange," said another member, paediatrician Dr Glenda Gray "We are wasting the taxpayers' money for no apparent purpose."

The differences between the board and the ministry involve three issues: *Sarafina 2*, Zuma's promotion of the untested drug Virodene and her plan to make Aids a notifiable illness Zuma has consistently ignored the board's advice on all of these matters

'WHO ARE THEY?': Olive Shisana

But the head of the government's Aids programme, Ms Rose Smart, stressed that the board had a central role to play

"The government White Paper on the transformation of the health system fully entrenches the position of the advisory board," she said.

"It is sometimes difficult to access top people in government and we need to find optimal ways to improve communication and take these issues forward," said Smart, who also sits on the board

Board member Dr Ashraf Grimwood, who treats people with HIV and Aids, said the fact that the advisory board was mentioned in the White Paper but ignored when it came to making decisions showed that the government was "more interested in being seen to do something than actually doing it".

"The horrors that we face out there are not going to go away, they are going to get worse By 2005, 25% of our country is going to be HIV-positive We really need to be honest and stop using HIV/Aids as a political football," he said

Shisana is in Geneva and could not be reached for comment, while Zuma spokesperson Mr Vincent Hlongwane said the minister shouldn't be "dragged into this issue in a mucky way"

"Maybe the reason their advice is not being taken is because of the kind of advice they are giving," he said

CAPE TIMES
THURSDAY, MARCH 19, 1998

DISEASE HAS ENTERED 'EXPONENTIAL PHASE'

HIV cases double in West Cape

CT 19/3/98 (9a)

THE INCIDENCE of HIV has doubled in the Western Cape, but the government has found a "new energy" to tackle the problem. Health Writer **JUDITH SOAL** reports.

ONE in four adults in KwaZulu-Natal is infected with HIV and the disease is spreading faster than Aids workers expected

Yesterday Health Minister Dr Nkosazana Zuma released the results of the eighth national HIV ante-natal survey, which suggests that over 16% of economically active South Africans carry the virus that causes Aids

The incidence of HIV has doubled in the Western Cape, and has grown substantially in all provinces except the North West

The survey is based on a sample of more than 12 000 pregnant women around the country, and is internationally accepted as the best indicator of the prevalence of HIV

"South Africa is considered to have one of the fastest growing HIV epidemics in the world, with close to 15 000 people infected every month," Zuma said.

KwaZulu-Natal has the highest incidence of HIV, and has shown an increase from 19,9% to 26,92%

"This is particularly disappointing," said Dr Mark Colvin of the Medical Research Council, who designed the study

"There wasn't much of an increase in KwaZulu-Natal last year and we had hoped that the disease had reached a plateau at about 19%, but here we have a mighty leap to almost 27%, so the spread has not been checked"

He said it was impossible to say when a plateau would be reached "There are towns in Botswana with a 40% infection, and some countries in Africa that are stable at around five to 10%, so we just don't know," he said

The Western Cape has the lowest incidence of HIV at 6,29%, but this is more than double last year's 3,09% — the highest increase in the country

Ms Rose Smart, the director of the government Aids programme, said this was to be expected in the early stage of an epidemic "The Western Cape is behind the rest of the country, it has now entered the phase of exponential growth," she said

Zuma admitted recently that her department had failed to counter the epidemic

"It is clear that a lot more needs to be done to arrest the spread of HIV/Aids, but we are confident that we are going to be able to tackle the problem — we have no choice," she said

She said it had been estimated that by 2000 one percent of the country's Gross Domestic Product would be consumed by Aids "And that isn't accounting for related costs, like the cost of caring for all the children who are orphaned when their parents die," she said

The government has recently announced an inter-ministerial project to tackle Aids that will be based in Deputy President Thabo Mbeki's office

"This shows that it has sunk into the government's mind that this is a serious problem," Zuma said

The move has also been welcomed by Aids activists, who believe that the programme will carry more weight because of the deputy president's involvement.

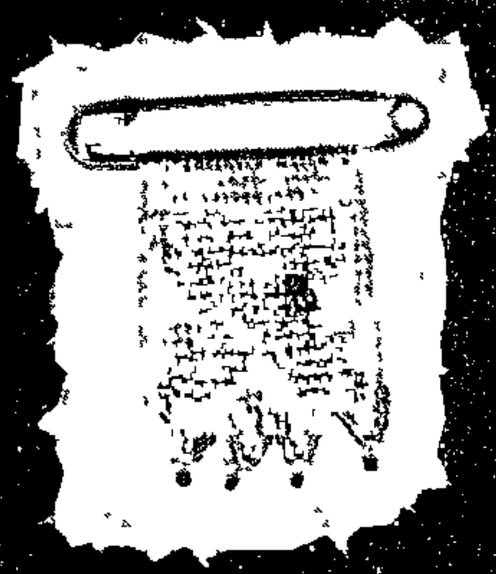
"We can see results already," said Mr Pooven Moodley of the National Aids Coalition of South Africa "The ministers are under pressure to make Aids a priority and to say what they are going to do in their departments

"We were involved in a training programme recently, where we trained representatives from all national departments about Aids and HIV

"Despite the high figures, there is an amazing new energy in the government to tackle Aids," he said

LATEST HIV INCIDENCE

	1996 Est (HIV+)	1997 Est (HIV+)
South Africa	14,17	16,01
(Provinces)		
Western Cape	3,09	6,29
Eastern Cape	8,10	12,61
Northern Cape	6,47	8,63
Free State	17,49	19,57
KwaZulu-Natal	19,90	26,92
Mpumalanga	15,77	22,55
Northern Province	7,96	8,20
Gauteng	15,49	17,10
North West	25,13	18,10



Age Group	1996 Est (HIV+)	1997 Est (HIV+)
<20	12,90	12,70
20 - 24	17,74	19,67
25 - 29	15,33	18,18
30 - 34	12,20	14,49
35 - 39	9,71	9,47
40 - 44	10,16	7,52
45 - 49	5,83	8,82

Graphic: Matthys Moss • Cape Times

Zuma upbeat on plan to slow spread of Aids

(92) Star 19/3/98

By Jovial Rantao
Political Correspondent

Cape Town – The Government planned to intensify its campaign against Aids and was confident it would reverse the course of the pandemic, which would cost the South African economy R8-billion a year by 2000 if left unchecked.

Unveiling the results of the latest HIV survey on pregnant women, Health Minister Dr Nkosazana Zuma said that despite the level of infection rising on average by 12,2% from the last survey, she was confident that the mass mobilisation programmes planned by the Government would have a huge impact

The cabinet committee on Aids, chaired by Deputy President Thabo Mbeki, is expected to unveil a plan soon on how the Government, big business, non-governmental organisations and communities could work together.

"If we look at the trend from 1990, when the epidemic was at its earliest, the figures were doubling almost every 15 months, but now we can see that although the figures are increasing, they are not increasing at the same rate.

"I think it's important we realise it's not all gloom and doom," Zuma said.

Govt urged to side with Aids victims

ET 20/3/98 (92)

JOVIAL RANTAO

TWO high-profile Aids lobby groups have appealed for government intervention to prevent financial institutions and medical aid schemes from discriminating against those infected with Aids/HIV

National Aids Convention of South Africa (Nacosa) and National Association of People Living with Aids have also urged the government to produce legislation which would outlaw pre-employment testing Government departments have prohibited pre-employment testing

In a submission to Parliament's Portfolio Committee on Health, Dr Ashraf Grimwood said people infected with the fatal virus were denied vehicle finance, home loans and were discriminated against by medical aid schemes which stipulated low limits for medication and treatment

"The government should intervene and stop the discriminatory practices by medical aids who don't hesitate to spend R10 000 on a heart bypass (operation) but would not spend the same on someone (with Aids/HIV) who needs a combination therapy treatment," Grimwood said

He said the White Paper on the transformation of the health sector, which is the subject of public hearings hosted by the committee, should spell out the role that the government should play in intervening to change the discriminatory policies and practices

Grimwood said the establishment of the national Aids advisory committee, as envisaged in the White Paper, should be accompanied by clarity about the "weight" and the authority of such a body. He said the role of the current Aids advisory committee has remained unclear

"Concerns and recommendations by this group, in relation to the rather infamous issue involving the Directorate. HIV/Aids, like the Sarafina musical, for example, and more recently a policy around Aids notification, did not appear to be compatible with Health Department opinion A group that exists but lacks any true power will not only be a waste of time for all those involved, but also lead to discouragement of those working in the field of HIV/Aids," Grimwood said

The lobby groups also suggested that the government forge links with international drug companies in order to gain access to combination therapy treatments which would be effective and affordable.

They also urged that the White Paper be amended to include ways in which the various types of research into HIV/Aids should be co-ordinated

Breast-feeding, the organisations proposed, should not be allowed for babies born of HIV positive mothers.

CAPE TIMES
FRIDAY, MARCH 20, 1998

Zuma backs move to make deliberate infection a crime

CT 20/3/98 (9a)

JOVIAL RANTAO

HEALTH Minister Nkosazana Zuma has come out in support of an investigation into whether HIV positive individuals who deliberately infect their partners should be liable for criminal prosecution

However, Dr Zuma, in a reply to a question from IFP MP Jeanette Vilakazi, has warned that the issue whether certain behaviour ought to be made a criminal offence had complex social, ethical and moral implications for society

"This is particular so in SA where criminal law has been used to enforce a certain political and moral ideology, for example sex across colour line was a criminal offence during the apartheid era The department therefore supports requests made by the Portfolio Committee on Justice to the SA Law Commission to investigate and make recommendations on the criminalisation of acts by persons with Aids or HIV who deliberately or negligently infect other with the said virus," said Vilakazi

"In view of the fact that persons may have been infected with HIV may only show symptoms of such infection after a protracted period of time, and to give victims of offences committed by persons who have the said virus peace of mind, the possibility that persons who may have infected others, especially in the case of those who can be charged with committing sexual offences, be subjected to an obligatory test in order to determine whether or not they have Aids or HIV," Zuma said

She said the Department of Health of would actively participate in the process through its representation on the South African Law Commission's project committee on Aids which has been tasked with the investigation The commission is expected to table its reports in a few months' time

Yesterday, the IFP called on Zuma to show the same commitment to combating Aids as she does fighting smoking IFP health spokesperson Dr Ruth Rabinowitz said Zuma should produce a "more proactive Aids policy" and said people who concealed their Aids status should be criminally prosecuted

"This disease must be regarded as a public health crisis and not a human rights issue. There should be no unfair discrimination against Aids sufferers, but HIV and Aids should be treated like any other contagious disease Openness must be promoted by making HIV and Aids notifiable, while health-worker confidentiality is ensured Testing should not be anonymous, sufferers should be counselled and know their test results. It should be an offence for individuals to withhold their Aids status from sexual partners," Rabinowitz said

Virodene may activate Aids virus

(92)
M+G 20-26/3/98

Lynda Gledhill

A recent study published in a medical journal suggests that DMF, the main chemical constituent of Virodene, may activate the HIV virus

South African medical experts who reviewed the article said it raises serious questions about Virodene and its potential affect on Aids patients

The study showed that several industrial solvents, including DMF (dimethylformamide), stimulate the part of HIV that controls how much of the virus is made. Not only did the solvents activate HIV, they also caused other HIV activators to replicate the virus more efficiently

"Virodene may be doing more harm than good," said one Aids researcher, who asked not to be named "Any amount of activation cannot be good news, even if [DMF] then helps block HIV"

Members of the Medicines Control Council (MCC) say the article is one more reason to doubt the efficacy of Virodene, and they have forwarded the study to the Pretoria researchers promoting the drug

However, Dr Hugo Snyckers, interim administrator of Cryopreservation Technologies, the company that holds the Virodene patent, said the article does not have a direct bearing on the team's research "We will reply to this, but we don't believe it affects what we are doing," he said, adding that the details were highly scientific and should not be debated in a newspaper

The study, which appeared in the September 1997 issue of *Aids Research and Human Retroviruses*, was led by a researcher at the University of Washington The researchers say they don't know what it is that makes the solvents stimulate the virus.

Several other medical journal articles have examined the effect of industrial solvents on the HIV virus, with mixed results.

Doctors who treat Aids patients said they are aware of the research "This is not new. [DMF] was tested as a herpes drug and shown to have no value at all," said Dr Steve Miller, a Johannesburg general practitioner "No one has shown it to be beneficial."

A study cited by the Virodene researchers showed that another solvent, DMSO, may help inhibit the HIV virus However, the concentration levels were much higher than what they proposed to use

"At those levels DMF would be toxic for rats, never mind humans," said Dr Paul Johnson, another doctor who treats Aids patients

The Virodene researchers were criticised last year by a University of Pretoria committee investigating their research for misinterpreting available literature and confusing DMF and DMSO

The MCC halted human testing of Virodene last year because DMF is a toxic chemical known to cause liver damage in humans Other researchers emphasised that laboratory results should not be extrapolated to humans

"The solvents may switch on the replicator in a test tube," Miller said, "but we don't know how much would get into the human body"

Deputy President Thabo Mbeki and Minister of Health Nkosazana Zuma have criticised the MCC for blocking further Virodene research "[Mbeki] is saying the MCC needs to keep an open mind," said his representative, Ricky Naidoo "These issues need to be put to rest once and for all."

The Virodene researchers are currently revising a research protocol to submit to the MCC and hope to have it ready by May. Snyckers said

New scare: The Virodene patches, demonstrated here by researcher Olga Visser, may actually activate HIV. PHOTOGRAPH: SIDDIQUE DAVIDS

Drugs are not the only option

MTG 20-26/3/98 (92)

Lynda Gledhill

It may not be possible to put a price on someone's life, but doctors know it takes enormous amounts of money to give the thousands of South Africans infected with HIV a longer, healthier life

Drug therapies have proven to be very effective at fighting the virus and have dramatically improved the outlook for many patients.

"[Many] people still have the perception from the early days of the disease that a person with Aids is doomed," said Dr Steve Miller, a Johannesburg general practitioner "[However], those who have been following its treatment look at it as a chronic, manageable condition "

Miller acknowledges that the outlook for a South African with HIV today is "relatively poor". This is because the drug combinations used in the United States and Europe can cost between R900 and R4 000 per month

However, Miller said too many people get hung up on the "triple cocktail" method. "It is a fallacy ... that everyone needs three drugs," he said. "People need as much as is necessary to control the virus "

A combination of protease inhibitors and antiretroviral agents such as AZT is often used A minimum of two drugs is preferred because the virus can build up rapid immunity, said Professor Gary Maartens of the University of Cape Town's medical college.

"One drug would perhaps gain a patient six months to a year of reduction in serious infection," he said "Two drugs are twice as good, and three drugs are at least twice as good as two drugs "

Currently, none of these drugs are available to state patients "We try to get people on to drug trials," said Dr Saul Johnson, an Aids research co-ordinator at the Chris Hani Baragwanath hospital "Other than that, we give supportive care " This includes treatment with antibiotics, immune boosters and vitamins

"We treat common conditions not particular to people with HIV, but that people with HIV get," said Dr Clive Evian These include pneumonia, herpes and tuberculosis.

However, Miller said the idea that the government does not provide drug therapies because of cost is a "silly premise. They spend much more treating illnesses that could have been prevented It's a matter of re-allocating resources."

Miller said an effective drug combination costs between R900 and R1 500 per month. "This is very comparable to other major illnesses," he said. However, most insurance companies do not cover the cost of HIV-related drugs

Others believe the problems facing the state in trying to supply drug treatments are too numerous These include counselling, sufficient running water and getting people to follow a strict drug regimen Said Evian. "People start to feel better and stop taking their pills."

Some doctors encourage other treatments. "We can do a lot to improve quality of life without using expensive antiretrovirals and without using experimental treatments," said Maartens

Immune boosters have received mixed support One such treatment, Moducare, developed at the University of Stellenbosch, is being used with a great deal of success at a clinic in Botswana, according to the clinic's head, Dr Keith Scott

A black market has developed around the drugs This is worrying, said Johnson

"They make capsules to look the same [as AZT] and then fill them with talcum powder. You never know what you are getting."

group of black "troublemakers" in the school and demanded their ex

Virodene row: 'scientists withheld data'

Researchers made 'terrible mistakes', says inventor of AIDS drug

(92) ARG 21/3/98

GLYNNIS UNDERHILL

The researchers of the AIDS drug Virodene withheld vital information when they presented their findings to the Medicines Control Council, by failing to mention that four patients had dropped out of their illegal clinical trials.

In a new twist to the Virodene controversy, it has emerged that the researchers also put their patients' lives at risk by failing to use recognised scientific methods for human tests.

The original inventor of Virodene, Olga Visser, admitted to Saturday Argus that crucial data had been omitted from the findings handed over to the Medicines Control Council.

While initially reluctant to comment, Mrs Visser claimed some of the Virodene scientists had been responsible for the omission, which she described as "silly"

"That was the fault of some of the scientists It was silly because the four patients who dropped out did extremely well The four patients dropped out by their own choice," she said.

Deputy President Thabo Mbeki, who has shown active support for the researchers of Virodene, hailed the "seemingly encouraging" results of the drug on two patients who appeared before Cabinet last year

But an investigation by this newspaper has revealed the Medicines Control Council was forced to use its legal authority to demand all the data when it heard about "several patients" who had dropped out of the clinical trials.

Data on the patients who dropped out had not initially been given to the Medicines Control Council, said Mrs Visser, adding that details about the omissions would eventually be made public.

"There are problems between researchers and court cases which have not reached settlement There have been some terrible mistakes made by some of the scientists, but I can't go into details," she said.

Mrs Visser admitted the researchers had also only used one group of 11 patients to test the drug Recognised human clinical trials on a drug considered effective usually require two groups involving between 100 and 200 people in each group

In these trials, referred to as "double-blind trials", one group is given the active drug and the other an inert tablet similar in taste and appearance Neither the patient nor the person performing the trial knows who is getting the active drug or the inert tablet.

But the Virodene researchers, who did not perform the customary preliminary animal work, failed to use this recognised method for human clinical trials.

Concerned medical sources claim researchers put human lives at risk by failing to perform preliminary animal work Virodene has been described as an "industrial solvent", unfit for human use, by the Medicines Control Council.

Further controversy surrounding Virodene could severely embarrass the deputy president, who has thrown his weight behind the drug researchers Mr Mbeki has stressed the urgency of the situation, as South Africa is considered to have one of the fastest growing HIV epidemics in the world, with close to 50 000 people infected every month.

The deputy president has been accused of political interference over his public rebuke of the Medicines Control Council, which has rejected Virodene for human clinical trials three times

In another development, a top AIDS doctor told Saturday Argus that two of his patients had admitted they were taking Virodene, which they obtained on the black market.

The doctor, who asked not to be named, said he had taken the two patients off Virodene, which he described as a "Mickey Mouse" drug.

"It was not clear whether it was working or not. I told them to stop taking this Mickey Mouse drug, which was costing them a fortune," he said.

In response, Mrs Visser said she was worried about the illegal sale of Virodene and had even hired private investigators to try to find black marketeers.

Virodene contains Dimethylformamide, described by medical experts as an "industrial solvent" which revealed no benefit when used in severely ill cancer patients. In fact, they say severe liver damage occurs regularly

Medical experts claim a commission of inquiry is now required into the Virodene controversy The researchers did not perform preliminary animal work, they did not test by means of proper trials and they did not work out how many patients needed to be tested to show drug safety and efficacy, they say

Reliable sources disclosed concerns that when Virodene was originally presented as a successful "non toxic" drug to treat patients with AIDS, the fact that several patients had withdrawn from the trials was not mentioned by the group promoting it.

Mrs Visser claimed the complete data, including information on the patients who dropped out of the trials, was supplied to Cabinet following the presentation by the Virodene researchers a year ago But when the research material was presented to the Medicines Control Council, this vital information was not made available, she admitted.

Mrs Visser said she had been a member of the delegation that presented two AIDS patients to Cabinet to show how well they were doing on the drug She had also attended the presentation to the Medicines Control Council, but said she could not discuss why crucial data on the clinical trials had been omitted.

In his widely published rebuke of the Medicines Control Council two weeks ago, Mr Mbeki said the Minister of Health, Nkosazana Zuma, had requested Cabinet to hear a presentation by the Virodene researchers.

"Cabinet had the privilege to hear the moving testimonies of AIDS sufferers who had been treated with Virodene, with seemingly very encouraging results The Cabinet took the decision that it would support the Virodene research up to the completion of the Medicines Control Council processes," he said.

Mrs Visser refused to discuss why "double-blind" trials had not been conducted by the researchers when they set up the unauthorised human clinical trials.

No mention of Virodene drug trial dropouts

(92)

Star 21/3/98

By GLYNNIS UNDERHILL

Researchers of the purported anti-Aids drug Virodene withheld vital information about patients who had dropped out of their clinical trials when they presented findings to the Medicines Control Council.

In a new twist to the Virodene controversy, it has emerged that, as well as omitting to reveal crucial data, the researchers risked lives by failing to use recognised scientific methods for human trials

The original inventor of Virodene, Olga Visser, admitted to the *Saturday Star* that crucial data had been omitted from the findings

While initially reluctant to comment, Visser claimed some of the scientists had been responsible for the omission

"It was silly because the four patients who dropped out did extremely well They dropped out by their own choice," she added.

Deputy President Thabo Mbeki, who has shown active support for the Virodene researchers, hailed the "seemingly encouraging" results of the drug on two patients who appeared before the Cabinet last year

But an investigation by this newspaper has revealed that the Medicines Control Council was forced to use its legal authority to demand all the data.

Details about the omissions would eventually be made public, Visser said

"There are problems between researchers and court cases which have not reached settlement. There have been some terrible mistakes made by some of the scientists, but I can't go into details "

Visser also admitted the researchers had used only one group of 11 patients to test the drug. Recognised human clinical trials on a drug considered exceptionally effective usually require two groups, each involving between 100 and 200 people.

In these trials, referred to as "double blind trials", one group of patients is given the active drug and the other an inert tablet similar in taste and appearance to the active drug. Neither the patient nor the person performing the trial knows which patient is getting the active drug

But the Virodene researchers failed to use this recognised method for human clinical trials Concerned medical sources claim they risked human lives by failing to perform preliminary work on animals

The Medicines Control Council has described Virodene as an industrial solvent, unfit for human use.

Further cover-ups in the Virodene controversy, which has rocked the medical world, could severely embarrass Mbeki, who has thrown his weight behind the drug researchers.

The deputy president has stressed the urgency of the situation, as South Africa is considered to have one of the fastest-growing HIV epidemics in the world, with close to 50 000 people infected every month

He has been accused of political interference for his public rebuke of the Medicines Control Council, which has rejected Virodene for human clinical trials three times

In another development, a top Aids doctor told the *Saturday Star* that two of his patients had admitted they were taking Virodene, which they had obtained on the black market

The doctor, who asked not to be named, said he had taken the two patients off Virodene, which he described as a "Mickey Mouse" drug

"It was not clear whether it was working or not I told them to stop taking this Mickey Mouse drug, which was costing them a fortune There are drugs now which can turn their lives around, but you have to be able to afford them," he said.

In response, Visser said she was worried about the illegal sale of Virodene The council even hired private investigators to try to find the people who were selling the drug on the black market

Virodene is made up of dimethylformamide and is described by medical experts as an industrial solvent that revealed no benefit when used in severely ill cancer patients In fact, severe liver damage occurred regularly, according to the experts

They believe that a commission of inquiry into the Virodene controversy is urgently required.

Reliable sources disclosed concerns that when Virodene was originally presented as a successful "non-toxic" drug to treat patients with Aids, the fact that several patients had withdrawn from the trials was not mentioned

Visser claimed that complete data was supplied to the Cabinet following the presentation by the Virodene researchers a year ago

But when the research material was presented to the Medicines Control Council, this vital information was not made available, she admitted

Visser said she was part of the delegation to the Cabinet when two Aids patients were presented to show how well they were doing on the drug

She had also been present at the presentation to the Medicines Control Council, but said she could not discuss the omission at the presentation of crucial data on the clinical trials

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"The Cabinet had the privilege to hear the moving testimonies of Aids sufferers who had been treated with Virodene, with seemingly very encouraging results

"The Cabinet took the decision that it would support the Virodene research up to the completion of the Medicines Control Council processes," he said

Visser refused to discuss why "double blind" trials had not been conducted by the researchers when they set up the unauthorised human clinical trials

SUPPORTIVE Deputy President Thabo Mbeki had faith in the controversial team

Dept responds to criticism it ignored 'immune booster'

(92) BD 23/3/98

Josey Ballenger

THE health department has responded to allegations that it ignored an "immune-boosting" supplement that may fight AIDS, tuberculosis and other chronic diseases, saying it followed proper procedure by waiting for the Medicines Control Council (MCC) to evaluate the product.

Stellenbosch University immunology professor Patrick Bouic has researched a "totally natural, nontoxic" product made from plant extracts which modulates the immune system. The product has been available over the counter since last June as a nutrition supplement called Moducare, while the MCC is considering its registration as an ethical product.

Bouic wrote to health director-general Dr Olive Shisana a year ago to offer the department a formal presentation of his findings, but received no response. Earlier this month, the Mail & Guardian questioned why the health department, in the light of its support for unapproved anti-AIDS drug Virodene, did not seem to take an interest in the supplement

The health minister's spokesman, Vincent Hlongwane, said at that time the department only took recommendations from the MCC, not individual researchers, and that it had dealt directly with Virodene developers only because they had approached government for funding.

Bouic conceded that Essential Sterolin Products, a small SA pharmaceutical manufacturer, spent R30m on sponsoring Moducare's research and did not need additional funding.

The department said last week that in March 1997 it had requested the MCC and other authorities to evaluate the clinical research data, but that the MCC advised it "that the free sale of the medicine was premature as the research results still had to be formally analysed and the product registered". At that stage the clinical trials in HIV patients had not yet been completed. The department was fully aware of the potential merits of the product concerned, "and is aware that the matter is being handled by the MCC. The department is looking forward to receiving the final results."

Bouic said the supplement was "not to be seen" as an anti-HIV product. However, a four-year trial on 300 HIV-positive South Africans, which ended last year and was approved by the MCC, showed stabilisation of the immune system and the level of CD-4 white blood cells. Bouic said all 300 patients were still living and taking the supplement, three capsules a day, which cost less than R100 a month. A trial on 40 individuals with tuberculosis showed similar results

MCC chairman Prof Peter Folb could not be reached for comment

HIV IGNORANCE TO BE FOUGHT ON ALL FRONTS

Govt anti-Aids plan to outlaw discrimination

(92) DT23/3/98

STRONG RESEARCH to provide reliable data is seen as important backing for the government's draft plan for fighting Aids. **JOVIAL RANTAO** reports

THE government's multi-million-rand comprehensive draft plan to fight HIV/Aids calls for a multi-sectoral approach to the pandemic and contains proposals for legislation to outlaw all institutionalised discriminatory practices against people living with the disease.

The draft plan would cost R80 million in the present financial year and calls for "visible" political commitment and leadership from the authorities at the national, provincial and local level.

The plan, to be implemented by the inter-ministerial committee chaired by Deputy President Thabo Mbeki, provides for the active participation of business and labour, community-based and non-governmental organisations, the media, the education and health sectors, religious groups, traditional leaders and people who are prominent in the arts, culture, sports and recreation.

The plan is to be backed by strong research and development to provide reliable, up-to-date data. It would also commit South Africa to co-operate with alliance partners in seeking a vaccine for Aids.

The plan envisages legislation to prohibit discrimination against people living with Aids by outlawing pre-employment HIV testing in both the public and private sectors. It would prohibit the sacking of employees because they have HIV

"We're aware that HIV/Aids may result in physical incapacitation, which will result in the inability of the employee to perform tasks However, similar incapacitation may result from cancer or other debilitating medical conditions such as stroke, mental disturbance, etc. Therefore a worker may only be dismissed when he or she fails to perform the assigned tasks and not due to HIV/Aids status," say the authors of the plan.

They argue that legislation outlawing discrimination on grounds of HIV/Aids infection should be incorporated in all workers' conditions of employment.

The draft plan, which will be discussed and finalised at a national Aids indaba in August, calls for the government to raise public awareness of HIV/Aids to bring about a change in behaviour

The draft also says.

- The President, in his state of the nation address, should inform the country, in detail, about the present status of HIV/Aids.
- The President should raise Aids awareness by considering the implications of Aids for every issue being discussed and should include Aids-relevant messages in all public speeches.
- Ministers, parliamentarians, MECs and members of provincial legislatures should raise Aids awareness by including Aids awareness messages in their speeches and by wearing red ribbons
- The government should ensure the rapid progress of any legislation designed to control the epidemic or to end discrimination.
- The government should produce billboards, pamphlets, posters, T-shirts, caps, etc with Aids messages.
- The government should ensure that radio and TV carry high-profile debates and discussions on Aids twice a week.
- The government should interact with and mobilise political parties in this campaign along non-party political lines
- Parliament should have a debate on HIV/Aids at least twice a year
- All MPs should disseminate information, call constituency meetings to discuss Aids, visit hospitals, increase their knowledge of Aids and encourage frank and open discussions on the disease.
- The Aids awareness campaign should be integrated into all government campaigns such as Masakhane, Culture and Learning, Arrive Alive and Year of Science and Technology
- Business and labour leaders should include HIV/Aids awareness messages in all their speeches, including those at shop stewards' and management meetings, and should hold HIV/Aids awareness days in every workplace.
- Business and labour leaders should ensure that condoms are freely available in the private sector, with the focus on high-risk areas, such as hotels, airports, aircraft and truck stops.
- Business and labour leaders should ensure that there is no discrimination at their workplace against people living with Aids and ensure that HIV-positive workers are cared for adequately
- Community-based organisations should provide services and support to communities dealing with HIV/Aids and establish community-based health care systems and educational systems
- The arts, culture, sports and recreation sectors should use art forms to raise Aids awareness

Artists and sportsmen and women should champion the fight against HIV/Aids and state publicly that they practise safe sex.

Church rubbed up wrong way

CLAUDIA CAVANAGH
METRO EDITOR

(92)
CT 24/3/98

TYGERBERG'S *"stadsvaders"* are promoting promiscuity and insulting librarians by making free condoms available in city libraries, say furious church groups.

And as what began as a simple campaign to make condoms more accessible in the fight against Aids becomes a moral dilemma, Tygerberg's council seems poised to capitulate

Its executive committee has called on the community services committee to review an earlier decision to distribute free condoms from the the city's libraries after an outcry from church leaders in the area

Dutch Reformed Church dominee Mr Dawid Peplar wrote to mayor Mr Lukas Olivier protesting vehemently "The move made condoms available to unmarried people and encouraged extra-marital sex — which goes directly against Bible principles.

"I've always believed the library to be one of the most important cultural centres in the town It doesn't attract the type of visitor who'd stand in line to get a condom!"

Other church groups have also complained

A recently released survey showed that in Khayelitsha, which falls under the City of Tygerberg, 10,35% of pregnant women attending ante-natal clinics were HIV positive

Among the Western Cape population generally, the incidence of HIV rocketed from 3,09% in 1996 to 6,29% the following year

Head of health services, Dr Ivan Toms, maintains that the council's move was simply geared at giving sexually active people easier access to condoms

Govt sets aside R80-million to deal with Aids

Planned legislation will outlaw pre-employment HIV-tests and other discrimination against those with the disease

(92) Star 24/3/98

By Jovial Rantao
Cape Town

The Government has set aside R80-million to mount a new strategy to combat Aids, led by an inter-ministerial committee chaired by the Deputy President, Thabo Mbeki.

The plan calls for "visible" commitment and leadership from government at national, provincial and local level. It also provides forparticipation by business and labour, community-based and non-governmental organisations, the media, education and health sectors, religious groups, traditional leaders, arts, culture sport and recreation.

The plan is to be backed up by research and development functions. In addition, a commitment will be made for South Africa to collaborate with strategic alliance partners in the quest for a vaccine that can cure Aids

Envisaged legislation will prohibit discrimination against people living with Aids by outlawing pre-employment HIV-testing in the public and private sectors. It will prohibit employees being dismissed because of their HIV status.

A worker may only be dismissed when he or she fails to perform the assigned tasks and not due to HIV/Aids status, say the authors of the plan.

It argues that legislation on non-discrimination due to HIV/Aids status should be incorporated in all conditions of employment

The draft plan, which will be discussed and finalised at a national Aids indaba scheduled for August, calls for the Government to raise public awareness about the HIV/Aids.

The draft also says

- The president should address the country on the current status of HIV/Aids during his state-of-the-nation address.
- The president should raise Aids awareness by considering the Aids implications on every issue that they are addressing and include Aids-relevant messages in all public speeches.
- Ministers and parliamentarians nationally and provincially should raise Aids-awareness by including in all public speeches an Aids-awareness message and wearing a red ribbon.
- Government to ensure the rapid progress of any legislation to control the epidemic or to end discrimination.
- Government to produce billboards, pamphlets, posters, T-shirts and caps with anti-Aids messages
- Government to ensure that radio and TV carries twice weekly high-profile debates, discussions and information on Aids.
- Government to interact with and mobilise political parties in this campaign along non-party political lines.
- Parliament should have a debate on HIV/Aids at least twice a year
- All MPs should encourage frank and open discussions on the disease.

Experts gather to focus attention on HIV, STDs

(98) Sowetan 27/3/98

By Mokgadi Pela

A SYMPOSIUM focusing on sexually transmitted diseases (STDs) and HIV will be held in Braamfontein, Johannesburg, on Sunday

Scheduled for 9am at the Parktonian Hotel, it will be addressed by leading HIV and STD experts They include Dr Glenda Gray of the reproductive health research unit at the Chris Hani Baragwanath Hospital

According to the programme Dr Allan Karstedt will focus on bacterial opportunistic infections and HIV, Dr Dennis Sifris on recent advances in HIV management and Dr P Mpofu on skin eruptions in the HIV patient Professor Crewe Brown will speak on fungal opportunistic infections in HIV

The organisers, the Soweto Independent Practitioners Association (Soipa), said Professor AK Aucamp would deal with the twin evils of TB and Aids

Soipa administration officer Ms Brenda Sibeko said the symposium would offer advice on how doctors should handle, treat and counsel HIV patients

Meanwhile, experts from the Medical Research Council's National TB Research Programme have predicted that a rising infection rate is expected to continue for at least the next seven years, even with optimal TB and HIV control

AIDS

(92) FM 27/2/98

Finally waking up to reality

Managed care for HIV patients

Medical schemes are fast realising that they can no longer afford to ignore the cost of Aids More than 2,5m South Africans are now infected with HIV

More schemes are offering managed care products for people with HIV/Aids SA's largest medical aid administrator, Medscheme, which handles the claims of about 2m beneficaries, is the latest to face up to the epidemic

Medscheme says it can cut its Aids bill at least in half by monitoring and controlling the treatment received by infected members, rather than having them "go underground"

Until now nearly all medical schemes have refused to pay benefits for Aids treatment However, since Aids-related ailments come in various guises, schemes have been saddled with a mounting Aids bill

Janina Slawski, a director of actuaries Ginsburg Malan & Carsons, says that by using managed care techniques, schemes can save up to 25% on the treatment of HIV/Aids patients and prolong their members' life and health

This is because their overall wellbeing can be managed from the outset through the use of diet, exercise programmes, preventative care and cost-effective drugs that can reduce the rate of Aids complications such as pneumonia

Medscheme's Aid for Aids programme has been devised over three years by its subsidiary, Pharmaceutical Benefit Management (PBM) PBM executive chairman Dr John Cowlin says Medscheme calculated that the medicine claims submitted by members with Aids were about five times higher than the average claim and realised that unless remedial action was taken some schemes would eventually face bankruptcy

Schemes have reacted to the disease in various ways Most have adopted a near-exclusionary approach by offering token benefits for the disease A few treat Aids claims on an individual basis, occasionally granting a benefit

At the other extreme is the SA Police Service scheme, Polmed, which affords members virtually unlimited benefits for Aids — an approach that is unlikely to be sustainable

A handful of schemes, like Fedsure Health, Multichoice and Esmed, have offered members a managed HIV/Aids benefit, tied to an annual financial limit

Medscheme's Aid for Aids does not impose financial limits, but restricts the patient's treatment to a predetermined clinical protocol These treatment guidelines are based on those used at the Aids clinics of Groote Schuur and Somerset hospitals and can be fairly generous, depending on the financial strength of the scheme

The programme entitles the members of Barlows, Meddent and SA's largest black medical scheme, Bonitas, to comprehensive medical and hospital cover for Aids-related illness as well as a lifetime supply of Aids drugs, ranging from relatively cheap prophylactic treatment to triple drug therapy, which costs about R30 000/year

Under this plan, the availability of certain treatment is determined not by an amount of money but by a specific medical event, such as the patient's immune system falling below a certain level PBM has registered a trademark for this approach, which they term "event-driven benefits"

Alexander Forbes Health Care Consultants joint MD Howard Walker welcomes Medscheme's move, which he says the rest of the industry may follow "We've been lobbying open schemes to provide HIV/Aids benefits on a managed care basis, but they are reluctant as they fear it will drive up their costs"

However, HIV Management Services MD Dr Malcolm Steinberg says schemes are beginning to realise that HIV/Aids should not be discriminated against, though the benefits conferred should be affordable to the fund

He cites the example of Parmed, parliament's medical scheme, which recently made headlines when it increased the limit for each beneficiary's annual HIV/Aids benefits from R4 800 to R25 000 in the face of potential legal action to have the previous limit declared discriminatory **Claire Bisseker**

Cautious praise: Dr James McIntyre (left), Dr Glenda Gray and Dr Eddie Mhlanga announce the new treatment for HIV-infected expectant mothers.
PHOTOGRAPH: NADINE HUTTON

Aids treatment out of patients' reach

M+G 27/2 – 5/3/98 (92)

Lynda Gledhill

South African Aids researchers say they have found a way to save the lives of thousands of children, but the benefit may remain out of reach for most of the approximately 20% of pregnant women in South Africa who are HIV-positive

Research shows that a short-term course of the drug AZT given during pregnancy can prevent HIV from being transmitted from mother to child It was previously known that a longer, more expensive treatment was effective

However, while officials from the Department of Health joined doctors at the Chris Hani Baragwanath Hospital to praise the findings, they also readily admitted the difficulties involved

"This is the first time there is scientific evidence that AZT does work with a short-term course," said Dr Eddie Mhlanga, national director of the department's maternal child care "Obviously we need to sit down and think about what to do, what we are going to say to doctors We are not at that stage yet "

Mhlanga said the department is waiting for the official release of the results before beginning to discuss implementation, but he promised "We will not let grass grow under our feet "

The results of a Thai study showed a 51% reduction in the transmission of the virus in women given AZT during the last month of pregnancy and during labour, and who did not breastfeed

While the Thai study used only AZT, a similar study conducted at Baragwanath and at the King Edward Hospital in Durban combined AZT with a drug called 3TC

Immediately after the Thai results were announced last week, participants in the South African study who had been receiving a placebo were switched to the drug combination.

"Now that we are able to prove the efficacy of the drug treatment programme, the placebo project is not necessary," said Dr James McIntyre, co-director of the perinatal HIV research unit at Baragwanath

The study was criticised widely last year after a leading medical journal said it was unethical to treat women with placebos because it has already been proved that AZT does have benefits against Aids

A total of 450 women are included in the South African study, and preliminary results are expected by July

The first problem facing the health department's efforts to implement the Thai study is the cost of the drug The government is in negotiations with Glaxo-Wellcome, the manufacturer of AZT, to provide the cure.

"Right now the negotiations are extremely amicable," said Peter Moore, medical director of Glaxo-Wellcome South Africa "The preferential pricing being offered to the government is extremely substantial "

The out-of-factory cost of an average short-term course would be about R788, but the government's price would be substantially lower, based on the provision of mass quantities

In addition to the price barriers, the government faces practical difficulties Along with conducting HIV tests, which are not mandatory, there must be counselling for women who are HIV-positive

One of the primary concerns expressed by doctors is the number of women who breastfeed, especially in rural areas Breastfeeding is a proven way of transmitting the HIV virus

"We don't know what it would mean to the results if women did breastfeed," said Dr Glenda Gray, co-director of Baragwanath's Perinatal HIV Research Unit

"We need to find ways to minimise transmission through breastfeeding " This includes trying to limit the length of time women breastfeed and providing access to water and formula.

Gray said she hoped the results would be used to renew efforts to fight the Aids epidemic in South Africa.

"We have a social responsibility to bring the children into the world HIV-free," she said. "It is better to treat the mother on a short-term basis than to overload the paediatric Aids system."

Cautious praise: Dr James McIntyre (left), Dr Glenda Gray and Dr Eddie Mhlanga announce the new treatment for HIV-infected expectant mothers.
PHOTOGRAPH: NADINE HUTTON

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HIV set to hit one in four in Western Cape

(92)

LINDSAY BARNES
STAFF REPORTER

ARG 30/3/98

In less than two years, one in four people in the Western Cape will have the AIDS virus – and will be able to pass it on.

Saadiq Kariem, deputy director of reproductive health for the Western Cape Health Department, says this will be the result of the increase in the rate of infection in the province, even though now it has the lowest number of infected people in the country.

Human immuno-deficiency virus infection in the province doubled last year and will continue to double until December 1999.

Hot on the heels of the latest statistics comes the provincial health department's announcement that Somerset Hospital, which has one of South Africa's foremost HIV-AIDS research clinics, faces closure.

"We are sitting on a timebomb and shock tactics don't work. We have to go for behaviour modification," said Patrick Bouic, head of medical microbiology at the University of Stellenbosch medical school.

South Africa is estimated to have the world's fastest-growing infection rate for HIV, says Health Minister Nkosazana Zuma. "Hot spots" are the Plettenberg Bay and Knysna area, where 14% are HIV-positive, Guguletu (12%), and Khayelitsha (10%). The estimate for Mitchell's Plain was 5%, said Dr Kariem. The infection rate was rising faster in the Western Cape than any other province.

It was estimated that 3,1% of people in the province were infected in 1996, and a survey last December found this had doubled to 6,2% for 1997. This figure is seen as conservative.

Six years ago, those infected were mainly homosexuals, but heterosexuals now made up 70%, said Professor Bouic.

Patient's story, page 2; special report, page 10

Infection rate in W Cape catching up to rest of country

(92)

ARG 30/3/98

LINDSAY BARNES
STAFF REPORTER

People in the Western Cape should not be complacent about relatively low HIV-infection levels here.

Dr Saadiq Kariem, deputy director of reproductive health for the Western Cape Health department, said: "We are doing badly The virus is now firmly established in the Western Cape and we are catching up with the rest of the country."

KwaZulu Natal's latest statistics were that almost 27% of the population was infected – a figure the Western Cape is likely to match by the end of next year

Contributing factors to the province's slow start are

■ The Western Cape's relative geographical isolation from neighbouring states which have high HIV levels

The virus spreads, to a degree, along the main trucking routes The province does not have the same amount of traffic pouring into it as, say, Gauteng

■ Historically the Western Cape has always had an advantage over other provinces in that its per capita expenditure for health has been higher than other provinces

■ About 70 new health clinics have been built in outlying areas in the province in the past three years – compared to 300 nationally – and these are expected to make an impact in curtailing the disease in the rural areas.

On a graph the Western Cape's rate of infection curve is about three years behind other provinces and has now entered the sharp part of the curve, whereas other provinces have begun to flatten off

By December this year it is estimated the figures for the province will have doubled again to 12%, and again by December 1999 to 24% or one in four people

Thereafter the increase rate should begin levelling off

About 7,6% of people in the greater Cape Town area, including Somerset West, are estimated to be infected, although not necessarily sick

The figures for the Southern Cape and Karoo are 6,42%, for the West Coast Winelands area 3,78% and for the Boland Overberg area 2,42%

These statistics are based on a survey of pregnant women attending ante-natal clinics in the country

The study found that 16% of women tested nationwide were HIV-positive

Of these, 65% were black women, 10% coloured, 0,3% white and 0,1% Asian

The race of the remaining women was unknown

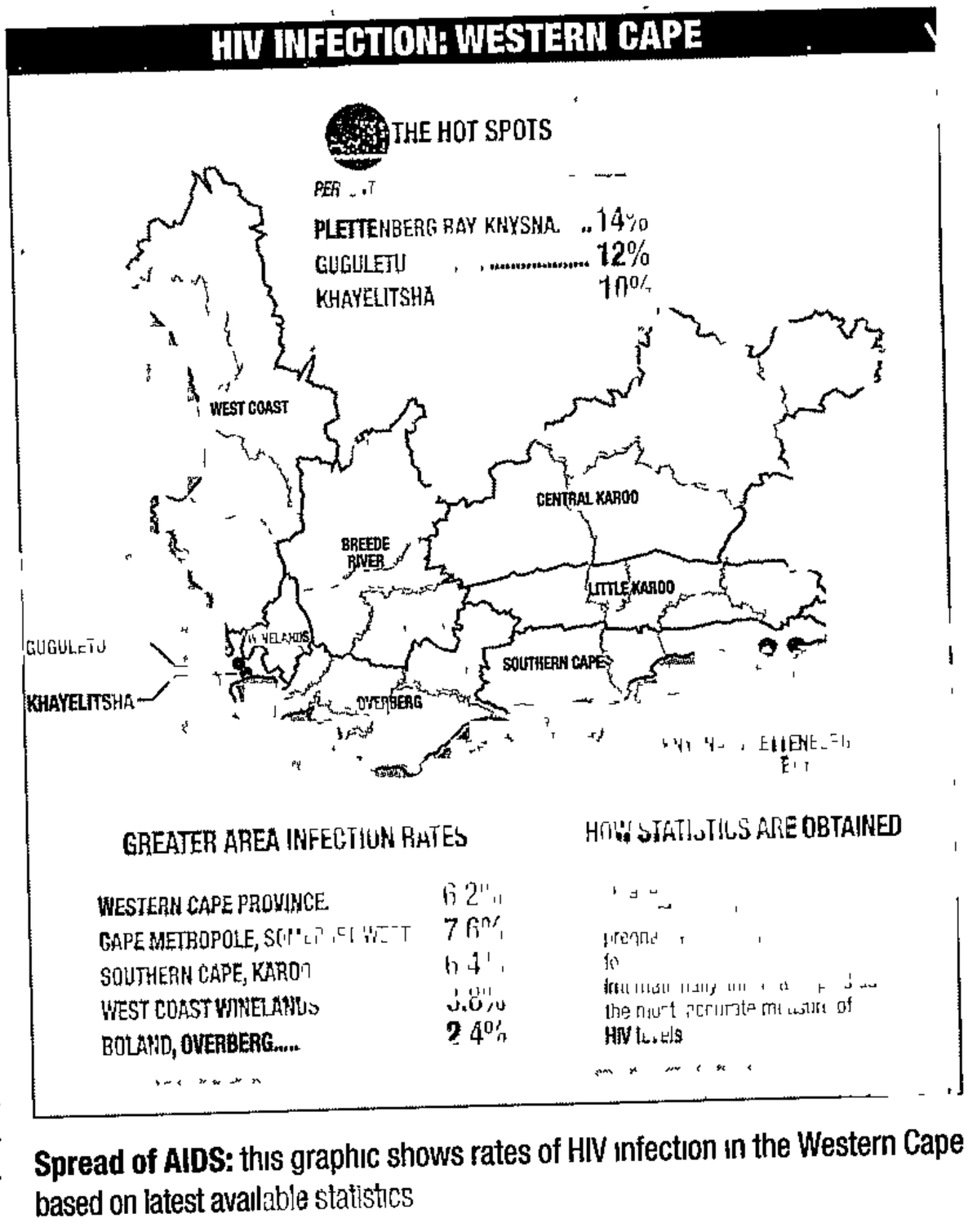
However, these statistics are influenced by the fact that the majority of pregnant women who use public clinics are black

"A lot of coloured, white and Asian women use private sector institutions as they have a more disposable income," Dr Kariem said

As a result, the survey might be missing the level of infection among other population groups

A similar survey is being set up at present in private clinics to fill this information gap

Dr Kariem said this kind [redacted] for the prevalence of the virus in the country was internationally accepted as one of the more accurate measures and was usually correct to within 1% either way



Spread of AIDS: this graphic shows rates of HIV infection in the Western Cape based on latest available statistics

LEON MULLER

Clinic crisis: Sister Elizabeth Fielder of the AIDS clinic at Somerset Hospital draws blood from an HIV-positive patient The hospital and the AIDS clinic faces closure by the provincial health authorities, despite the rapid increase in the spread of AIDS in South Africa

How the virus affects insurance

ARG 30/3/98 (92)

LINDSAY BARNES
STAFF REPORTER

The Aids epidemic could have a serious impact on the sustainability of group insurance, disablement or death-in-service benefits and ill-health retirement benefits.

Companies offering these benefits face a notable increase in the number of claims submitted to their group scheme, warned Neil Walton, director of Ginsburg, Malan & Carsons at an Aids workshop held by the company.

In Zimbabwe, 75% of death and disability claims are now Aids-related, amounting to an increase of 400% in the cost of providing these benefits

Similarly in Malawi, the cost of providing group life cover increased five-fold from 1987 to 1995

South African companies would have to consider increasing employee contribution to such schemes or reducing the level of benefits

Fewer companies would be able to offer such benefits, fewer people would be able to afford the contributions, or the level of benefit would be decreased, said Ivan Arkin, a director of Ginsburg, Malan & Carsons

Many South African employers had not yet seen significant evidence of HIV infection and AIDS among their workforce but this was not surprising as the country was still in the relatively early stages of the epidemic, Mr Arkin said

For some, especially older members and pensioners, the overall shift upwards in the contribution rate would make benefits, including medical aid, unaffordable, he said

Most losses in this country would occur among unskilled employees who would be replaced easily in an economy with high unemployment, Mr Walton said

Companies elsewhere in Africa had learnt, however, that high staff turnover – including that among unskilled employees – could have a serious implication for productivity

In the past, the incidence of death and disability among younger workers was low but as most would now occur in this age group, the impact could be dramatic

A firm in Zambia registered an increase in mortality rates among employees to 48 per 1000 by 1993

Mr Arkin said it has been predicted that on average crude mortality could increase from 2,5 per 1000 to 18,3 per thousand

Significant increases in mortality have already been observed in other African countries.

He urged companies to make an effort to educate their employees on the virus and to include Aids in their social responsibility efforts in their local communities

"Making a contribution to changing behaviour among their employees' families and communities will reinforce the message spread during sessions at the factory, mine or company," Mr Arkin said

Warning: more claims, says Neil Walton

CAPE ARGUS, MONDAY, MARCH 30, 1998

AIDS test not a priority when survival is key

HIV-positive black gays face double stigma due to 'un-African' lifestyle

(9a) ARG 30/3/98

If you don't have a job or a solid roof over your head at night and don't know where you are going to get your next meal, what difference will having an AIDS test make to you?

Knowing whether or not one has been infected with the Human Immuno-deficiency Virus (HIV) is not always a priority in certain communities where socio-economic difficulties exist and energy is spent on survival and meeting basic needs

This is the finding of counsellors working for Triangle Project in Guguletu, the area which at 12% has the highest percentage of people infected with the virus

Added to this is the stigma attached to people known to be HIV-positive, who face rejection, threat of harm and may even be hounded out of their homes and communities by fearful or ignorant neighbours

The considerable resistance to testing that community workers encounter is hardly surprising

"Some people prefer not to know their HIV status as they fear rejection and blame," according to Luann Hatane, manager of direct client services at Triangle Projects

"There is a high level of denial and fear Many of our clients are unemployed and are supporting themselves, so HIV becomes a secondary concern Other things become more important, like getting work and

SPECIAL REPORT

LINDSAY BARNES

something to eat "

Triangle Project is a non-governmental organisation based in Salt River which offers a variety of services to lesbian, gay, bisexual and transgendered people such as professional counselling, confidential HIV testing, legal and medical advice and support, educational workshops, information and research

More than a year ago the project set up a developmental programme office in Guguletu to reach out to gays and lesbians in black suburbs as far afield as Macassar

Homosexuality is often viewed as un-African and because of this black gay HIV-positive people face a double stigma

Gay men frequently face verbal abuse – or even physical attacks – from homophobic residents who show contempt for their sexuality Nor are lesbians easily accepted

Funeka Soldaat, a fieldworker for Triangle Projects, says "There is an assumption that if a woman falls in love with another woman, she is sick and they take her to a sangoma (witchdoctor)

"If you don't want to go through this process, you will be chucked out of the house "

Ms Soldaat knows of five women who have suffered this fate

When sexuality must be hidden, it can be driven underground, often resulting in unsafe sexual practice

"There are many men who have sex with other men but do not identify as being gay, often resulting in them not seeking the services or support of organisations such as Triangle Project," says Ms Hatane

Bongani Peter, a counsellor for Triangle Projects, says gays are often lonely because of prejudice against their sexual preferences When confronted by a partner who refuses condoms, they fear they may lose that person if they insist on condoms, and thus agree to unprotected sex

Low self-esteem contributes to this behaviour and inevitably to the spread of the virus and other sexually-transmitted diseases

Black women in heterosexual relationships are in an equally vulnerable position

"Because so many women are disempowered, using a condom is something that they are not able to negotiate," says Ms Hatane

Frequently, women who test positive are blamed by their partners, who say they must have slept around

Compounding the problem is a lack of acceptance of HIV-positive people

"Many people don't come out (tell people) if they are HIV-positive," Ms Hatane says "If they do, their families are often concerned about what others will say because of fear of rejection from the community "

They talk about their loved one as being sick and instead of referring to their condition as AIDS, speak of the specific illness that presents itself, such as cancer, pneumonia or tuberculosis

"The levels of fear, denial and complete helplessness that existed in the white gay community when the AIDS epidemic took hold in South Africa about 10 years ago can be compared to what is happening in the gay community in townships today."

Triangle Project offers voluntary testing at its Salt River base but few gay people from townships use the facility Many make contact when they are already seriously ill, which makes health management difficult

"We want to demystify testing. The sooner people who are HIV-positive reach us, the more time we have to provide them with holistic health care," she says

Phone Triangle Project's helpline at (021) 222-500 or Luann Hatane at (021) 448-3812

OBED ZILWA

Double stigma: If you are a black gay or lesbian as well as HIV-positive, says Triangle Project client services manager Luann Hatane

Human trials for Virodene turned down once more

(92)
Star 3/2/98

Staff Reporter and Sapa

Researchers have for the fourth time been denied permission to conduct human trials with Virodene PO-58, a drug they claim inhibits HIV.

"Virodene may not be used for treatment of any patient before the outstanding ethical, scientific and technical problems have been dealt with," Medicines Control Council chairman Professor Peter Folb said in Cape Town yesterday

He said researchers needed to make several corrections to their submissions, including some "faulty scientific formulations", queries about the purity of the drug and the way in which it was produced

"They must work on all the things that make Virodene unsafe and not suitable for human use and give us good reasons why Virodene would work in HIV-positive patients," he said

Folb said the researchers' latest application, submitted about a month ago, was rejected at a council meeting on January 23 after all available data on Virodene was studied. The rejection was based partly on expert advice after the council commissioned seven special reports from experts in SA, the US, the UK and the Czech Republic

Dr Hugo Snyckers, interim manager of Cryo Preservation Technologies cc – the company holding the patent rights to Virodene – said the researchers were disappointed with the council's decision "But under the circumstances it is probably the best There are a number of things that need to be rectified "

Researcher Olga Visser and Pretoria University cardiothoracic surgeons Professor Dirk du Plessis and Dr Callie Landauer said in 1996 that preliminary patient trials suggested a possible breakthrough in the fight against Aids But an investigation into the methods used by the three found no evidence that Virodene could inhibit HIV

ET 3/2/98 (92)

Human testing of Virodene rejected

THE Medicines Control Council has, for the fourth time, denied researchers permission to conduct human trials with Virodene P058, a drug the researchers claim inhibits the HI virus that causes Aids

"Virodene may not be used for treatment of any patient before the outstanding ethical, scientific and technical problems have been dealt with," the council said in a statement in Cape Town yesterday

Chairman Professor Peter Folb said the researchers needed to make several corrections to their submission. These included some faulty scientific formulations and problems with the purity of the drug and its production

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BD 31.2.98

Council rejects Aids drug trials

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Hugo Snyckers, interim manager of Cryo Preservation Technologies CC, the company holding the patent rights to Virodene, said researchers would review their approach and consult outside experts

Another submission would be made to the council, probably in about three months, he said.

The council had assured the researchers of its support — Sapa.

Medical aid schemes 'in fool's paradise'

BD 5/2/98 (92)

Josey Ballenger

THE days of medical aid schemes living in "a fool's paradise" by ignoring HIV and AIDS were numbered, medical fund administrator Medscheme said this week It was inevitable the schemes would have to recognise and cover the disease, Medscheme said.

Medscheme director Gary Taylor said: "When AIDS first emerged in the 1980s, many medical aids refused to cover it at all, believing this was a self-inflicted illness

"Even today, some schemes classify HIV as a sexually transmitted disease, and have very low limits "

However, this approach had been resisted by many doctors who had treated medical aid scheme members without disclosing the AIDS diagnosis on their accounts, Taylor said

Medscheme administers 57 medical aids serving 2-million people.

"In effect, medical aids were living in a fool's paradise, thinking they were avoiding AIDS but actually paying for it anyway," Taylor said. "Most medical aid schemes now realise that it is unfair to discriminate against AIDS claims when they do pay for treatment of cancer caused by smoking, (which) also can be regarded as self-inflicted."

However, Taylor said, medical aids could not afford to pay for "any and every" account submitted, as it would lead to a sharp, unaffordable rise in premiums. Individual schemes were investigating some "very promising" managed health care programmes geared to address concerns about confidentiality while delivering care at affordable costs

One such programme was "Aid for AIDS", developed by Medscheme subsidiary Pharmaceutical Benefit Management (PBM) and due for launch in April. This would include counselling, lifestyle management, vaccinations and antiretroviral therapy Patients would consult the doctor of their choice, and confidentiality would be guaranteed.

PBM executive chairman Dr John Cowlin said Aid for AIDS would be administered by an in-house unit, as opposed to the few medical schemes which provided some sort of HIV/AIDS benefit but did not have management structures in place.

One of the programme's primary objectives would be to combat "the fear and stigma" that accompanies AIDS

Treatment would involve the use of certain antibiotics to reduce the risk of infection and, when necessary, an antiretroviral therapy cheaper than the "widely publicised triple cocktail" would be administered.

Cowlin said early detection was "vital" as it could lead to preventing an HIV-positive mother, for example, bearing a baby with the same condition. "Statistics reveal that 14% of pregnant women in SA are HIV-positive, but if therapy is started immediately, there is a good chance the baby will be born HIV-free," he said.

Health authorities have estimated that 2,4-million South Africans are HIV-positive

However, Medscheme said its strategic planners "assume the real figure to be double that because of limited reporting of the disease"

Medscheme projected that 20% of its members could be HIV-positive within 10 years

Aids research unit set up

Nicola Jenvey (524) (92) BD 5/2/98

DURBAN — The University of Natal yesterday launched its health economics and HIV/AIDS research division of the Economic Research Unit with two major projects already under way.

The first, commissioned by the US Agency for International Development Africa bureau and worth R1m, will develop a set of tools for people to consider the HIV/AIDS epidemic and incorporate a response in their working lives.

Unit director Alan Whiteside said this was vital in southern Africa where HIV infection levels were "frighteningly high".

Vice-chancellor Brenda Gourley said the second project — to recruit a researcher and provide briefings, research, and information for the provincial health department and thus the cabinet — reflected how the leadership was "grasping the nettle" of the HIV/AIDS situation in SA.

Doctors will soon have to notify 'full blown' Aids

Names of individuals will not be made public, says Minister Zuma

(92)

Star 12/2/98

By Bunty West

Doctors will soon be obliged to notify Government authorities if a patient has "full blown" Aids so that researchers can track both the path and incidence of the disease, the Health Department said this week

But the names of Aids-positive persons will not be made public once the virus becomes a "notifiable disease", Health Minister Nkosazana Zuma said, assuring patients that confidentiality would not be breached

In the past Aids, classified as a "communicable disease", which is not easily transferred except through sexual intercourse, was on the same list as cholera and typhoid – both infectious

It will be moved to the notifiable disease list, which includes tuberculosis and polio, and means doctors will be obliged to notify authorities if a patient's status moves from HIV-positive to Aids

According to Rose Smart, no identifying information will be given except for age, sex, geographic incidence, and the presenting conditions or symptoms of the patient

1 500 new cases in SA every day

"When a person dies, a death certificate will be made out as usual stating natural or unnatural death and the extra information, on a separate form containing epidemiological data (which track diseases in different population groups through age and sex, not racial classification) will be sent to the Department of Health

"Here it will be collated so that researchers can track the path and incidence of the disease"

The process to change the existing law is lengthy but has been started and should be enacted before the year's end, Smart said

More than 2,5-million South Africans were infected with the virus at the end of 1996 and there are no updated figures available yet for 1997 It is known that each *day* 1 500 South Africans are infected with the disease and the new legislation is expected to help those who are at risk to seek counselling and take HIV tests

The information gleaned will give researchers a better idea on how to manage the disease

SPECIAL CABINET SUB-COMMITTEE ESTABLISHED

Govt takes over the anti-Aids programme

CT 16/2/98 (92)

THE Aids/HIV problem is seen as being too big to be addressed by the Health Department alone. **JOVIAL RANTAO** of the Parliamentary Bureau, reports.

SHOCKING figures about the rising level of Aids infection in South Africa — with at least 1 500 more people being infected daily — have prompted the government to take over the Aids/HIV campaign from the Department of Health

Health Minister Dr Nkosazana Zuma told a media briefing in Parliament that the matter had been taken up at cabinet level and a cabinet subcommittee had been established to address the problem, which economists have warned could strain the country's economy

She expected the government to unleash a mass Aids awareness programme "We think we won't succeed if we look at Aids as a health matter, because this is a matter that affects everyone," she said

The cabinet initiative would reinforce other programmes of the Department of Health which have been operating for the past three years These include a campaign to move beyond awareness to behaviour change and a programme targeting children

The control of the spread of Aids, the treatment of sexually transmitted diseases and the care of Aids patients are the core of the Department of Health's priorities for 1998

Zuma said there would be a move beyond the traditional components of a national Aids programme to generate an expanded response to the epidemic by building partnerships with all sectors

The Department of Health will also focus this year on reducing the high rate of tuberculosis

A new strategy, called the direct observed treatment short course, which requires health staff to supervise the taking of drugs, has been implemented in an effort to achieve an 85% cure rate for new patients

The department also plans to pay attention to problems of multi-drug resistant tuberculosis and tuberculosis in people with Aids

PROBLEM TOO BIG: Nkosazana Zuma says Aids affects everyone.

Cabinet takes over Aids campaign

(92) Star 17/2/98

By Jovial Rantao
Political Correspondent

Cape Town – Shocking figures on the spread of Aids – at least 1 500 people are infected daily – have forced the Government to take over the Aids/HIV campaign from the Department of Health.

Health Minister Dr Nkosazana Zuma told a media briefing in Parliament that a cabinet subcommittee had been established to address the disease, which experts have warned could put a strain on the country's economy

She expected the Government to unleash a mass mobilisation Aids awareness programme.

"We think we won't succeed if we look at Aids as a health matter because this is a matter that affects everyone," she said.

The cabinet initiative would reinforce Department of Health Aids programmes that have been running for the past three years.

These include a campaign to move beyond Aids awareness to changing behaviour, and a programme aimed at children

The control of the spread of Aids, the treatment of sexually transmitted diseases and the care of Aids patients formed the core of the Department of Health's priorities for 1998

Zuma said there would be a move to get beyond the traditional components of a national Aids programme. This would be done by expanding the response to the epidemic through building partnerships with all sectors.

The Department of Health would this year also focus on reducing the high incidence of tuberculosis

A new TB strategy, called Direct Observed Treatment – Short Course, which required health staff to supervise drug therapy, had been implemented in an effort to achieve an 85% cure rate of new patients.

The department also planned to pay attention to problems of drug-resistant tuberculosis and the increasing numbers of Aids sufferers with TB, Zuma said.

'TURNING POINT' IN CURBING EPIDEMIC

Govt body to spearhead Aids campaign

(92) CT 20/2/98

THERE IS FRESH hope for the fight against Aids following the formation of a cabinet committee and the pending involvement of all ministries. **JOVIAL RANTAO** reports.

SOUTH Africa's highest-profile Aids lobby group has welcomed the establishment of an inter-ministerial cabinet committee — chaired by Deputy President Thabo Mbeki — to drive the government's plans to fight the epidemic, which has affected two million South Africans

The government offensive against Aids, which has claimed the lives of millions of South Africans, would entail mass-mobilisation programmes involving all government departments, non-governmental organisations, the education sector, traditional leaders and the media

The National Aids Convention of South Africa (Nacosa) yesterday said the adoption by the government of the Aids campaign, announced by the cabinet on Wednesday, marked a turning point

Nacosa spokesman Mr Pooven Moodley believes that the Cabinet Committee on Aids would play a central role in South Africa's response to the epidemic

GERALDINE FRASER-MOLEKETI: 'Her ministry has taken the lead in developing a comprehensive plan '

THABO MBEKI: 'His involvement has renewed hope of dealing with the epidemic '

NKOSAZANA ZUMA: Warned that the fight against Aids would not succeed if treated as a health matter

"What is vital is that each ministry has a comprehensive plan to deal with the epidemic

"More important is the allocation of a budget to each ministry by the Finance Ministry for their programmes

"The Cabinet Committee on Aids can ensure that this happens," said Moodley

"The Ministry of Welfare has taken a lead in developing a comprehensive Aids plan

"Nacosa will also be supporting other ministries in dealing with the epidemic effectively.

"With the involvement of Deputy President Thabo Mbeki and all the national ministers, we have renewed hope in dealing with the epidemic," he said

While the deputy president's office was working on how the massive assignment would be co-ordinated, each government ministry would be expected to submit a plan on how they could contribute towards the fight against Aids

Already the Ministry of Welfare has produced a draft plan on how it can contribute This plan will be discussed at a workshop scheduled for Cape Town on Wednesday The conference will be attended by Welfare and Population Minister Geraldine Fraser-Moleketi and other MPs

It is expected that the inter-ministerial cabinet committee will establish an Aids advisory committee, comprising members of the civil sector, which will advise it on the epidemic

The establishment of the cabinet committee follows warnings by Health Minister Nkosazana Zuma that South Africa would not succeed in its fight against Aids if the plague was treated as a health matter

The cabinet initiative will reinforce other Department of Health programmes which have been under way for the past three years

These include a campaign to move beyond an awareness of Aids to changing behaviour and a programme aimed at educating children

The control of the spread of Aids, the treatment of sexually transmitted diseases and the care of Aids patients form the core of the Department of Health's priorities for 1998

Disclosure of Tiwheels talks 'not due for weeks'

BD 20/2/98

Nicola Jenvey

DURBAN — Industrial motor group Tiger Wheels (Tiwheels) cautioned shareholders again yesterday on trading in group shares as CEO Eddie Keizan pointed out that negotiations involving the company would not be disclosed for several weeks.

Releasing the group's interim results to December, Keizan said that the directors remained "cautiously optimistic" about future performance, barring unforeseen circumstances.

Tiwheels manufactures alloy wheels for the local and international markets, supplying new car manufacturers and the aftermarket in 40 countries. The group also operates as a wheels and tyres wholesaler and retailer in SA and has investments in US and UK distributors

Attributable income increased 40% to R18,4m in the six months to December, supported by strong export sales and higher operating margins. Headline earnings rose 36% to 39,3c on a slight increase in issued shares. In line with the single payout, no dividend was declared.

Turnover improved 31%, lifted by successful local trading and export growth in a highly competitive and depressed market.

Keizan said the Yokohama tyre wholesaler for southern Africa, acquired just before the new financial year, had contributed positively towards turnover and profits

The Babelegi plant was showing operating improvements, with production at Elandsfontein remaining steady The Babelegi expansion was still uncertain owing to the final decision on the tax holiday still pending from the trade and industry department.

Tiger Wheels Holdings, which owns 63,6% of Tiwheels's issued shares, saw earnings for the period grow to R11,7m (R8,4m), translating into share earnings of 31,4c (23c) Dividends are also paid annually.

Tiwheels closed at 2 500c on the Johannesburg Stock Exchange yesterday It has gained 400c or 19,05% this month.

CAPE TIMES
FRIDAY, FEBRUARY 27, 1998

MAN HAS 'TWO YEARS TO LIVE'

Judges to decide on HIV prisoner today (92)

CT 27/2/98

AN HIV-POSITIVE fraudster who is appealing against his four-year jail term must not use his illness to get a lighter sentence, says the state **RONALD MORRIS** reports.

TWO High Court judges must decide today whether they will show mercy to a man who is HIV-positive and is serving four years in jail for fraud and theft

Doctors say the man has only two years to live.

Medical evidence has indicated that Cecil van Biljon, 30, is at an advanced stage of infection in which he's prone to severe chest infections, episodes of thrush, pneumonia and loss of weight.

Van Biljon has a list of previous convictions and has twice escaped from prison.

In March last year he and three other HIV-positive prisoners obtained an order compelling prison authorities to give them adequate medical treatment, including medication such as AZT and ST3 — costing about R3 500 per person a month — which prolonged their lives.

Van Biljon escaped from custody a second time after his lover, Matthys de Beer, also 30, was released from jail

He then went on a month-long spree and committed various crimes, including going to a gay bar to entice a gay man into a sham relationship so that he could "milk" him financially, the magistrate found

Van Biljon then met Mark Lewis, whom he "strummed like a guitar", manipulated his feelings and persuaded him to assist him in establishing a business, assist in opening a bank account and obtaining a cheque book and falsely pretending to have lost his wallet and thereby obtaining loans, the court was told

Before he was sentenced, Van Biljon told the magistrate that if he were given a chance, he would never commit a crime again

Magistrate Ms G van der Merwe was unimpressed and said

> *'The element of mercy, a hallmark of civilised and enlightened administration should not be overlooked, lest the court be in danger of reducing itself to the plane of the criminal'.*
> ***— Mr Justice G N Holmes, Judge of Appeal. (S v V 1972 (3) 611 (A).***

Van Biljon could not use his illness to commit crime and then ignore it when the time came for him to acknowledge what he had done

He was sentenced to seven years, of which three were conditionally suspended for five years

Van Biljon then lodged an appeal against the sentence on the grounds that it was excessive and induced a sense of shock, that the magistrate had misdirected herself by failing to pay sufficient attention to his circumstances, particularly his health, and that she had overemphasised the seriousness of the offences

His counsel, advocate Ms Ronel Prinsloo, will tell the judges that punishment should reflect an element of mercy and, quoting Appeal Court judge Mr Justice G N Holmes, that "the element of mercy, a hallmark of civilised and enlightened administration should not be overlooked, lest the court be in danger of reducing itself to the plane of the criminal"

Uncontested evidence is that Van Biljon is terminally ill and has a life expectancy of two years, which means he is effectively serving life imprisonment, according to Prinsloo

The sentence is nothing more than an attempt to break him physically and mentally, she says

If he is released and allowed to do community service, he will be able to find work to pay for his medication, Prinsloo says

However, the state is not convinced and state prosecutor Mr Willie Viljoen will try to persuade the court today that Van Biljon was aware of his illness and cannot use it as a lever to get a lighter sentence or as a licence to get off scot-free

Expert evidence was that Van Biljon would have better access to medication in prison.

His evidence had not been that he had escaped from prison to gain better access to medication or that he had committed crime to buy medication from the proceeds

The only way to protect society from such a "practised swindler" is to impose a long term of imprisonment, Viljoen says

Cabinet challenged to boost finance for fight against AIDS

(92)

ARG 27/2/98

JENNY VIALL
HEALTH REPORTER

The state must put its money where its mouth is when it comes to fighting AIDS/HIV.

This is the view, although not quite in so many words, of Cassim Saloojee, chairman of the parliamentary portfolio committee on welfare.

Mr Saloojee told a news conference yesterday that the Department of Welfare had an important role to play in the AIDS pandemic but needed funding to implement its plans

He welcomed deputy president Thabo Mbeki's initiative in establishing a cabinet committee to look at ways of dealing with AIDS

Mr Mbeki had asked each ministry to draw up plans how to deal with AIDS, an acknowledgment that it is not merely a health issue

Pooven Moodley, lobbyist for the National AIDS Coalition, said most departments had applied for funding but had been turned down by the Department of Finance because money for AIDS had been allocated to the Health Department "This needs to be resolved at cabinet level," he said

Mr Saloojee said the Department of Welfare's contribution to the fight against AIDS was arguably as important as that of the Health Department, but it needed the money to implement its plan

"The Cabinet has decided to establish a national social security system and we're hoping that in developing this AIDS will be taken into account," he said.

"State aid will become essential and support for AIDS programmes must be taken seriously. There is a an urgent need for separate funding for AIDS "

BNCR: Educate masses on Aids

(92)

Sowetan 2/1/98

By Mokgadi Pela

THE Aids pandemic seems set to dominate the stage in South Africa with the Government and the newly formed Black National Conference of Review committing themselves to the battle against the virus

In a message to *Sowetan* this week, BNCR national deputy chairman Mr Patrick Mkhize said "Our health desk will, together with other medical experts, conduct workshops, seminars and public lectures in places like Messina, Hlabisa, Nelspruit, Hillbrow and Gugulethu to deal a blow to the Aids virus"

He said target audiences would include the youth, commercial sex workers, organised and unorganised labour and the general public

"The time has come for us to accept that Aids is a reality and we cannot continue burying our heads in the sand We have to work with all relevant stakeholders in changing sexual behavioural attitudes," Mkhize said

Turning to anti-retroviral drugs on the market, Mkhize said "Only the rich can afford such medicines The majority of the black population can never hope to afford such drugs while they live in bondage Our only hope lies in education, hence the workshops"

In her World Aids Day message, Health Minister Nkosazana Zuma said the lifeskills education programme was a "powerful way of reaching those most at risk, namely, students and youth" She called on every political organisation to join the battle against the HIV-virus

At its March 21 launching congress, Mkhize said the BNCR would "ensure that the president of our new organisation leads our members and the country in the battle against Aids into the next millennium"

He said the BNCR was "particularly concerned about the twin evils of tuberculosis and Aids It is criminal that our country leads the world in terms of TB affliction"

Star 2/1/98

We have to take on Aids next, says Zuma

(92)

By Themba Sepotokele

Health Minister Nkosazana Zuma, one of only four women Cabinet Ministers, navigated 1997 amid strong resistance from most sides, succeeding in getting Parliament to pass the Termination of Pregnancy Act and the Medicines and Related Substances Control Amendment Act

Speaking to The Star recently, Zuma said it had been a challenging year for the Health Department, but most especially for her personally

With the *Sarafina* debacle engraved on peoples' minds, the year saw controversy continue to dog Zuma and her health policies

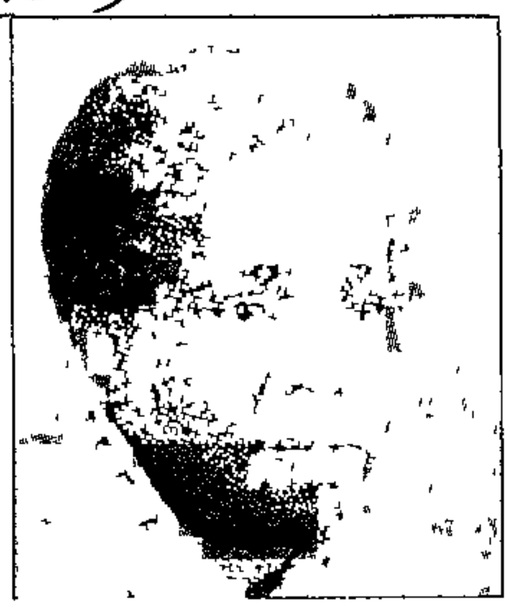
But Zuma believes that a bad beginning can make for a good ending, and looks back with confidence "Last year I decided to concentrate on two major issues the bills that were passed by Parliament were my major focus It took a lot of time and effort – considering all the resistance

"The passing of the Termination of Pregnancy Act is one of my achievements"

She cited the building of clinics, the restoration of people's eyesight and help for the disabled as victories for her department.

More than 20000 people suffering from loss of sight had undergone operations to have their sight restored

Zuma said "We have fared well, but the area where we have not done that well is the area of Aids. We are not exactly winning the war against the epidemic"



Nkosazana Zuma ... found 1997 challenging.

She said her priority for 1998 would be to focus on combating the Aids virus before it spreads too far

Zuma said she would be a happy person if the battle against Aids was won and she hoped the Government would commit enough money towards Aids education and prevention to help

Quizzed about gender imbalances in government, Zuma said there was a long road ahead, but added that a lot of parliamentarians didn't make her feel like a woman

"People look at my contribution as a colleague – not as a woman

"My father treated us all the same because I was the eldest child at home," she said.

The babies no one wants

3 million HIV children face a life without love

(298) (92) ARG 5/1/98

CAROL CAMPBELL
SPECIAL WRITER

They are South Africa's forgotten children. By 2005 the Child Welfare Society estimates there will be 3 million HIV-positive children, most of them unwanted and abandoned

Last Monday a newborn boy wrapped in a towel was found in the back yard of a Rylands Estate home He will be four months old before a reliable AIDS test can be done If he is HIV-positive, the chances of finding him an adoptive home will be zero

Anne Bruce, a social worker at the Cape Town Child Welfare Adoption Centre, said "Nobody wants an HIV-positive child"

The departments of health and welfare have launched a project called "Cindi", or Children in Distress, to find ways of dealing with the looming crisis

Rose Smart, head of the national AIDS office, said Cindi would aim to find the best ways of helping communities to cope with these children

One way to encourage families to take in HIV-positive children would be to allow them free schooling or electricity, she said.

Conventional state-run children's homes are reluctant to take HIV-positive children, who need special care and nursing when they become sick Subsidies are being cut and staff are leaving as the Government tries to cut numbers and save money

"There is hardly space for a healthy child," said Mrs Bruce

Sister Margaret, the Roman Catholic nun at Nazareth House in Cape Town who has provided one of the only havens in the country for AIDS babies, had more children than she could cope with, said Mrs Bruce

"With proper care HIV-positive children are living longer, which means space becomes a problem in homes prepared to take these children"

Funeka Menemene, the social worker at Child Welfare responsible for finding adoptive parents for African children, said it was difficult to place black children in adoptive homes even when they were healthy

"There are many myths and misconceptions about adoption in black communities It is seen as something imposed by whites and to be resisted," she said

"There is also great stigma attached to being infertile, so to say openly that you are going to adopt is virtually unheard of"

Mrs Bruce said the shortage of adoptive parents was for black and coloured babies only The adoption list for white babies was closed and it was usually not difficult to place Muslim and Indian children

Child Welfare is looking for parents who can provide short-term emergency homes, and for adoptive parents Cross-race adoptions are not discouraged.

Families who want to adopt, after a screening process, can contact the Child Welfare Adoption Centre at (021) 644 170

ROY WIGLEY

Crying shame 'David Ryland', abandoned in Rylands Estate last Monday, is comforted by Sister Beatrice Africa at the Mowbray Maternity Hospital His future may depend on an HIV test at four months

Genetic link in HIV resistance

ARG 5/1/98 (92)

London – French researchers have discovered a new form of hereditary resistance to the AIDS virus.

The British medical weekly The Lancet reported in its latest edition that scientists at the Luc Montagnier Centre at the Saint Joseph's hospital in Paris found the new gene mutation in a man who had remained uninfected despite frequent unprotected sexual intercourse with several partners carrying the human immuno-deficiency virus (HIV), which causes AIDS

They found that the man, a white homosexual, possessed two genetic mutations, one, labelled delta 32, which was already known to provide resistance to HIV, and another, now dubbed m303, The Lancet said

The researchers found m303 in the man's sister, and subsequently in three out of 209 healthy blood donors screened "This confirms that Europeans developed over time several types of genetic modifications or mutations to escape infection by HIV or other infectious agents using the same receptors to enter cells," Mr Montagnier commented

But he warned that such protective mutations were not proof against all strains of the AIDS virus in the world

"Most cases of resistance to HIV are not hereditary, but acquired through natural immunisation, greater study of which could lead to new types of vaccines against AIDS," Mr Montagnier added – Sapa-AFP

Aids vaccine for human trial

SAN FRANCISCO. A small California biotechnology company has engineered the first Aids vaccine to win federal approval for large-scale trial in humans, the San Jose Mercury News has reported

The study, which will begin some time this year, will involve 7 500 healthy volunteers, cost $20 million (R98,8m) and take three years to complete If successful, the vaccine would be made available to the public in the early part of the next century, the paper said

The vaccine, produced by VaxGen Inc, is the first to win approval by the Food and Drug Administration to move to "phase 3" testing, designed to determine the treatment's effectiveness

Aids researchers and activists said the development was a milestone in the fight against the virus that had killed 11,7 million people worldwide over the past two decades and infected about 16 000 more each day

"There's nothing magic about this vaccine, but it's our best hope so far and it's time to take the next step," said Dr Donald Francis, president of VaxGen "I am optimistic"

The vaccine uses a protein-based strategy that only a few years ago was believed to have failed in the battle against Aids The crucial ingredient in the treatment is gp120, a protein that helps bind the Aids virus together

The vaccine, called Aidsvax, would stimulate the body to create antibodies that would block the real

CT 12/11/98 (92)

Scientists find anti-HIV agent in human saliva

NEW YORK: Researchers have found that a natural component of human saliva can block the growth of laboratory strains of the virus that causes Aids, the Cornell Medical Centre says.

It said the finding, published in the Journal of Experimental Medicine, could lead to the development of natural inhibitors of the transmission of HIV, the virus that causes Aids.

The researchers said they identified a natural sugar protein concentrated in saliva, known as thrombospondin or TSP, and discovered its ability to stop the growth of the Aids virus.

"We began by exploring why there is so little HIV in saliva, while large amounts of the virus are found in other body fluids, and why human saliva is so effective at blocking the growth of the Aids virus in the test tube.

"This led us to the discovery of TSP," said Dr Jeffrey Laurence, director of the Laboratory of Aids Virus Research at the hospital.

Laurence, who is also senior scientific consultant with the American Foundation for Aids Research, conducted the research with Dr Ralph Nachman, chairman of the hospital's Department of Medicine, the Haematology-Oncology chief, Dr Roy Silverstein, and a team of biomedical scientists.

"This is an exciting finding that is another step forward in our research efforts aimed at preventing Aids transmission," Nachman said.

"TSP derivatives could potentially be used vaginally, rectally and orally in condoms, foams, suppositories, mouthwashes and toothpastes to inhibit transmission of the Aids virus."

Funding for the research was provided by the Dental, Heart/ Lung/Blood and Allergy/ Immunology Institutes of the National Institutes of Health. — Reuter

Aids virus from attaching to receptors on the body's white blood cells

The virus normally uses these cells to recreate itself, and the theory is that with no way to replicate, the virus would eventually die. — Reuter

Ethembeni Centre offers hope for the HIV positive

(92) Sowetan 14/12/98

By Jimmy Tloti

THE recent opening of Ethembeni Care Centre for HIV-positive employees in Richards Bay is an indication of how seriously the disease is ravaging KwaZulu-Natal and how authorities hope to deal with the problem

It comes as the private sector realises that employees infected by the virus will soon need extensive care

Ethembeni is the product of a joint effort by local industries

According to Ethembeni coordinator Caren Willett, companies have a "responsibility to manage industry concerns and address them in a socially responsible way This starts with caring for infected employees"

The establishment of Ethembeni comes amid recent shocking statistics about the spread of Aids and sexually transmitted diseases in Hlabisa District, about an hour's drive from Richards Bay

Antenatal HIV figures show that nearly 20 percent of women in KwaZulu-Natal are HIV positive, while selected clinics in the lower Umfolozi area show a 27,5 percent infection rate

Willet said opportunities for research will be available at Ethembeni, which could make a valuable contribution to the management of the disease throughout the country

In this regard, Ethembeni has already set up links with the Centre for Epidemiological Research in South Africa which, in turn, has links with the Medical Research Council and the Liverpool School for Tropical Medicine

Health experts have repeatedly warned that companies which do not prevent HIV while they have time 'will be forced to deal with Aids in future" They have warned of the effects of Aids on industry as

- An increase in employee sick leave and absenteeism,
- A decrease in productivity,
- An increase in employee turnover,
- A decrease in employability,
- An increase in death benefit payoffs from group insurance benefits,
- An increase in claims from disability benefit structures,
- An increase in claims from medical aid schemes,
- Affected employees will become uninsurable,
- Medical facilities and services will become insufficient, and
- The policy of hospitals to refuse admission to Aids patients as hospitals are a major source of infectious diseases which cause a high risk for people with Aids

By minimising the effect of HIV-related illnesses with proper healthcare management, companies hope that the working careers of infected employees will be prolonged

According to Willett, comprehensive healthcare management needs to encompass

- A holistic approach to care, which must underpin all interventions,
- The provision of care must be comprehensive and include alternative modalities of care,
- Care must be viewed as a continuum, starting at its most basic level within the household and community, and go across the spectrum to tertiary care facilities for the very ill and terminally ill, and
- The link between prevention and care must be recognised and opportunities to undertake both activities must be maximised

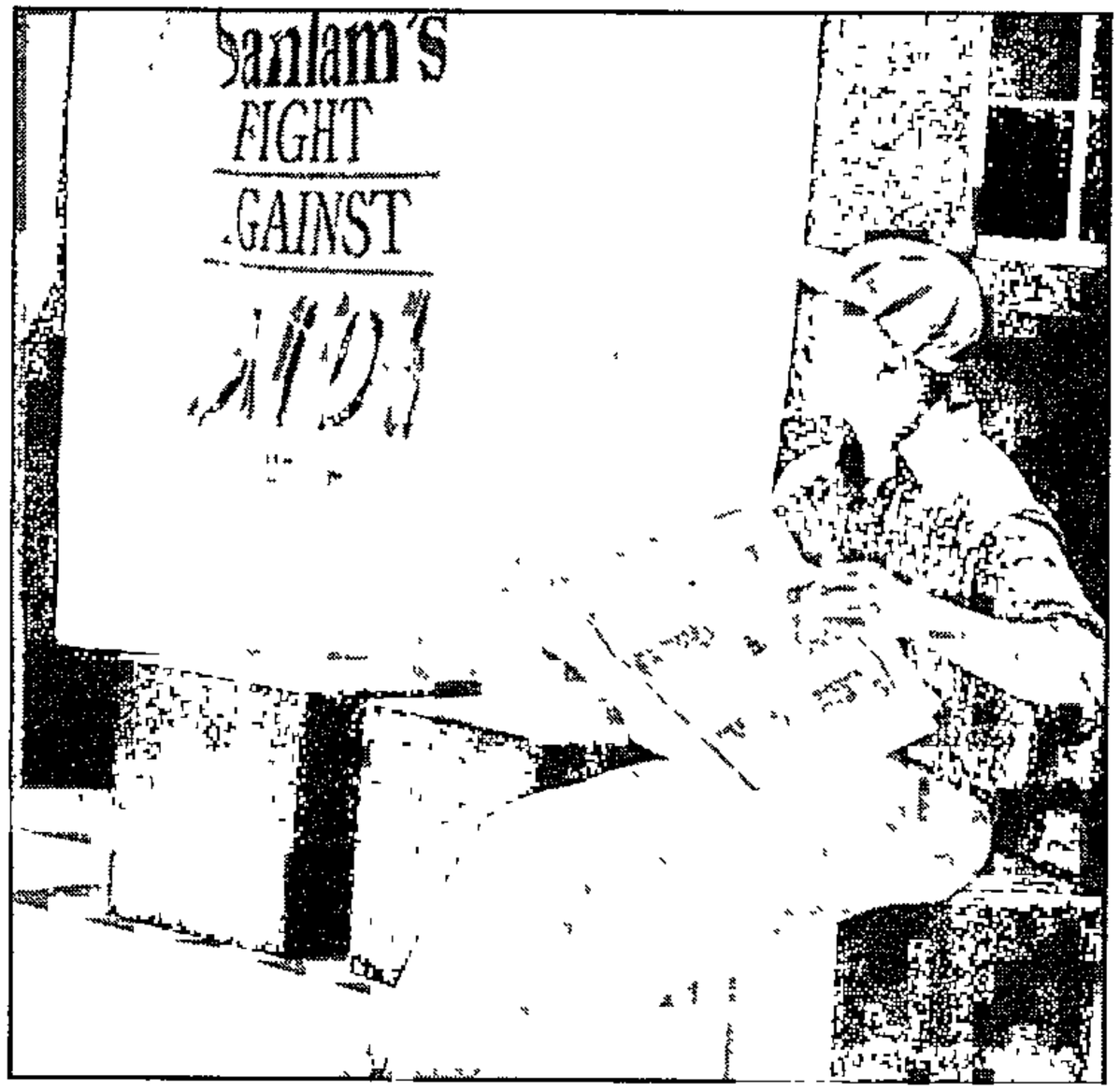
The Ethembeni Care Centre includes a home-based care unit This will assist infected employees and their care-givers by providing training either at home or at the centre

It also has a 10-bed care facility which will make available simple short-term crisis care and basic nursing care intended to keep the patient comfortable and pain-free during the terminal period of Aids

In addition, Ethembeni will provide a drop-in day service aimed at providing HIV-positive employees with counselling and other forms of assistance where required

Willett believes that as the management of Aids is a complex process, it is important to take cognisance of the multiple needs of not only the individual but of the family and the community as well

She said comprehensive health management needs to include



The private sector is increasingly realising that companies have a responsibility to respond to Aids in a socially responsible manner.

- Care of the physical, mental and spiritual state of the patient,
- Care of the social and economic needs of the patient
- Maintenance of the family structure, and
- Maintenance of community stability

Willet said by minimising the effect of HIV-related illnesses with proper healthcare management it was possible to prolong the years of productivity of infected employees

"It is hoped that where infected employees understand that support services are available, the knowledge that they will be helped will help to dispel rumours and fears that add to the tendency to conceal the disease

"Local industry cannot hope to address the entire problem but has a responsibility to manage local industry concerns in a socially responsible way

"Occupational health clinics are involved in the primary healthcare of HIV-positive employees The growing need has reached proportions that are exhausting the resources of these clinics, hence Ethembeni"

MOTOR INDUSTRY

Heavy weather from the east

Koreans won't make life easier for hard pressed local manufacturers

Korean cars could account for 15% or more of the SA new-car market by the end of 1998, says Brand Pretorius, chairman of SA's biggest motor retail group, McCarthy Motor Holdings

Hyundai and Daewoo are already believed to hold more than 10% of the market, though Hyundai's continued refusal to release sales figures make the exact percentage uncertain The company is responsible for the lion's share of an estimated 30 000 unreported car sales in 1997 Daewoo, which reports its sales, accounted for 2,2% of the market

Korea's crippled economy is forcing its car-makers to seek exports to make up for expected heavy losses in the domestic market The drastically weakened currency will help this export drive By the end of last week the Korean currency, the won, had more than halved in value against the rand since October, from 180/R to 370/R

It's possible that Hyundai and Daewoo could go through 1998 without raising prices In theory, prices could even drop, but analysts predict the companies will rather use the foreign exchange-related savings to meet other costs

Other SA car companies will be under even greater pressure to control their own prices Pretorius says increases during 1998 could be as low as 6% as manufacturers try to prevent any further decline in sales Even so, he predicts another drop in car sales during 1998, to 235 000

The trade is putting a brave face on 1997's decline after four successive years of growth in vehicle sales It says it was still one of the best years on record

That may be, but unit sales alone don't tell the story With nearly every marketer predicting the market would grow in 1997, demand fell well short of production At one stage, late in the year, there were an estimated 25 000 unsold new cars in SA — equal to more than one month's production

Capacity utilisation in the industry in 1997 is understood to have been below 70%

Companies remain confident the spare capacity will eventually be needed but they were hoping for a much quicker return on recent heavy investments **David Furlonger**

Govt cuts funding to HIV project

(92)

By Claire Keeton

THE Aids Law Project (ALP), committed to fighting discrimination against people with HIV and Aids, does meet the criteria for non-governmental organisation (NGO) funding, according to its head Mark Heywood

But the health department has rejected the project's funding application, saying it does not qualify as an NGO One of the problems is that it operates under the Wits University constitution

ALP faces closure in March unless it raises around R600 000 elsewhere ALP is the only organisation in South Africa dedicated to legal work against discrimination of people with HIV or Aids and is respected locally and internationally

"We took opinion from the health department's legal section and had to go with that," said head of the department's HIV and Aids directorate Ms Rose Smart

"Everyone recognises the relevant work we do"

"The project is very important to the rights of people who are HIV positive," said Ms Candy Letswele from the Aids Training Information and Counselling Centre in Nelspruit Letswele said over 200 000 people in Mpumalanga are infected with HIV, around 5 000 of whom are babies North West had the highest rate of infection in 1996 with 25% of women aged 15 to 49, followed by Kwazulu-Natal with 19,9% The Western Cape was the lowest with 1,65% of women infected

ALP has fought against HIV screening by employers and to protect HIV-positive workers from arbitrary dismissal The organisation has also produced a manual with guidelines to assist councillors, unionists and others concerned with HIV-Aids and human rights

Given this priority, Heywood cannot understand why the department would "cut funds to the organisation

Sowetan 23/1/98

Controlling AIDS, TB is Shisana's priority

Josey Ballenger

BD 28/1/98

HEALTH director-general Olive Shisana yesterday announced her department's objectives for the year at a conference in Midrand

Controlling communicable diseases, continuing to improve access to health services, augmenting the health information system and stepping up antiviolence initiatives would be priorities this year, she said.

At a health care symposium organised by the Institute for International Research, Shisana said the department was drafting the Tobacco Control Bill to "further discourage" tobacco use by children in line with World Health Organisation recommendations.

Shisana said research by the Medical Research Council and the Human Sciences Research Council showed the prevalence of smoking in SA had decreased by 2% in 1996 from the previous year, which meant about 500 000 fewer smokers.

The control of the spread of AIDS, as well as the treatment of sexually transmitted diseases, would be priorities. Government aimed to control the prevalence of tuberculosis and reach an 85% cure rate and would expand its programme in each province. The control and treatment of mosquito-borne diseases, especially in malaria-prone KwaZulu-Natal, Mpumalanga and Northern Province, was also vital.

One of three "key" pieces of legislation to be presented to Parliament this year would be the National Health Bill, which would provide a framework for the policies outlined in the white paper on the transformation of the health system.

She said the controversial Medical Schemes Amendment Bill aimed to contain costs and ensure beneficiaries were "able to obtain a basic package of care that is affordable".

On access to health care, Shisana said measures would be implemented to contain the cost of drugs. These included establishing a new Medicines Control Council and a pricing committee, controlling the theft of drugs from public institutions and the licensing of pharmacies and dispensing doctors.

Strategies to improve the health information system would continue, including the disease surveillance system, and birth and death notification.

Shisana said antiviolence initiatives would be provided including surveillance, referral centres and empowerment and trauma counselling courses for health care personnel

DP agrees on regulating health care

Josey Ballenger

BD 28/1/98

DEMOCRATIC Party health spokesman Mike Ellis said yesterday he agreed with the health department that the private sector needed regulation to provide affordable and accessible health care for all, but questioned how government proposed doing so.

At a health care symposium in Midrand organised by the Institute for International Research, Ellis said steps needed to be taken to reduce or prevent abuse in regulating the sector.

"If it is to be regulated and legislated against to such an extent that it becomes little more than an effete extension of the public health care sector and cannot operate freely, then I believe we will face the collapse of the entire health service in this country"

He accused Health Minister Nkosazana Zuma of not adequately collaborating with the private sector on health bills last year and said the "pattern" looked set to continue.

HEALTH & DISEASE - HIV

1998

Unite to beat Aids (92)

The HIV-Aids epidemic in South Africa has been described as one of the most explosive in the world. We need to take action to fight this disease, explains **Ebrahim Ebrahim...**

Sowetan 1/5/98

IT IS NOT so long ago that South Africa emerged from a struggle against the heinous system of apartheid The struggle called on us to make enormous sacrifices – and despite these hardships – we as a nation, have emerged victorious

Today, South Africa is faced with an equally dangerous, but more covert threat, and that is the challenge of HIV-Aids The grim harvest of death continues unchecked

About one in five adults is already infected with HIV-Aids and there are 1 500 new infections every day – overwhelming our health system and cutting a wide swathe through the young, productive sections of our population, the youth who played a vital role in the struggle against apartheid

The HIV-Aids epidemic in South Africa has been described as one of the most explosive in the world We need to respond to this epidemic not by throwing our hands up in despair – but by fighting as we fought apartheid – with mass mobilisation of our community

The experience of Uganda – where the disease was allowed to run riot and claimed the lives of one in four people in the urban areas – teaches us that we cannot afford to "wait and see" or keep debating the issue

We need to take action now – and learn from the example of Uganda – where they have managed to turn the epidemic around

We need to work with the rest of Africa to find a solution for our continent

I do not believe the problem is one of low awareness Over the past four years Government, non-government organisations (NGOs), the health sector and private companies have invested millions of rands and hours of labour in publicising the perils of the disease and taking steps to prevent it

Advertising campaigns

Surely every South African – even in the most remote communities – has been exposed to the mass advertising in newspapers, radio and television, messages on posters and billboards, in buses and taxis, talk shows, the red ribbon logo and toll free helpline, free condom campaigns, countless community theatre plays, mural paintings, marches and memorials around World Aids Day, and the "Life skills" programme which has been introduced into our schools curriculum

And what have we learnt? That this disease is not simply a question of personal choice, but a highly complex social problem, fuelled by larger issues that need to be addressed – such as gender inequality, poverty, illiteracy, crime and unemployment

The disease attacks disadvantaged communities sooner and more severely than elsewhere It is not just a health issue but a threat to all our reconstruction and development goals and our vision for an African renaissance

Simply communicating about HIV-Aids, condoms and sexually transmitted diseases does not change people's attitudes and behaviour

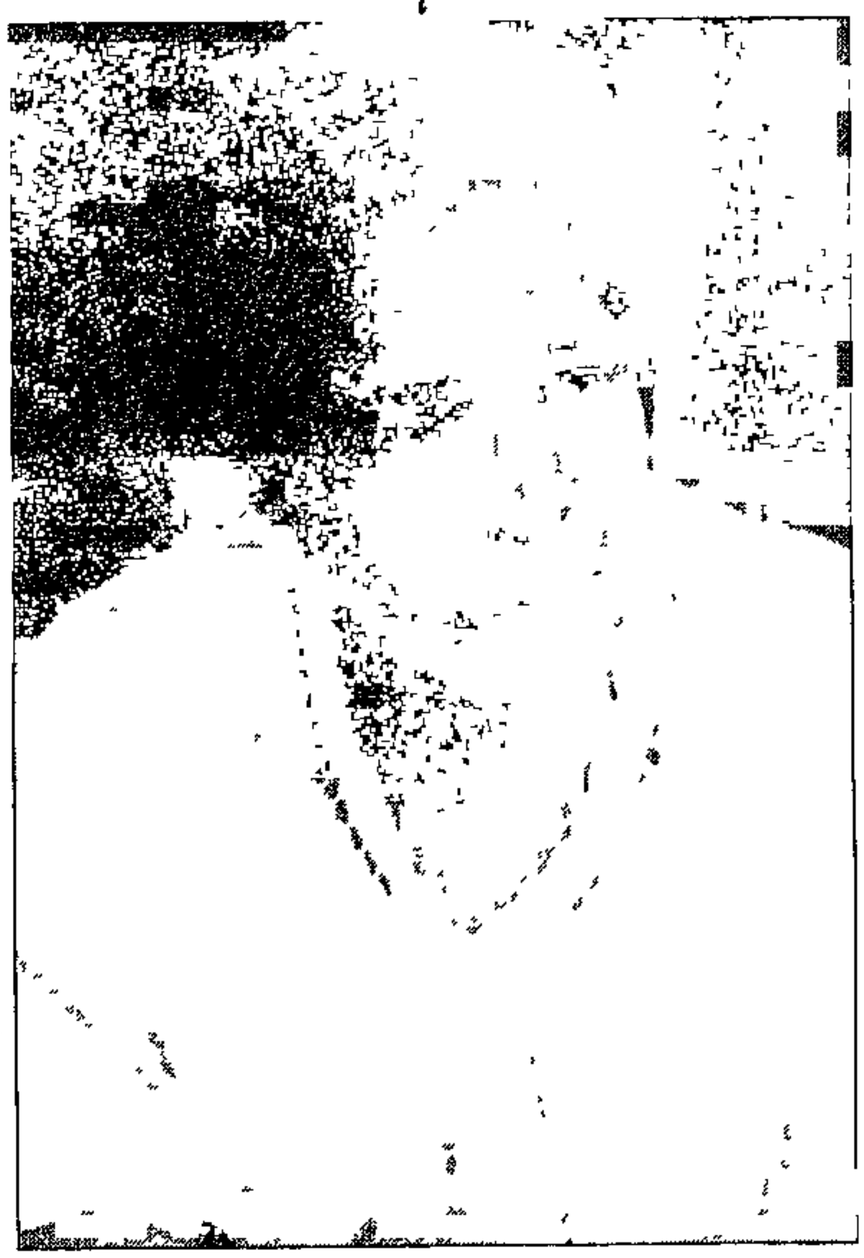
There is no 'magic bullet', but the need for a wide range of carefully integrated strategies and interventions

Resources

Perhaps most important is that Government 'cannot go it alone', it is only one of a number of players in HIV-Aids prevention and management, whose primary role is to be a catalyst coordinating and providing much-needed resources

Experience tells us that lasting behavioural change can only come about through an active, community-based social movement – and needs a generation or more before it is firmly entrenched

Minister of Health Dr Nkosazana Zuma has called on all political parties to support the Government's new offensive in the battle to combat HIV-Aids



Health Minister Nkosazana Zuma has called on all political parties to support the Government's new offensive in the battle to combat HIV-Aids.

Government must take the lead – with all levels of national, provincial and local government and political parties formulating their own strategies and action plans to tackle the HIV-Aids epidemic

More importantly, the plan calls for a mass mobilisation campaign – a direct "call to action that will recruit every sector of South African society against the Aids epidemic business, labour, community-based organisations, NGOs, arts and culture, sports and recreation, education bodies, religious groups, traditional leaders, women youth and people living with HIV and Aids

The message is clear HIV-Aids is a threat to all of us

Nobody is exempt in the fight against it

The front line of the battlefield lies in our own attitudes, in the choices we make today and in our shared commitment, not only to curb the spread of the epidemic but to create a caring and supportive environment for those who are already living with the disease

We managed to mobilise our people to participate in the formulation of the Freedom Charter in the days when our freedom of movement was severely restricted

People stood up

People stood up and were counted in the Defiance Campaigns when they risked their lives to show disobedience to apartheid laws

What prevents us today from mobilising our population to fight a disease that endangers our fledgling democracy?

(The writer is an ANC National Executive Committee member and also chairperson of the Foreign Affairs portfolio committee)

AIDS patients' rights may be tested in court

(92) BD 4/5/98

Josey Ballenger

THE SA Human Rights Commission is considering challenging the constitutionality of medical aids' discrimination against members with HIV or AIDS, which have not been defined as physical disabilities in SA, the commission said last week

The commission said it would challenge the issue based on the equality clause and the right to fair labour practices entrenched in the constitution and the prohibition of "unfair" discrimination against an employee "on any arbitrary ground" in the Labour Relations Act

It said discrimination against people with HIV or AIDS ranged from unfair dismissals to exclusion from employment benefits

Wits University's centre for applied legal studies referred to the commission a complaint by a man who was an employee of a "well-known British controlled company" from 1965 to 1995, when he retired due to poor health and who contributed to the company's group medical aid fund for 28 years

The commission did not disclose the names of the individual, the company or the medical aid fund, but said the fund declined to pay for the complainant's medical care because he was HIV positive.

According to the commission, the fund said it decided to exclude treatment of HIV and AIDS based on cost projections of R17m a year, which would cause all members' contributions to increase by 20% to 24% and in the long term threaten the fund's solvency

It quoted the medical aid as saying "the society has obtained an opinion from senior counsel which advises that a person who is HIV positive is not 'physically disabled' and the exclusion does not amount to discrimination"

Attorney Zenwill Lacob, who specialises in labour law but is not involved in the case, said a court would have to rule whether HIV and AIDS constituted physical disability — an issue which has not yet been tested in SA If it did, the second legal question would be whether a medical aid could "fairly" discriminate on those grounds

Gary Taylor, the public affairs director of Medscheme, agreed that SA law probably did not explicitly allow or prohibit medical aids from discriminating against any conditions and that whether such treatment was fair or unfair would likely have to be tested on a case-by-case basis

Taylor said SA medical aids' treatment of HIV and AIDS varied greatly. Some considered AIDS an avoidable sexually transmitted disease and offered limited or no benefits, while others "include it like any other terminal illness and have no limits whatsoever. There are a range of schemes in between"

Parliament delves behind scenes of Sarafina 2

CLIVE SAWYER
POLITICAL CORRESPONDENT

(92)
ARG 6/5/98

Parliament's multiparty public accounts committee today began unravelling the history of controversial anti-AIDS play *Sarafina 2*.

It has to decide whether to write off R10,5-million unauthorised spending paid for by taxpayers, or order someone to pay the bill The Department of Health has begun to sell off assets bought for the play and hopes to raise R3-million

Questions by the committee are being based on about 1 400 pages of documents, including original health department records and the findings of other investigations into the *Sarafina 2* affair

The Heath Commission special investigative unit is expected to complete its investigation into alleged financial irregularities surrounding the play by June this year

Committee chairman Ken Andrew said it was not the committee's brief to discuss whether a play was the most cost-effective

To page 3

Shisana tells of tender puzzle as Parliament probes Sarafina 2

ARG 6/5/98 (92)

From page 1

way of campaigning against AIDS/HIV The terms of reference related strictly to the auditor general's findings that the R10,5-million was unauthorised because the contract had not been completed properly and tender board procedures had not been authorised.

Olive Shisana, director-general of health and the official who by law has to account for the department's money, told the committee that the play was conceived by Health Minister Nkosazana Zuma a month before Dr Shisana's appointment in July 1995

Efforts to find out who had written the original specifications for the tender for the play had been fruitless Tenders had been invited from three companies' Mbongeni Ngema's Committed Artists Theatre Company, Pact Windybrow and Opera Africa

Committed Artists presented a tender for R14,27-million and Opera Africa for R600 000 Pact Windybrow did not respond

The Committed Artists tender, which was supported by consultants Ernst & Young, had been approved after scrutiny by departmental official Abdul Karrim

However, Dr Shisana said, she had found out the tender was never approved by the health department's tender committee

Sequel to *Sarafina 2* row

THE controversy over R14 million spent by the Department of Health on the Aids awareness play *Sarafina 2* is expected to have its sequel today.

Health Director-General Olive Shisana is to appear before Parliament's public accounts committee, which has to decide whether or not the money should, as recommended by the auditor-general, be declared unauthorised expenditure.

In this case the onus would be on Shisana, as the accounting officer in the department, to recover the money. In the case of the money not being paid, Shisana would be held personally responsible. — Parliamentary Bureau.

Officials berated for Sarafina 'amnesia'

(92)

Linda Ensor

BD 7/5/98

CAPE TOWN — Senior health department officials had shown a "disturbing" lack of memory over important issues relating to the Sarafina 2 debacle, Ken Andrew, the Democratic Party finance spokesman and chairman of the parliamentary public accounts committee, said yesterday

The committee heard evidence from director-general Olive Shisana and other senior officials on the origins of the 1995 project, with a view to deciding whether the R10,5m spent on the AIDS play should be regarded as unauthorised expenditure If found to be unauthorised, the department's accounting officer would be required to recover the money from the person responsible for the expenditure

In his personal capacity, Andrew said he was greatly concerned that important documents which would reveal who was responsible for tendering decisions were not available Each of those questioned disclaimed responsibility. Andrew said evidence presented yesterday confirmed his view that things had not been handled in the proper manner.

No approval was obtained from the state tender board, the tendering process was severely flawed and both the contract and its management were deficient. The play, which was to have cost less than R5m, was awarded to playwright Mbongeni Ngema's Committed Artists Theatre Company, whose tender amounted to R14,2m.

African National Congress MP Andrew Feinstein, who led the questioning, also expressed amazement at the "phantom people involved in the mechanisms of the tender process" It was not clear, he said, who had done certain things and who had given instructions that they be done.

Shisana said that, unlike a prize which everyone clamoured to claim, no one wanted to claim the problems of Sarafina For example, despite individually interviewing members of the department, she could not track down who was responsible for drawing up the terms of reference for the tender.

The contract was cancelled in 1996 when Shisana became concerned about financial irregularities. She believed more than R3,5m could be recovered

Quarraisha Abdool Karim, the former head of the department's HIV and sexually transmitted diseases directorate, also complained that "some officials have amnesia" about the decision for increasing the budget for the play She accused Health Minister Nkosazana Zuma of reneging on her promise to deal with any criticism arising from the decision

provincial legislature

As has become the trend in municipal by-elections since 1995, campaigns are echoing

English-speaking and middle-class Cape Town suburb of Bergvliet will be asked to name either an NP, DP or United Democrat-

Sarafina costs may be lost

ARG 7/5/98(9a)

POLITICAL CORRESPONDENT

The Government may not recover the R10,5-million it paid to Durban's internationally-renowned playwright Mbongeni Ngema to develop the AIDS-awareness musical, *Sarafina 2*, it has been revealed in Parliament.

Parliament's joint standing committee on public accounts was told yesterday by Health Director-General Olive Shisana that the department would recover R3-million at least by selling assets like trucks, lighting equipment and musical instruments bought by Mr Ngema's Committed Artists Company in violation of contractual agreements

Dr Shisana also revealed that Mr Ngema had repaid the Government R441 000, which was earned in a private studio at his home in Durban. She remained convinced, however, that some additional money spent by the Committed Artists Company unrelated to *Sarafina 2* would be recovered.

Dr Shisana told the committee that she had asked the Heath Commission investigating corruption in the government to help the Department of Health recover gate takings from the performances of *Sarafina 2*.

But it has also emerged that no matter how much money is recovered from Mr Ngema, it would not meet the cost of getting to the bottom of the scandal.

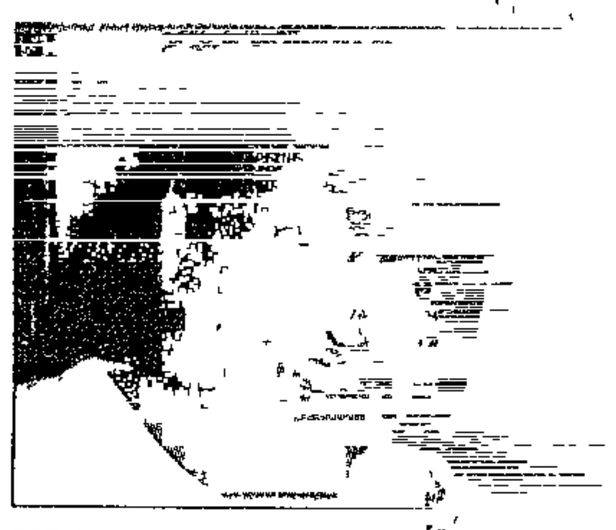
It has been investigated by the public protector, the Health Department, the police, the office for serious economic offences, Parliament's public accounts committee and the Heath Commission.

And Mr Ngema, commissioned by the Government three years ago to write the play, could face criminal and civil charges

'UMA WAS GOING TO DEAL WITH REPERCUSSIONS

Ngema, state officials may 'ace charges over *Sarafina*

(92) CT 7/5/98



MBONGENI NGEMA

HE *SARAFINA 2* controversy took a new ist yesterday when Parliament heard of aud and misappropiations of money relating the play **JOVIAL RANTAO** reports

PROMINENT playwright Mbongeni Ngema, who received R10,5 million from the government for the controversial Aids awareness play *Sarafina 2*, and state officials may face criminal or civil charges, it is revealed in Parliament yesterday

It also emerged yesterday in Parliament's public counts committee yesterday that Health Minister Dr osazana Zuma had told a senior departmental official she should worry about the content and cost of the — which had rocketed from R5m to R9,6m

'The Minister said if there's criticism she will deal with ' said Quarraisha Abdool Karrim, chief director of the V/Aids in the department

Dr Olive Shisana, director-general of the Department Health, told the committee that she had asked the alth Commission to investigate allegations that ma received tender specifications for the lucrative ract before applying for it

Shisana said handwriting experts have been brought to help finger a official in the Department of Health o wrote the tender specifications and subsequently nged details

The commission has also been requested to investi- missing gate takings, believed to run into hundreds thousands, and other possible misappropriations by a's Committed Artists

State accountants sent in by Shisana discovered nths later that there was financial mismanagement at mitted Artists The company was given 30 days to ve that they had rectified the matter before the con- was cancelled

It also emerged for the first time yesterday that

- The contract worth R14m was signed and payments 9m made without a script for the play
- The contract was signed without the knowledge of director-general
- Ngema gained unfair advantage over competing ders because he was involved in discussion about the ept of an Aids awareness musical before he was invit- tender
- Ngema violated an agreement by using part of the ney meant for the play to buy furniture and trucks
- Treasury regulations were violated because the play to be financed out of European Union funds
- An official who refused to sign an initial cheque of R3m to Committed Artists was threatened with dismissal
- The R14m contract between the department and Committed Artists was drafted by an inexperienced lawyer who had been with the department for four months
- Opera Africa, the only competitor to Committed Artists, submitted a tender for R600 000

Committee members yesterday raised concern about senior officials — in particular Hugo Badenhorst, who has faced departmental disciplinary hearings for his handling of the *Sarafina 2* case

ANC MP Andrew Feinstein suggested to Badenhorst that he was guilty of dereliction of duty when he could not remember who ordered that the closing date for th *Sarafina 2* tender should be brought forward

Badenhorst said he also could not remember wh wrote the tender specifications and terms of reference

Committee members also said Shisana should hav paid much more attention to a contract that was "obv ously full of problems"

Shisana said the department hoped to recover mo than R3m spent on non-Sarafina expenditure

The committee is expected to announce soon its dec sion on whether or not the R10,5m should be regarded unauthorised expenditure The Health Commission expected to report back in June

No business like a 'show of no busines

JUDITH SOAL

IT WAS more like Election Circus '99 than a debate on health services

Health MEC Peter Marais's budget vote in the provincial legislature yesterday was characterised by adolescent bickering, political point-scoring and a surprising lack of new detail about the future of health care

Marais was unable to reveal his much fêted Business Plan — the one he promised would reduce expenditure by R147 million to allow the department to stay within its R2,901-billion budget — because, he said, the unions have declared a dispute over the proposed loss of jobs

He accused the ANC of instigating the unions' dispute, much to the apparent outrage of ANC provincial leader Mr Ebrahim Rasool

Marais's department is to meet the unions tomorrow to discuss the plan. Two weeks ago he said just under 2 000 jobs would be cut, not the 3 816 originally mentioned in the business plan, but yesterday it seemed we were back to the higher figure

Under a section entitled Valkenberg, Marais said the four existing psychiatric hospitals would be "consolidated" to three Apparently, Valkenberg will close.

Marais said the Northern Block of Somerset Hospital would be "alienated"(sold?) and that the Somerset would be downgraded to a regional hospital When the ANC insisted that the sale of the Somerset land be handled by an independent tribunal, the NP benches had their turn to express outrage and mirth.

The budget will be distributed as follows:

- **District health services. R834,716m — up 5 percent**
- **Regional and specialised hospitals: R720,4[illegible] — up R7,8m**
- **Academic hospitals — R1,072bn, down 11%;**
- **Voluntary severance packages· R89m.**

The remainder is split between administration, health sciences and support services

But these details were not debated, not even discussed The honourable members were more interested in discussing their respective intelligence, sexual habits and character deficiencies Marais was unable to open his mouth without someone reminding him how he lost the recent battle for leadership of the provincial NP, and the way he took his defeat

But there were no tears yesterday Marais gave as good as he got One example When ANC MPL accused him of "steeking" a fellow MPL in the back Marais retorted "Ons praat nie nou van steek, ons praat van gesondheid "

The only person who tried to introduce some seriousness into the debate was Rasool, who reminded the legislature that the need to shift resources to primary health care was because access to health care was horribly skewed

"When infant mortality figures for African and coloured children are 54 out of 1 000 and for white children seven out of 1 000, and when 58 of 100 000 African and coloured women die in childbirth, but only three out of 100 000 white women, we know why we are restructuring health care "

Sarafina's Ngema may face charges

Star 7/5/98 (9a)

By Jovial Rantao
Political Correspondent

Cape Town – Mbongeni Ngema, the playwright who received R10,5-million from the Government for the Aids-awareness play *Sarafina 2*, may face criminal or civil charges along with certain state officials

It also emerged in Parliament's public accounts committee yesterday that Health Minister Dr Nkosazana Zuma told a senior official that she should worry about the content and not the cost of the play.

Dr Olive Shisana, director-general in the Department of Health, said she had asked the Heath Commission to investigate allegations that Ngema received tender specifications for the lucrative contract before he had applied for it

Shisana said the commission had been asked to probe missing ticket takings, believed to run into hundreds of thousands of rands, and other possible misappropriations by Ngema's company Committed Artists.

At yesterday's five-hour hearing it also emerged that

- The contract was signed and payments of R9-million paid without a script for the play.
- Ngema violated an agreement by using part of the money meant for the play to buy furniture and trucks, and
- An official who refused to sign an initial cheque of R3-million to Committed Artists was threatened with dismissal.
- Opera Africa submitted a tender for R600 000.

Community Builder Award winner Thabiso Peo

Aids workers need more help

sowetan 7/15/98

By Nthabi Moreosele

AIDS workers have a serious hurdle to overcome in the treatment and care of people with Aids, says Mr Thabiso Peo of KwaThema, Springs

The 24-year-old Peo was the 1997 winner of the Community Builder Award

Peo says community antipathy towards people with Aids is a factor which causes the disease to spread rapidly "No one will come out and say they have Aids," he said

"Patients are unwilling to tell their partners and families that they are HIV-positive If their relatives are in the dark, the patients cannot go to the clinic for treatment and food parcels to ensure they eat a balanced diet

"I always say that people should not point fingers at others because many people who are HIV-positive but do not know it, are among the culprits"

Peo and his volunteer group, Oasis Rover Crew, collect food and clothing from local businesses, doctors and churches for destitute patients They also do house visits to bedridden patients to bathe, feed and supervise their medication Oasis also offers home care training

Peo has bought a house where nine orphaned Aids babies are looked after by Granny Lorraine Monareng

Oasis is overworked as there are 20 volunteers in the support group looking after 51 patients

"Winning the *Sowetan*, Old Mutual and SABC1 Community Builder Award was the pinnacle of our work with Aids patients

"I have gained recognition for my work and this makes it easier to get donations and sponsorship

"The Directorate of Aids and Communicable Diseases of the Department of Health gave us R10 000 and we are hoping for another cash injection"

Community work

KwaThema Town Council is supplying a building in the township which will be used as a day hospice and rehabilitation and recreation centre for Aids and TB patients, drug abusers and rape victims He hopes that the centre will draw people into community work and that politicians, church groups and women's organisations will join in the fight against the disease

"We appeal to people to come forward to support those with Aids," Peo said

"We should fight the disease and not the patients The community should get up and participate in projects which promote their own health"

Traffic cops asked to help arrest the spread of AIDS

(92)

PREGA GOVENDER

ST 10/5/98

THE long-standing commitment of Ladysmith's traffic officers to upholding the laws of the road will take on a new meaning if a proposal to encourage them to carry condoms in the boots of their cars is approved by the town council

At the heart of the issue, according to the town's district surgeon, Dr Faizal Khan, is the fact that men in Ladysmith are too bashful when it comes to requesting condoms from female nurses at the local clinics.

Traffic officers, limp with embarrassment and anxious to avoid being labelled "Condom Cops", remained tight-lipped this week over their bosses's ambitious measures to try to combat the spread of sexually transmitted diseases

But Khan, who spearheaded the move, is unflagging in his determination to reduce STDs and deaths through AIDS

Infected by Khan's enthusiasm, the local health department is now taking a hard look at the issue

Khan says the most pressing problem is that nearly 1 000 of the 5 000 patients who visit the town's four clinics every month suffer from STDs

"Nearly four of every 10 patients treated at our hospital are HIV-positive," he said

"All our clinics are staffed by women and lots of men have told me they feel embarrassed asking nurses for condoms

"The clinics close at 4 30pm every day but the sexual urges of men do not stop then A man may want a condom at any time I suggested we get the traffic officers to help, because they are on duty 24 hours a day

"After all, they help old ladies cross the road and they rescue cats from trees Why can't they also help protect people from the curse of sexual diseases such as AIDS?" Khan asked

"When I initially spoke to the officers they appeared amused but I am sure they will now look at it more seriously They could keep these condoms in the glove compartment or the boot of the car

"I don't foresee them being mobbed on the streets by people desperate for condoms But they may be stopped at robots and asked for condoms It would become part of their friendly service to society once they get used to the idea," he said

Solly Olla, chief of Ladysmith's health services, said the council was carrying out a feasibility study on the idea

"We support Dr Khan in his initiative, as every opportunity should be explored to enhance public awareness," Olla said

The traffic chief of Ladysmith, Koos Breedt, refused to be drawn into the controversy

Zuma poised to sack Shisana

CT 11/5/98. (9a)

JOVIAL RANTAO
POLITICAL CORRESPONDENT

HEALTH MINISTER Dr Nkosazana Zuma is about to unleash a political storm by firing her director-general, Dr Olive Shisana, for refusing to take full responsibility for the Sarafina II scandal, which cost the state R10,5 million

Zuma and Shisana meet in Geneva today at a World Health Organisation conference where Zuma is expected to tell the director-general — credited with several major achievements in the past four years — about her fate

Zuma has also blamed Shisana for the disappearance of a file that was supposed to have been sent to President Nelson Mandela for him to sign and promulgate the regulations of the Medicines and Related Substance Act, which, among other things, allows for parallel importation

The missing file delayed the promulgation of the law and left a gap for pharmaceutical companies to obtain a High Court interdict preventing the law from being implemented

However, *The Star* newspaper found out that the file was last seen in the hands of Dr Tim Wilson, then acting director-general, who said he was taking it to Zuma's office

FACING THE AXE: Olive Shisana

Senior Ministry of Health officials leaked Shisana's impending dismissal at the weekend after Zuma had left for Switzerland via Germany If she goes, Shisana will be the 10th person to leave Zuma's office in the past four years

It has also been established that before she left, Zuma contacted senior officials in the government about the procedure for dismissing her accounting officer and what her financial package would be

Government sources said Zuma had, in an effort to avoid political embarrassment, told Shisana to accept full responsibility and to apologise to Parliament's public committee for the R10,5m mistake

However, when she arrived at the committee hearing last week, Shisana instead presented a well-prepared report to the committee, showing that senior officials in the department were to blame for the many irregularities

The committee also heard of Zuma's personal involvement in the development of the play and the meetings she held with playwright Mbongeni Ngema

In her submission, Shisana was able to show that the contract was signed without the knowledge of the director-general She has asked the Heath Commission to investigate allegations that Ngema received tender specifications for the lucrative contract before he applied for it

The Heath Commission has also been asked to investigate missing gate takings, believed to run into hundreds of thousands of rands, and other possible misappropriations by Ngema's Committed Artists

The commission is also probing allegations that Committed Artists concealed financial mismanagement and misled the department into believing all was well in the company

The state accountant called in by Shisana discovered months later that there was financial mismanagement at Committed Artists The contract between the state and Committed Artists was cancelled 30 days later

In an interview before she left for Switzerland, a shocked Shisana said she believed she had done her best. She said she would discuss the situation with Zuma in Geneva

"My commitment to ensuring the public's access to health care gives me the strength to continue in spite of difficulties However, if the supervisor believes it is time for a new head of department to take over, she simply has to redetermine my contract," Shisana said

"I feel I have developed the management of the department so that when I'm gone those who are left will continue to do the job I don't think anyone is indispensable I worked hard to set up systems to ensure that services were delivered well and finances were handled properly The minister is entitled to have the director-general she would like to have "

Sarafina: Zuma's D-G to be fired

Star 11/5/98

(92)

Shisana was told to take responsibility for the scandal – but her report pointed fingers at senior officials

By Jovial Rantao
Cape Town

Health Minister Dr Nkosazana Zuma is about to unleash a political storm by firing her director-general, Dr Olive Shisana

It is believed that Shisana is to be dismissed for refusing to take full responsibility for the *Sarafina 2* scandal, which cost the state R10,5-million

Zuma and Shisana are likely to meet in Geneva, Switzerland, today at a World Health Organisation conference, where Zuma is expected to tell the director-general about her axing

Zuma has also blamed Shisana for the disappearance of an important file. The file was supposed to have been sent for signature to President Nelson Mandela to promulgate the regulations of the Medicines and Related Substances Act which, among other things, allows for parallel importation

The missing file delayed the promulgation of the law and provided a gap for pharmaceutical companies to obtain a high court interdict preventing the law from being implemented.

However, The Star has been told that the file was last seen in the hands of Dr Tim Wilson, then acting director-general.

Senior Department of Health officials at the weekend leaked the news of Shisana's impending dismissal, after Zuma had left for Switzerland.

If she goes, Shisana would be the 10th person to leave Zuma's office in the past four years

The Star has also been able to establish that, before she left, Zuma consulted senior government officials on the procedures for dismissing her accounting officer, and on what her financial package would be

Government sources told The Star that Zuma had, in a bid to avoid political embarrassment, told Shisana to accept full responsibility and to apologise to Parliament for the R10,5-million *Sarafina 2* mistake.

Shisana instead presented a report to the committee which showed that senior officials in the department were to blame for the many irregularities

The committee also heard of Zuma's personal involvement in the development of the play and the meetings she held with playwright Mbongeni Ngema.

Shisana was able to show that the contract had been signed without the knowledge of the director-general

The Heath Commission is probing allegations that Committed Artists, Ngema's theatrical company, concealed financial mismanagement, and that Ngema received tender specifications for the lucrative contract before he applied for it.

In an interview before she left for Switzerland, Shisana said she believed she had done her best. She added she would discuss the situation with Zuma in Geneva.

▶ Mother of health
... Page 3

Bengu admits to 'chaos' but denies he is to blame

Vuyo Mvoko (90) 10/12/98

CAPE TOWN — Education Minister Sibusiso Bengu conceded yesterday that the main challenge facing the management of SA's education system was not to find additional funds but to use available funds more efficiently.

Introducing a debate in the National Assembly on this year's R6,5bn education vote, Bengu said more money would be welcome but the education department needed to "allocate funds more equitably, cut waste, improve work rates and target spending where it will make a real difference to education quality".

He admitted, before chronicling the successes of his four-year term, that in many instances progress was "agonisingly slow, shocking inequalities still exist, performance is miserable, budgets are stretched thin, management is struggling and people are loafing".

However, he dismissed calls from the opposition benches that he take the blame for the allegedly chaotic state of the country's education system.

Opposition parties said the system was characterised by teachers losing their jobs, bad management, a lack of infrastructure, the unavailability of textbooks, a lack of infrastructure and poor matric exam results.

Sapa reports the Democratic Party's Mike Ellis said 6,5% of gross domestic product was spent on education but of that, 92% was spent on salaries and too little on infrastructure. He said the problems stemmed from bad management, which could be laid fairly and squarely at Bengu's door.

Bengu pointed out that when he took over, education "was run by a nightmare of 19 separate racial and ethnic departments" presided over by a "white Broederbond bastion". In "a snapshot of only some" of his successes, he cited the establishment of a single nonracial, nonsexist national system of education. Technical and community colleges were being equipped to contribute to the economy's modernisation and the national student financial-aid scheme had been allocated significant additional resources,

Sapa reports that Blade Nzimande, African National Congress MP and education portfolio committee chairman, said enrolment had risen 10% since 1994. About 70 000 students benefited from government aid and spending on textbooks had risen from R40 a pupil in 1995 to more than R100 this year.

Shisana 'still head of department'

Josey Ballenger (92)

THE health department was thrown into confusion yesterday by reports of the imminent sacking of director-general Olive Shisana, with senior officials being called to an inconclusive "emergency" meeting on the issue

Acting director-general Ayanda Ntsaluba said as far as anyone knew, Shisana was still the head of the department Sapa reports Independent Group newspapers reported yesterday that senior ministry officials had leaked the impending dismissal at the weekend, after Health Minister Nkosazana Zuma left for Geneva, where both were attending a World Health Organisation gathering.

Zuma had apparently contacted senior government officials before leaving about the procedure for dismissing her accounting officer.

Sources said Zuma and Shisana had butted heads on various matters over the past year. Foremost among these was Shisana's failure to take full blame for Sarafina 2.

Opposition parties yesterday urged Zuma to do the honourable thing and resign rather than seek a scapegoat for her own failures.

Government officials said any decision by Zuma to sack Shisana would have to be made by the cabinet, a government official said yesterday.

10/12/98

Call to ban linking jobs to HIV test

Commission seeks clarity on employees' rights

(92)

CLIVE SAWYER
POLITICAL CORRESPONDENT

Laws should be passed to ban pre-employment HIV (human immuno-deficiency virus) testing, with strictly limited exceptions, and to prevent pupils from being admitted to schools because of their HIV-status.

These are the recommendations of a Law Commission report handed to Minister of Justice Dullah Omar today

The report noted that there was currently no specific ban in law on pre-employment testing for HIV

There was no clarity on the circumstances in which an employer could require an employee to take an HIV test

While the current constitutional and legislative bans on unfair discrimination might seem enough to prevent "irrational" pre-employment HIV tests, neither the Constitution nor the 1995 Labour Relations Act gave unqualified rights

The commission said the proposed ban on pre-employment HIV tests could be included in the Employment Equity Bill, or could be put in separate legislation

It said key principles in deciding its recommendation included the need to prohibit testing where it meant unfair discrimination and an unfair labour practice and the need to balance the rights of people with HIV and those of employers

A prohibition on HIV testing in the workplace should not be absolute but should allow for exemptions where testing was allowed by legislation and in certain circumstances which were fair and justifiable

"Justification for testing should be based on medical facts, employment conditions, social policy, the fair distribution of employee benefits and the inherent requirements of the particular job."

The law should be able to develop in accordance with scientific knowledge and the possible emergence of new rationales for HIV testing in the workplace ARG 12/5/98

"In determining whether or not HIV testing should be allowed, both justifiability and fairness need to be taken into account equally"

It should be up to employers to show that HIV testing was fair

An impartial forum, like the Labour Court, should decide whether HIV testing, or an application to do HIV testing, was fair and justifiable

The Labour Court should be given wide powers in authorising testing for HIV, the commission said.

Health Minister 'is not going to dismiss Shisana'

ARG 12/5/98 (9R)

GLYNNIS UNDERHILL
SPECIAL WRITER

Health Minister Nkosazana Zuma's spokesman, Vincent Hlongwane, has denied she is about to sack director-general Olive Shisana.

"Dr Shisana is not going to be fired It is completely untrue There is nothing that tells me Dr Zuma is not happy with her work," said Mr Hlongwane.

Media reports have speculated that Dr Shisana is about to be fired for refusing to take full responsibility for the *Sarafina 2* scandal, which cost the state R10,5-million.

Mr Hlongwane said he did not know why senior sources in the Department of Health believed Dr Shisana was to be axed

Dr Zuma and Dr Shisana are attending a conference of the World Health Organisation in Geneva.

"They have specifically asked that nobody try to contact them as they do not want rumours and media speculation to meddle with their work," said Mr Hlongwane

Jo'burg chief tipped to succeed Shisana

(80) CT 12/5/98 (92) (92)

JOVIAL RANTAO

DR Nicky Padayachee, chief executive of Greater Johannesburg, is strongly tipped to replace Health Department director-general Dr Olive Shisana, reportedly due to be axed by Health Minister Nkosazana Zuma.

The other contender is Shisana's current deputy Dr Ayanda Ntsaluba.

Zuma has meanwhile indirectly confirmed to Shisana that her contract, which expires in the year 2000, is to be reviewed

In a meeting in Geneva, Switzerland, Zuma declined to refute claims made yesterday that she planned to fire the director-general

Shisana, contacted in Geneva, said the minister would not "deny or confirm" reports of her impending dismissal.

Government sources said Zuma had taken the decision to fire Shisana, with whom she has had major differences, but would only make an announcement soon after cabinet, as required by regulations, had been briefed and accepted her recommendation.

Shisana, who will spend the next four days in Geneva with Zuma, said she had received calls from fellow directors-general, ANC colleagues and cabinet ministers, who expressed regret at the collapse of relations between Zuma and herself

Zuma's spokesperson Mr Vincent Hlongwane declined to comment on specifics, but said any statement about Shisana's contract would not come from Zuma but from the cabinet

"Directors-general are not appointed by cabinet ministers and it follows that any

❑ Turn to Page 3

Sarafina 2 'sinks Shisana'

(92) CT 12/5/98

❑ From Page 1

statement, if necessary, would come from cabinet The minister can only make a recommendation," Hlongwane said.

Should she leave the department, Shisana would become the fourth director-general to do so before the expiry of her contract and the 10th person to leave Zuma's office.

She is expected to get a severance package of no less than R1-million.

Well-placed sources have said that Shisana is to be dismissed for refusing to take full responsibility for the *Sarafina 2* scandal, which cost the state R10,5 million.

She has also been blamed for the disappearance of a file that was supposed to have been sent for signature to President Nelson Mandela to promulgate the Medicines and Related Substances Act which, among other things, allows for parallel importation of drugs.

The missing file delayed the legislation, allowing pharmaceutical companies an opportunity to obtain an interdict preventing the act from being implemented.

Shisana has been credited for many achievements, in particular the programmes to build clinics.

Opposition call on Zuma to quit

(92) Sowetan 12/5/98

ANY decision by Health Minister Nkosazana Zuma to sack her director-general Dr Olive Shisana would have to be made by the Cabinet which appointed her in the first place, government officials said in Cape Town yesterday

They were reacting to a newspaper report that Zuma was poised to axe Shisana for refusing to take full responsibility for the the *Sarafina II* Aids musical scandal, which cost taxpayers R10,5 million

Although the Cabinet will have its fortnightly meeting in Cape Town tomorrow, it could not be confirmed if the matter was on the agenda

Zuma will not in any event be present, because she and Shisana are attending a World Health Organisation conference in Geneva

The two women are due back on the same flight on Saturday when they are expected to comment officially

Meanwhile, opposition parties have again called on Zuma to resign instead of using her officials as scapegoats

The Democratic Party's Mr Mike Ellis said that while ministers could delegate responsibility, accountability could not be delegated

Rather than use Shisana as a scapegoat, Zuma should resign because of the many examples of mismanagement which characterised her tenure in office

These included the *Sarafina II* Aids musical debacle, the Virodene scandal, the 1997 legislative programme, and her handling of the Medicines Control Council, he said

The Freedom Front's Mr Ben van der Walt said Zuma's purported plan to fire Shisana was a clear attempt to escape her own responsibilities relating to the *Sarafina* controversy

The National Party's Dr Kobus Gous said if Zuma wanted to do the honourable thing, she should take responsibility for the *Sarafina II* scandal herself and resign

If the reports of Shisana's axing were correct, then it was a clear indication that Zuma was looking for a "convenient scapegoat" – *Sapa*

Legacy of Black Death is weapon to (92) fight off AIDS virus

ARG 13/5/98

Mutation protects Europeans

Washington – Survivors of the Black Death, which ravaged Europe in the 14th century, apparently bequeathed to their descendants the ability to resist infection by the HIV virus, the most feared disease of today

That is the conclusion of a team of scientists studying a rare genetic mutation that confers on its carriers protection against HIV, which causes AIDS

Although the origin of the mutation is obscure, it appears to have suddenly become relatively common among white Europeans about 700 years ago

That increase suggests something must have happened about that time to favour greatly the survival of people carrying the mutation The epidemic of bubonic plague that swept out of Asia and into Europe in 1346 fits the bill

The Black Death was one of the cataclysmic events of recorded history A bacterial disease spread by rats and fleas, it killed between a quarter and a third of Europe's population between 1347 and 1350

"The chance of this gene randomly drifting up (to its current frequency among white Europeans) is unlikely," said Stephen O'Brien, a molecular biologist at the National Cancer Institute , who headed the research team.

"In fact, it's impossible There had to have been something going on that jacked it up"

Several waves of the disease followed the first one, and the continent's population did not regain its pre-epidemic size for 100 years after that By then, much of feudalism's distinct economic features had been crippled or swept away, and the modern period had begun.

Just as bubonic plague permanently altered the structure of Western society, so it appears to have altered the genetic endowment of Westerners, or at least some of them

The mechanism by which this might have happened is fairly straightforward

All genetic mutations arise by chance Some are harmful and disappear quickly, because people carrying them die before they can have children and pass on the mutation

Some are neutral, neither immediately harmful nor immediately beneficial They spread through a population but never become common In general, none is carried by more than a fraction of 1% of a population at any time

But if by chance a neutral mutation carries a hidden benefit, such as the ability to resist a fatal infection, things can change dramatically when the infection shows up for the first time

People lacking the mutation will have a greater chance of dying than people carrying it When the epidemic is over, the "population frequency" of the mutation will be higher than before Perhaps 10% to 20% of all people will carry it

Dr O'Brien, his NCI colleagues J Claiborne Stephens and Michael Dean, and their collaborators believe such a scenario explains the relative commonness of a mutation called CCR5-delta 32

The mutation occurs in the gene for CCR5, a receptor on the surface of immune system cells called macrophages The AIDS virus uses the CCR5 receptor as a molecular "docking bay", permitting it to land on, attach to and ultimately infect the cells

People devoid of the receptor (a condition that occurs when someone inherits the mutant gene from both parents) are essentially immune to HIV infection

Slightly more than 10% of whites of European origin carry the mutation It is most common among Swedes, 14% of whom have it But it becomes less common as one moves south and east from Northern Europe, and is absent in East Asians, Africans and American Indians – Washington Post

Employee HIV tests law proposed

(92) CT 13/5/98

ANDRE KOOPMAN

EMPLOYERS may be able to compel prospective employees to take an HIV test as the law is not clear on this issue, and legislation should be enacted to provide clarity, the South African Law Commission has recommended

In an interim report on aspects of the law relating to Aids, the commission said that while the Constitution, the Labour Relations Act and legislative inhibitions on unfair discrimination might seem to be sufficient to prevent "irrational pre-employment testing for HIV", the rights of prospective employees needed to be clarified, as they did not have "unqualified rights"

In the report presented to Justice Minister Dullah Omar yesterday, the commission said new legislation should be aimed at "maintaining otherwise healthy persons with HIV in productive employment", and "protecting the rights of persons with HIV in the workplace"

The commission said in a statement "Its review of comparable legal systems, together with a consideration of the current scientific knowledge and the ethical, social and economic issues, led the commission to conclude that legislative intervention is necessary"

The commission's proposals for principles to be considered in drafting legislation on pre-employment HIV testing, include

● Creating certainty and clarity on the legality of HIV testing as a specific form of discrimination in the employment relationship

● Banning testing where it constitutes unfair discrimination and an unfair labour practice

● Balancing the rights of HIV-infected people with those of employers

● Creating legislation that bans employment HIV testing "subject to permissible exceptions"

● Dealing "legislatively with both job applicants and existing employees to enable fair allocation of employee benefits"

While the commission initially aimed for the universal banning of pre-employment HIV testing, such legislation could not easily apply to the SA National Defence Force, the SA Secret Service and the National Intelligence Agency

The rights of prospective employees need to be clarified

A ban on HIV testing in the workplace should not be absolute, but should allow for exceptions where testing was allowed under legislation and in certain circumstances deemed to be fair and justifiable, the commission said

Justification for testing should be based on medical facts, employment conditions, social policy, the fair distribution of employee benefits and the inherent requirements of the particular job

But the commission said the burden of showing that HIV testing under specific circumstances was fair should rest with the employer

An impartial forum such as labour courts should be able to adjudicate whether HIV testing (or an application to authorise such testing) was fair and reasonable

"Judicial appeal procedures should be an integral part of a statutory ban"

Legislation should provide "a flexible standard to allow the law to develop in accordance with scientific knowledge, society's understanding of the epidemic, changing socio-political circumstances, and the possible emergence of new rationales for HIV testing in the work place," the commission said

A national policy on dealing with HIV/Aids at schools was also urgently needed to protect pupils with HIV from unfair discrimination

In the case of independent schools the commission recommended that MECs responsible for education should make compliance with the policy a condition on which registration of independent schools may be granted

The national policy should apply to preschool children as well

The commission said legislation should aim at a balance between those pupils who had Aids and those who did not

Standard precautionary measures to prevent HIV transmission, including instructions on basic hygiene, should be instituted

Shisana threatens legal action

JOVIAL RANTAO

HEALTH Director-General Olive Shisana, who has been the subject of allegations by Ministry of Health officials since reports on her impending dismissal from the government, has threatened to take legal action to clear her name.

Shisana said from Geneva, where she is attending a World Health Organisation conference with Health Minister Dr Nkosazana Zuma, that she had consulted her lawyers about lodging a civil case.

Senior officials, who have declined to be identified, have accused Shisana of colluding with "apartheid spies" to discredit Zuma politically.

The officials said she had "messed-up" the tender procedures in the run-up to the signing of the *Sarafina 2* contract

She has also been described as an ambitious official who has overstepped her authority on a number of occasions

The officials said Shisana was against the concept of community service for junior doctors and had tried to sabotage it

In a telephone interview yesterday Shisana rejected the allegations

Sources said Zuma, who returns to South Africa on Saturday, would not comment until the cabinet had discussed the matter

Sapa reports that Zuma said yesterday she would investigate the circumstances around claims that she planned to axe Shisana.

While not directly denying that she planned to fire Shisana, Zuma said she had noted with surprise the media speculation about "my attitude towards the continued employment of Dr Olive Shisana"

Shisana threatens legal action

Star 13/5/98 (92)

By Jovial Rantao
Political Correspondent

Cape Town – Health director-general Dr Olive Shisana, who has been the subject of malicious allegations from Ministry of Health officials since the leaking of her pending dismissal, has threatened to take legal action.

Shisana told The Star from Geneva, Switzerland, where she is attending a World Health Organisation conference with Health Minister Dr Nkosazana Zuma, that she has consulted her lawyers with a view to taking action

Senior health officials, who do not wish to be identified, have accused Shisana of colluding with "apartheid spies" to discredit Zuma politically

They said she had "messed-up" the tender procedures in the run-up to the signing of the *Sarafina 2* contract.

She has also been described as an ambitious official who has, on a number of occasions, overstepped her authority The officials said she was against the concept of community service for junior doctors and had attempted to sabotage the scheme.

In a telephone interview with The Star yesterday, Shisana rejected the allegations

"I have never colluded with anyone. My records will show I did my best to ensure that the regulations were followed before the *Sarafina 2* contract was signed The records will also show that a senior official who was guilty of irregularities was disciplined by the department.

"As far as community service is concerned, records and recorded interviews will show that I have always been a supporter of community service, but have insisted that conditions must be right before we send junior doctors into needy areas."

■ **Sapa** reports that Zuma intends investigating the circumstances surrounding claims in the media that she planned to dismiss Shisana.

While not directly denying the claims, Zuma said yesterday in a statement from Geneva that she had noted with surprise the media speculation "regarding my attitude towards the continued employment of Shisana"

"I wish to state categorically I have not discussed this matter with any officials in my ministry or department

"I will, however, on my return to the country, launch an investigation into the circumstances surrounding the media reports and recommend an appropriate course of action," she said

Call to ban forced HIV tests

Star 12/5/98 (92)

Aim is to block employers and schools discriminating against Aids sufferers

By Clive Sawyer
Independent Parliamentary Bureau

Legislation should be passed to ban pre-employment HIV testing, with strictly limited exceptions, and to prevent pupils from being excluded from schools because of their HIV status.

These are the recommendations of a Law Commission report handed to Minister of Justice Dullah Omar yesterday

The report noted that there was currently no specific ban in law on pre-employment testing for HIV, and no clarity on the circumstances in which an employer could require an employee to take an HIV test

While the current constitutional and legislative bans on unfair discrimination might seem enough to prevent "irrational" pre-employment HIV tests, neither the constitution nor the 1995 Labour Relations Act gave unqualified rights

The commission said the proposed ban on pre-employment HIV tests could be included in the Employment Equity Bill, or could be included in separate legislation

The commission said key principles in deciding its recommendation included the need to prohibit testing where it meant unfair discrimination and an unfair labour practice, and the need to balance the rights of people with HIV and those of employers

The commission said the ban on pre-employment HIV testing could not easily apply

'Employers must decide if it is fair'

to the national defence force, SA Secret Service and the National Intelligence Agency

A prohibition on HIV testing in the workplace should not be absolute but should allow for exemptions where testing was allowed by legislation, and in certain circumstances that were fair and justifiable

"Justification for testing should be based on medical facts, employment conditions, social policy, the fair distribution of employee benefits and the inherent requirements of the particular job"

It should be up to employers to show that HIV testing was fair, the commission said

An impartial forum, such as the Labour Court, should decide whether HIV testing, or an application to do HIV testing, was fair and justifiable

The Labour Court should be given wide powers in authorising testing for HIV. These would include issuing instructions about counselling and confidentiality, and information about medical facts, employment conditions, social policy, the inherent requirements of the job and the fair allocation of employment benefits.

In its draft national policy for HIV/Aids in schools, the commission said the rights of pupils without HIV had to be balanced with those of pupils with HIV.

The policy would apply to state schools and adherence to it would be a condition of registration for independent schools.

Governing bodies would be able to adopt a more specific HIV/Aids policy at school level "to give operational effect to the national policy"

School-level policy would "express the needs of individual schools and their communities with regard to their ethos and values" but would not be able to deviate from national policy

The commission said that while HIV status could not be used to justify barring a child from a school, special measures regarding pupils with HIV might be necessary

Pupils' right to privacy meant that where HIV-related information was disclosed to staff, this information could be divulged only with the informed consent of the pupil, above the age of 14 years, or in other cases that of the legal guardian

Universal precautions, such as wearing protective clothing when dealing with blood and body fluids, should be used by all schools to exclude the risk of transmission of HIV.

All pupils should be educated about HIV/Aids, sexuality and healthy lifestyles to protect themselves against HIV infection

Aggrieved Shisana fights back

(92)

By Ido Lekota

MINISTRY of Health director-general Dr Olive Shisana, whose career is rumoured to be on the line, intends suing senior government officials whom she has accused of running a campaign to discredit her in the wake of recent reports that she is about to lose her job

Speaking from Geneva in Switzerland yesterday, Shisana said her detractors were taking advantage of recent media reports that Health Minister Dr Nkosazana Zuma was about to fire her and were "waging a war of character assassination" to justify her departure

Shisana revealed that one of the allegations made against her was that she was colluding with apartheid-era spies in the ministry to undermine and discredit Zuma

"I find it unacceptable that such inaccurate claims can be made against me This is a well-orchestrated campaign which was to run while I am out of the country"

Shisana refused to name her detractors but indicated that she would seek legal advice

She said she could handle her reported imminent departure if it was based on her being incompetent

"But if there are faceless people discrediting me on the basis of unfounded allegations, I will definitely take legal action to fight such lies"

Before leaving for Geneva Shisana said she did not think that "anyone is indispensable"

"If my supervisor believes that it is time for a new head of department to take over, she simply has to redetermine my contract," she said

Recent media reports said that Zuma was about to drop a political bombshell by firing Shisana

So far Zuma has not denied or confirmed that Shisana will be fired

But reliable sources have said Zuma is only waiting for an opportunity to brief the Cabinet, which has to endorse Shisana's dismissal

Relations strained

According to sources, relations between the two women have been strained for some time because of differences on issues such as the implementation of the community health service by newly qualified doctors

Shisana was apparently not happy with the manner in which the scheme was to be implemented She felt the provinces and newly qualified doctors were not adequately consulted on the issue

However, according to the sources, what sealed Shisana's fate was her refusal to take full responsibility for the *Sarafina II* debacle – which cost the state R10,5 million

Last Thursday, when she appeared before the portfolio committee of public accounts, Shisana was supposed to have apologised and taken full responsibility as the accounting officer

Instead she told the committee that other senior officials should share the responsibility of allowing such an amount to be spent negligently

Meanwhile, Zuma said last night she would investigate the circumstances surrounding claims that she planned to axe Shisana, reports Sapa

While not directly denying that she planned to fire Shisana, Zuma said in a brief statement from Geneva that she had noted with surprise the media speculation "regarding my attitude towards the continued employment of Dr Olive Shisana"

"I wish to state categorically that I have not discussed this matter with any of the officials in my ministry or department

"I will, however, on my return to the country, launch an investigation into the circumstances surrounding the recent media reports and recommend an appropriate course of action, given the impact of these developments on the functioning of the department," Zuma said

CAPE ARGUS, **THURSDAY**, MAY 14, 1998

Tough law aims to add punch to crime fight

ARG 14/5/98

Kahn welcomes new legislation

(92) (2nd)

GLYNNIS UNDERHILL
SPECIAL WRITER

A person who knows he has Aids or the HIV virus and commits rape could now face life imprisonment, according to a tough new law.

The far-reaching legislation contained in the Criminal Law Amendment Act prescribes minimum sentences for various crimes, and came into effect this month

Cape Attorney-General Frank Kahn yesterday hailed the legislation as an effort by the Government to curb crime and restore public confidence in the criminal justice system

The legislation prescribes a sentence of life imprisonment for a rapist if the victim is a girl under the age of 16, or a physically disabled or mentally ill woman

Murder when it is planned or premeditated will also result in a prescribed sentence of imprisonment for life

If a law enforcement officer is murdered, the penalty will be life imprisonment

This also applies to the murder of an officer of the National Intelligence Agency or the South African Secret Service or a member of the Department of Correctional Services.

The murder of a person who has given or was to give evidence on certain crimes or in criminal proceedings in court also carries life imprisonment as a penalty

If the death of a person is caused by someone attempting or committing rape or robbery with aggravating circumstances, life imprisonment can be imposed

Minimum sentences are also prescribed for drug trafficking offences These include jail terms from 15 to 25 years, depending on whether the accused is a first, second or third-time offender.

The possession of an automatic or semi-automatic gun, explosive or armament also carries a prescribed sentence, similar to those for drug trafficking

Mr Kahn said the Government was making a concerted effort to restore public confidence in the criminal justice system by prescribing minimum sentences for certain crimes

The sentences would act as a real deterrent to criminals, he said

The new legislation covered a much broader spectrum and sent out a strong message to criminals

The legislation showed Parliament was serious in its fight against crime, Mr Kahn said.

Prescribed minimum sentences would be much more effective than the death sentence, which had applied only to a small percentage of cases involving violence, he said.

OLIVE SHISANA

In the shadow of Sarafina 2

Somebody has to face the music

Health Minister Nkosazana Zuma's purported plan to axe her fiery director-general Olive Shisana over *Sarafina 2* — two years after the Public Protector's report into the debacle — is yet another false move in a comedy of errors

Shisana's refusal to take full responsibility for the botched Aids musical before parliament's public accounts committee has apparently outraged the Minister It was Zuma's last chance before the elections to dissociate herself from the R10,5m mistake, but Shisana refused to take the rap

Though Public Protector Selby Baqwa's 1996 report did not blame Zuma for *Sarafina 2*, the issue has haunted the Minister and swung public perceptions against her

In his report, Baqwa criticised Shisana for failing to formalise verbal agreements between herself and playwright Mbongeni Ngema that forced the department to pay the play's infrastructural costs

However, the final blame was not laid at her door Baqwa levelled charges of misconduct at two senior officials, Hugo Badenhorst and J C Angelo, whom he found had connived to get Ngema's R14,27m tender accepted They had acted on their own with unknown motives and had deliberately misled Shisana into believing that the correct tender procedures had been followed

Zuma is refusing to confirm or deny reports that she is reviewing Shisana's contract, which expires in 2000 Her spokesman says this would require Cabinet approval and clarification will be given after her return from Geneva this weekend

Shisana's brother, Pretoria University professor Themba Sono, is bitter about the way she is being treated and is demanding an explanation from government

"I've been saying to her since January last year, watch your back When the time comes to look for scapegoats, you'll be one of them But she is not willing to accept responsibility for things she's been against all along

"Closer to the elections there will be a lot of opposition politicians who will be critical of the way Zuma is running the department and there needs to be a fall guy," says Sono

The Freedom Front, National Party and Democratic Party all accuse Zuma of attempting to duck responsibility for *Sarafina 2* and of making Shisana the scapegoat

Though Baqwa's report does not directly implicate Zuma, she possibly gave Ngema an unfair advantage by holding advance discussions with him about the concept of an Aids play — the playwright's initial cost estimate for the project was R800 000

In contrast to treatment given to Ngema, the Windybrow Centre for the Arts was invited to tender a mere 24 hours before the deadline and so failed to participate The only other company invited to tender, Opera Africa, came in at R600 000

Observers say if Zuma really believed Shisana was inept, she could have fired her two years ago, after Baqwa's report

Even the Health Department's fiercest critics have only praise for Shisana's efficiency "She has always been efficient and competent, hardworking and brainy," says Pharmaceutical Manufacturers' Association CEO Mirryena Deeb "It's a great loss as few others can work at her pace"

Hospital Association of SA executive director Anette van der Merwe says Shisana was always friendly, reasonable, accessible and efficient "Above all, she always tried to be fair and to take decisions that were in the best interests of health care"

Representative Association of Medical Schemes executive director Declan Brennan always found Shisana straight, honest, approachable and willing to listen

Shisana obtained her PhD at Johns Hopkins University in 1984 She was Zuma's special adviser before being appointed Health DG on May 1 1994 Her relationship with Zuma has always been stormy

Claire Bisseker

RESERVE BANK INVESTIGATION

Bankorp ghost haunts Stals

The Reserve Bank's credibility is a vital factor in SA's ability to attract international capital That is why government has appointed the Heath special investigations unit to look into whether "improper loans" were made to Bankorp by the central bank between 1985 and 1995

"An inquiry will allow for allegations that such loans were improper to be properly investigated rather than being dealt with through the media," says a Justice Ministry representative

Judge Willem Heath, head of the inquiry, says "the matter will enjoy the highest priority"

Since 1992, the Bank has been under attack for its 1990 loan of R1,5bn to Bankorp, now part of the Absa group It was charged interest of only 1% Bankorp invested R1,1bn of this in government stock and R400m at the Reserve Bank, at 16% The interest differential of 15% created income of R225m/year for five years, or R1,1bn

The rationale for the rescue was that the collapse of Bankorp would have seriously damaged the banking system And the reason given subsequently by Reserve Bank Governor Chris Stals for the secrecy at the time was that publicity could have sparked a run on the bank, putting rescue out of reach

Details of the rescue package were finally revealed by Stals in 1996, in an inquiry into the liquidation of the Tollgate group, which owed Absa a substantial sum

Heath's investigation should finally lay the matter to rest It will determine whether proceedings should be instituted before a special tribunal "against any persons or institutions"

The probe by nine multidisciplinary teams is already under way "Various interviews have already been conducted and we have studied a large number of documents," says Heath

The unit will be able to call on "experts on banking issues and in particular on the so-called life boat"

If a decision is made to take the matter further, "we should be able to commence with the hearing (before a special tribunal) within three months"

In that tribunal, a civil action would be brought by the "special investigating unit, as one of the plaintiffs, against one or more defendants, for recovery of the money," says Heath

The Heath unit was established last April to root out government corruption and recover misappropriated State assets Its mandate has subsequently been extended

The latest extension includes the investigation of the theft of pharmaceutical products at the Department of Health, the theft of pension money at the Department of Welfare, maladministration in the former Bisho audit office and malpractices in the former Ciskei Defence Force

Ethel Hazelhurst

No brakes on Aids holocaust

Mark Heywood

At the beginning of March 1998, the Minister of Health released the results of the 1997 survey of HIV infection among women attending ante-natal clinics in South Africa The survey revealed that a staggering 16% of women are already infected with HIV In KwaZulu-Natal, one in four ante-natal attendees are estimated to have HIV Nationally, nearly three million South Africans have HIV or Aids

Minister of Health Dr Nkosazana Zuma told Parliament that South Africa now has the fastest growing HIV epidemic in the world She did not explain why there is still no serious mobilisation to prevent it

How, concerned observers might ask, would the government of the United States or Germany respond if close to 20% of its labour force had a terminal illness? Or if more than 15% of women of child-bearing age were living with a virus that is a risk to themselves and their children?

What are the implications of this fact for labour productivity, the health services and the most cherished ideals of the new South Africa the rights to equality and life?

When an inexplicable illness that caused Acquired Immune Deficiency Syndrome (Aids) was first reported in the United States in the early 1980s, the initial response of public and private institutions was to stay silent and then to release a wave of prejudice against those believed to be the "carriers" — gay men Countering this required a huge movement led by the gay and lesbian community, which eventually, in the words of *The Economist*, also "helped to mobilise a massive scientific campaign against Aids"

Aids activists such as Larry Kramer succeeded in catalysing a public response that reflected outrage and shock at seeing young, mainly white, men die in their 20s and 30s — in a society where, for the middle-class, a life expectancy stretching into the 70s had become a norm Angry protests were held Names and histories were attached to those who died Candles were lit Quilts were sewn

It is ironic that in South Africa, which not long ago expressed its outrage at the lost human potential of countless victims of apartheid, there is no equivalent anger about Aids

Why? Perhaps the answer is in our history and, if we are to galvanise a response, needs to be better understood

Apartheid lasted for so long because most white people, particularly the rich and politically powerful, developed a callous disregard for black life and potential African life was considered dispensable, less valuable, more hurtable but less hurting, somewhat animal

As John Pilger has argued, apartheid may have ended, but that indifference certainly has not. It has simply spread to the relative handful of black people who now have hands on the reins of power and affluence

This attitude extends far beyond South Africa It probably originates in the colonial attitude that life in "the tropics" was dispensable Not too much has changed when you consider President BillClinton's African visit during which he heralded the "African renaissance" while making no public mention of the huge social problem presented by HIV infection?

There is a degree of continuity between the obliviousness of captains of the Chamber of Mines to the effect of the migrant labour system on their workforce and their obliviousness to the effects of Aids In the past, those dying of tuberculosis or silicosis, or irredeemably crippled in accidents, were shunted off to the rural areas The same is happening again

In 1986 mining was the first industry to begin to calculate the possible impact of Aids on its business Twelve years later, one large mine (unnameable) reports 100 Aids-related deaths a month Mine bosses and trade union leaders mirror each others' silence on this tragedy

One mine, 100 deaths no comment We might be forgiven for thinking that public expressions of loss about Aids-related deaths are reserved for white people The stigma and discrimination around HIV and Aids seem now to be as socially disabling as apartheid Look at it this way in each newly HIV-infected person there is a potential Hector Peterson, Steven Biko, Solomon Mahlangu To each life lost, or blighted, there is a history, a family, a story

Ironically, medical breakthroughs in the developed world and a decline in Aids-related mortality have added to our problems Among the first cadre of Aids activists, particularly in North America, there is a sense that the battle is over There is little solidarity with the more than 22-million Africans infected with HIV Of course, there are many social and scientific factors inhibiting the emergence of an effective response to Aids in South Africa But the first thing that needs to change is the mindset of the rich and powerful If the value the upper classes (black and white) attach to their own lives could be extended to the poor, we'd be halfway there

Then, at least, we could act on what we know From Uganda we know that visible political commitment at the highest level creates greater awareness and consciousness about the reality of HIV From science we know there are interventions (routine in the US and Europe for several years) that can make the risk of mother to child transmission of HIV almost negligible We know that active prevention of discrimination encourages greater openness about HIV infection

I have a courageous friend A modern black woman with modern aspirations and a new South African's zest for life. She is living with HIV — most times positively, but in her quieter times, less so Two years ago, her 2-year-old daughter died of Aids A death unreported, but of a kind increasingly common among adults and children all over South Africa

I am reminded of Charles Dickens's indignation at the rich classes' callous indifference to the loss of poor people's lives This is how he lamented the death of Joe, the street sweeper "Dead, your majesty Dead, my lords and gentlemen Dead, right reverends and wrong reverends of every order Dead men and women born with heavenly compassion in your hearts And dying thus around us every day!"

Such indignation and a little bit of outrage would be apt today

Mark Heywood is project head at the Centre for Applied Legal Studies' Aids Law Project

M+G 15 - 21/5/98 (92)

SA in tainted blood

(92) Star 16/5/98 Scandal

By JACKIE CAMERON

A key player in South Africa's blood industry is at the centre of an international money-for-blood-products scandal uncovered in Austria.

Austrian officials shut down a human blood products factory after samples tested positive for HIV and hepatitis-C – and have documentary evidence that some of the tainted blood plasma came from Zimbabwe and Namibia. They have received information that some plasma is likely to have come from a South African blood bank.

At least five Austrians, including two medical doctors, are expected to appear in court later this year in connection with the illegal importation of plasma, and the illegal processing of blood products into human medicinal products which were destined for China and India

It is illegal for Austrian firms to import any blood or blood products from southern Africa because of the high incidence of HIV in the region. The company allegedly had a licence to manufacture blood products only for diagnostic use – not for human medicinal purposes.

Austrian police have named Mike Archer, a former marketing manager at Durban's blood bank, as a key figure in the scandal.

Archer is a broker who sources blood products for international pharmaceutical companies and finds markets for blood banks, and is a former marketing director of KwaZulu Natal's blood transfusion service He claimed this week that he was still an "unpaid consultant" for a number of local transfusion services

Austrian state prosecutor Dr Dietmar Gutmayer said a company called Albovina went bankrupt last year following a police raid. Health department officials discovered HIV and hepatitis-C-infected blood products in a freezer in Vienna following a tipoff from company employees.

Gutmayer said blood had been shipped and airfreighted from various countries, through various companies, before being processed in Austria and being sent on, in a circuitous route, to market countries.

The Austrians have alerted World Health Organisation officials and governments of all countries involved in the scandal – including South Africa.

"We have not heard that anyone has come to any harm as a result of the illegal manufacturing of these products," an Austrian ministry of health official (whose identity must be protected) said.

"Laboratory tests proved the plasma came from southern Africa, but could not pinpoint the origin to specific countries. Documentary evidence narrows the countries down to Zimbabwe and Namibia.

"People we have interviewed in the course of this investigation have told us that some of the plasma may have come from a bank in Durban."

Documents in the possession of the *Saturday Star* confirm that Archer was involved in supplying human plasma – under the name of an offshore company – from Zimbabwe and Namibia to Austria, via Switzerland.

Archer spoke to the *Saturday Star* at his Kya Sands, Randburg, office. He denied involvement in exporting South African blood to Europe. "This plasma categorically did not come from South Africa." He said it came from Namibia and Zimbabwe.

"The plasma was shipped directly from those countries. I put the deals together. When I was at the (Durban) blood bank I helped them to convert from the whole-blood regime to the red-blood-concentrate regime."

"I'm a middleman. I source diagnostic materials, but I don't touch them. I put the supplier in contact with the buyer. Those four plasma shipments (discussed in the documents) are the only ones. That's the only time I've been involved in exporting plasma."

> *'It goes so much against the grain of what we try to do ...'*

SA Department of Health spokesman Maurice Conradie said he had interviewed Archer and was satisfied that he had not exported blood plasma and that the South African blood transfusion services were in no way implicated.

But Professor Anton Heyns, s National Blood Transfusion Council spokesman, said: "We are going to look into this. It goes so much against the grain of what we are trying to do. We are so reliant on the goodwill of donors."

The head of Namibia's blood transfusion service, Dr Kej Seidel, who Archer names in his documents to Albovina as a contact, said: "All our plasma goes to South Africa for processing Our excess plasma goes to the KwaZulu Natal blood transfusion services. We have never sent plasma overseas. We have sent out serum, but only for diagnostic purposes Serum would be labelled accordingly. There is no way you can confuse serum and plasma. They are completely different products."

She was "shocked" that her organisation, and herself, had been implicated in the international blood scandal in anyway.

An angry Dennis Connolly, general manager of the Zimbabwe Blood Transfusion Service, was also contacted by the *Saturday Star*

When asked whether his service had sent plasma disguised as originating from another country, Connolly said "officially we haven't".

He refused to discuss the matter further and, before slamming down the phone, said. "I don't enjoy this, and I don't intend talking about it."

About 950 000 South Africans donated blood to local transfusion services last year.

POLLY NOSE BEST: To demonstrate how easy it is to communicate – attempted to get Polly talking. But Polly, the scarlet macaw, plainly was

Getting to the bottom of the Go

By PAUL OLIVIER

The problem was fundamental and stemmed from the latest government budget cuts – and proved to be one of the unkindest cuts of all.

Officials at the offices of Cape Town's Department of Home Affairs recently ran out of toilet paper and, while the lack of toilet paper cannot be strictly affairs", officials were most important commodity

Employees at 120 Plein S themselves in a tight spot straints affected their most

But at the department's was all a matter of paper – o

Eight cops arrested after armed robbery goes horribly wrong

By CLAUDIA MPETA

Nine out of a gang of 10, including eight police officials, several in uniform, were arrested after a shootout with a special police task force at an Eikenhof food canning warehouse, south of Johannesburg, yesterday.

Police spokesman Superintendent Chris Wilken said 40 shots were fired during the gunfight. Among those arrested was a female sergeant based at Hillbrow. Three others were policemen from Johannesburg Central police station.

There is confusion over what happened, but Wilken said the police had staked out the premises after a tipoff. The owner of the premises said his son had called the police.

Witnesses said one of the uniformed robbers was wounded. Wilken said no one had been injured.

The warehouse owner said eight men and two women arrived at 2pm saying they were from the VAT office. They claimed that the business was operating without proper VAT registration.

"My son, watching on the closed-circuit television, became suspicious and called the police task force," said the owner.

The task force arrived within five minutes and, according to witnesses, guns blazed when the task force broke down the door to the office where the employees and the owner were being held.

Two of the suspects managed to escape. Mondeor police arrested one of them later.

Wilken said only four of the arrested men were in police uniform. The owner said "all eight" were in uniform. Sapa reports the man who escaped is suspected to have the stolen cash.

All is not well in the health department's war of words

Pat Sidley and Josey Ballenger investigate the apparent animosity between Nkosazana Zuma and the health department's director-general

(92) BD 18/9/98

"I HAVE a bottle of champagne in the fridge — but I won't open it until she's well and truly gone", says one of Olive Shisana's band of detractors in the health sector

Whether this critic gets to drink his champagne is still open to doubt In spite of reports early last week that Health Minister Nkosazana Dlamini Zuma was about to fire her director-general, Shisana remains in her job, at least for the time being

Officials close to Shisana said over the weekend that the director-general had no inkling she was about to be fired Zuma has so far declined either to confirm or deny the press reports

Those waiting to pop the champagne corks may also wish to reflect on the controversial director-general's achievements and the widespread support she enjoys outside her department

Shisana responded to her critics over the weekend by noting that "it has been extremely difficult to manage transition We had to build a team within the department This was from the cleaners to experts in their fields "

Few would deny that Shisana has made enemies since she arrived at the health department as an adviser in July 1994 She is accused of sidelining some people who could have made a real contribution, and of trampling on their professional reputations

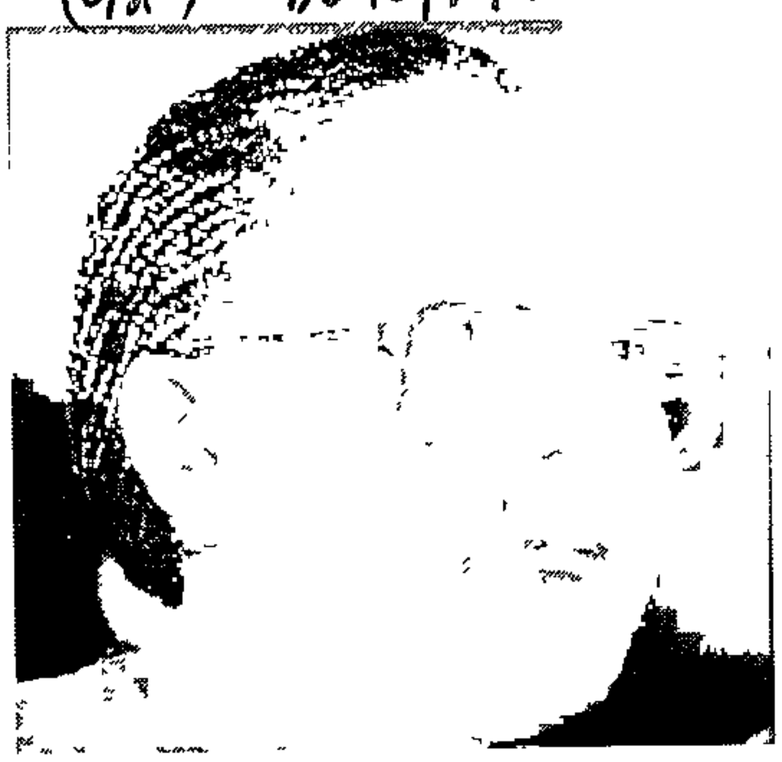
Her detractors also point to her refusal to share the blame, along with the minister, for the department's mistakes, notably the costly anti-AIDS musical Sarafina 2 They say her policies have yielded few tangible results, for instance, in improvement in hospital services and a dearth of new legislation, with the notable exception of the controversial drug bills

Shisana acknowledges some problems "We had to re-evaluate our AIDS programme after four years, and it was found lacking," she says

She defends her achievements, such as the implementation of free health services for mothers and their children, a nutritional feeding scheme and rationalisation of drug use in hospitals She says plans are at an advanced stage to give hospitals more authority over their budgets.

Nevertheless, Shisana has won support through immensely hard work, and warm and supportive personal relationships with many of her staff

Some senior officials have threatened to reassess their own positions if their boss is fired She regularly writes congratulatory notes to staff who have done well



SHISANA

Allen Herman, dean of the new public health school at Medunsa, a Shisana project, says "Shisana has taken a bankrupt system where cronyism of the worst kind existed — where criminal neglect of the majority of the population's health was the order of the day — and she has turned it around Olive can be even more stubborn than most people I know — she's bright, she's capable, and she's committed "

NEWS MAKER

According to Irwin Friedman, executive director of the National Progressive Primary Health Care Network, Shisana, is "a very bright lady, very courageous, has a tremendous intellect, and is determined She's got good insight into how health systems work "

One of Shisana's problems may be that her minister enjoys Deputy President Thabo Mbeki's unwavering support

Shisana (she's in her late 40s, but will not say exactly) hails originally from the rural Northern Province Her family was forcibly removed when she was a teenager from their ancestral land at Makotopong, near Pietersburg

She studied clinical psychology in SA before moving to the US in the mid-1970s She has a PhD in epidemiology from Johns Hopkins University in Baltimore and worked for the local government's public health department

To her critics, her time in the US was something of a "luxury posting", compared with the harsh conditions endured by many other exiles in African countries

Shisana was considered an outsider when she arrived at the department of health

Health experts in academia, non-governmental organisations (NGOs) and the private sector are not surprised by the tension between Zuma and Shisana

Zuma is said to have come close to firing her director-general a year ago, and Shisana is known to have sought legal advice to justify some of her actions, especially concerning Sarafina 2 Outsiders say Zuma's and Shisana's strong personalities are conducive to conflict Herman notes "If you put two strong people in the same room, you're going to see the cart being pulled in two different directions Both of them are very strong-willed women who are goal-oriented "

Herman says that if Zuma and Shisana "have made some missteps, I can forgive them, because the larger picture (transformation of health) is happening " But some outsiders say tension between Zuma and Shisana has taken them by surprise However, friction between the two has been bubbling beneath the surface for some time, and the health department has been riven by controversies over Sarafina 2, the Medicines Control Council and experimental AIDS drug Virodene, among others

Calmer waters appeared to have returned, until last week's reports of Shisana's imminent dismissal reawakened the sour atmosphere Shisana's supporters are blaming officials in Zuma's office for the deterioration

Zuma and Shisana were due to arrive in Cape Town yesterday after a week-long World Health Organisation meeting in Geneva The director-general was none the wiser on what fate awaited her

CANDLELIGHT SERVICE: Health director general Olive Shisana (right) lights a candle at an Aids memorial service yesterday attended by about 250 people, including Africa's first gay and lesbian choir

PICTURE: KIM LUDBROOK

I'm still the director-general — Shisana

JUDITH SOAL (93)
HEALTH WRITER
CT 18/5/98

"I AM still the director-general of health — as far as I know," Dr Olive Shisana said last night

Shisana, who flew home from Geneva yesterday morning, was the keynote speaker at an Aids memorial service in Guguletu in the afternoon, where she and her husband were warmly greeted by health workers, Aids activists and people living with the disease.

It was widely reported last week that Health Minister Dr Nkosazana Zuma was about to fire Shisana, ostensibly because she had failed to take responsibility for the irregularities surrounding the Aids play *Sarafina 2* Sources close to the two have said the relationship between them had been deteriorating for years

"Zuma would chastise Shisana openly at meetings with the provinces," said one insider, who asked not to be named. "If Olive (Shisana) would make a proposal, Zuma would say 'Well, that's just your personal opinion, but we are going to do it like this' "

Shisana said that Zuma had not told her she was about to be fired, and refused to comment on her relationship with her superior "I have never spoken publicly about that, it is a personal relationship."

Asked if she could continue working with Zuma, Shisana said "I have always been able to get down and do the job, from day one And I will continue to do it the best that I can, regardless of the circumstances.

"You see the needs are so great, health care cannot be sacrificed because the environment is not conducive," Shisana said

Shisana had not decided whether to oppose any bid to fire her. "I will cross that bridge when I get there, in the meantime I will carry on as usual."

The health ministry has tried to quell speculation about Shisana's future, but Zuma has not denied that she intends replacing the official who is supposed to be her right-hand administrator She has said she will investigate how the rumours reached the press.

Paper fined for tobacco ad

CLIVE SAWYER
POLITICAL CORRESPONDENT

Only one complaint laid against a company for allegedly failing to conform to regulations on tobacco advertising has resulted in a conviction.

This was disclosed in the National Assembly by Health Minister Nkosazana Zuma in reply to questions by Ken Andrew of the Democratic Party.

Four individuals had laid complaints, Dr Zuma said.

However, the Department of Health had taken no action for alleged failure of companies to conform to the regulations. The only successful charge was against a newspaper, which was fined R500.

Outstanding complaints included an alleged violation by the owner of a building in Main Road, Rondebosch, which displays two large neon advertisements for a brand of cigarettes.

In a separate question, Ruth Rabinowitz of the Inkatha Freedom Party asked whether Dr Zuma would consider allowing brief courses of the medicine AZT for HIV-positive mothers before the birth of their babies

Recent research had shown that a brief course of AZT contributed significantly to the prevention of HIV being transferred from mother to baby during the birth.

Dr Zuma said the matter was under discussion.

Speed wobble for new law on municipal police forces

CLIVE SAWYER
POLITICAL CORRESPONDENT

Legislation allowing municipalities to set up police agencies, which has come under fire because councils doubt they have the money to implement it, is to be delayed.

Safety and Security Minister Sydney Mufamadi initially asked Parliament to ensure the legislation was approved by the end of next month.

But the bill is now expected to go through Parliament only by August.

The urgency of approving the bill by the end of June was to allow municipalities to take account of the legislation when drafting budgets for their new financial year, which starts in July.

The bill provides for municipal police services to be in charge of traffic policing, by-laws and crime prevention.

In spite of the delay, councils have been told to go ahead with planning for spending on municipal services, provided they believe they have the money and other resources to do so.

"We guarantee there will be a bill empowering them to do so by about August, at the latest September," said Mohseen Moosa, chairman of the National Council of Provinces committee on security and justice

The bill was discussed at a joint meeting of the NCOP and National Assembly committees on safety and security yesterday.

The SA Local Government Association told the NCOP meeting that it supported the principles of the bill. National Assembly safety and security head Rapu Molekane said there would have to be clarity about the allegiance of municipal police to the Government.

PAC, DP come out in support of Olive Shisana

(92) BD 23/5/98

Josey Ballenger

HEALTH director-general Olive Shisana has found an unexpected ally in opposition parties, which are calling on Health Minister Nkosazana Zuma to provide clarity on Shisana's fate and are accusing Zuma of "axing whoever doesn't agree with her"

The Pan Africanist Congress (PAC) and the Democratic Party have submitted questions for Zuma to answer before Parliament next Wednesday

MP Mike Muendane, the PAC's national spokesman, said the party "insisted on a verbal response"

Zuma's spokesman, Vincent Hlongwane, said the minister had been "very clear" that she would not comment on the subject until a departmental investigation had been completed

PROGRAMME COULD SAVE 18 000 BABIES A YEAR

Drug plan for HIV mums

CT 22/5/98 (92)

A DRUG that halves the chance of an HIV-positive mother passing the virus to her child could soon be available to all pregnant women. Health Writer **JUDITH SOAL** reports.

THE Western Cape plans to provide a course of anti-Aids drugs to pregnant women with HIV, saving 750 babies' lives every year The programme will save almost 18 000 lives if it is implemented nationally

The provincial health department will meet tomorrow to discuss the programme, which includes voluntary Aids tests for all pregnant women, a short course of the anti-Aids drug Zidovudine (AZT) and baby formula to replace breast milk. It is estimated that one in five pregnant women in South Africa is HIV-positive

"We want to implement the programme as soon as possible," said Fareed Abdullah, chief director in charge of health services

"We are looking at the costs, and the plan is to start in the areas with the highest prevalence "

A recent analysis of the cost of the programme shows that it is significantly cheaper than caring for children with HIV until they die

UCT's Child Health Unit, which conducted the analysis, says implementing the programme would cost the province between R7,18m and R12,177m a year The savings on in-patient treatment alone for the 750 children who would not become HIV-positive, would be between R16,2m and R30,4m

"Clearly, the benefits outweigh the costs — even in economic terms," said the unit's George McGillivray

Abdullah said the health department would meet the pharmaceutical company Glaxo Wellcome next month

"The patent for AZT will expire in the next year or so, and then the price will go down dramatically. We are going to ask Glaxo to give us a free supply until then or to supply the drug at a reduced cost "

Sources say the national health ministry will discuss starting the programme next week

The Chris Hani Baragwanath hospital in Soweto is running a trial on the treatment, but results of a recent study in Thailand provide sufficient proof of its effectiveness Women who took AZT — none of whom breastfed her baby — were half as likely to pass the virus on to their children as women who did not

Other developing countries have provided Aids treatment for years. We can't afford not to

The results of that study were released in February, and Aids activists have accused the South African government of dragging its heels at the expense of young lives

"Other developing countries, like Thailand, have been providing treatment for years now And South Africa is in a much better position to afford it We can't afford not to," said Gary Lamont of the organisation Wola Nani

Ashraf Grimwood, a doctor who works with people with Aids, agreed. "Treating children with HIV is one of the most traumatic things any of us have had to do We have very little to offer "

Lamont said that providing the treatment in a few provinces would not be enough

"If they don't implement this programme nationally, we are going to form a political party to contest the next election "

Sadly, Lamont has a growing pool of potential voters It is estimated that 1 500 South Africans a day are infected with the virus that causes Aids

WELCOME HOME: A minibus taxi arrives at Nazareth House to deliver a group of HIV-positive children to their new care giver, Sister Margaret Over half of these children would not face a life with HIV and Aids if their mothers had been treated with AZT during pregnancy *PICTURE GARTH STEAD*

Sarafina inquiry recovers millions

(92) ARLT 23/5/98

Luxury vehicles and musical equipment to be sold to compensate for losses

GLYNNIS UNDERHILL

Luxury vehicles and musical equipment worth millions of rands have been recovered by the Heath Special Investigating Unit in its ground-breaking investigation into the *Sarafina 2* scandal

"The Government is in the process of arranging for the sale of the vehicles and equipment to recover some of its losses," said Mr Justice William Heath, head of the unit

Judge Heath said he and his team would question three witnesses, who he declined to name, in Cape Town on Monday Five witnesses had already been quizzed in Durban, he said

"I do not exclude the possibility that we might call Health Minister Nkosazana Zuma but it will depend on the progress we make and the evidence given We will then decide whether it is necessary to ask her questions," said Judge Heath

President Mandela authorised the independent unit a month ago to investigate the irregularities around the play, including contracts signed with playwright Mbongeni Ngema

The unit has resolved long-running disputes with Ngema's company, Committed Artists, over the ownership of the vehicles and musical equipment The vehicles, which are being stored at the Department of Transport in Durban, include a luxury bus, a truck and a top model BMW, valued at a total of R4-million, said Judge Heath

Olive Shisana, the health department's director-general, played a prominent role in requesting the intervention of the unit, he said

The Weekend Argus reported last week that Dr Zuma was poised to fire Dr Shisana, a claim that was later denied

Last year Dr Shisana was slammed in a report by the Public Protector, Selby Baqwa, who accused her of gross maladministration over the *Sarafina 2* debacle

When contacted for comment this week, Dr Shisana played down her role in requesting the intervention of the investigating unit

Dr Shisana said she had followed the recommendations of the KwaZulu Natal attorney-general's office

"The matter had been with the police for a long time and things had not been resolved It was the recommendation of the attorney-general's office, who could find no evidence of criminal wrongdoing, that we do civil investigations," she said

As an accounting officer with the health department, she was required by law to call in the police when she noticed irregularities

Dr Shisana refused to discuss whether her job was on the line The Heath Commission is studying her submission to Parliament's public accounts committee, which highlights the lack of management controls at the health department

In the report she presented, Dr Shisana said she believed the play had been conceptualised by Dr Zuma before her appointment as director-general

"When appointed, as I previously informed this committee, there was not a single file left in my new office by the previous director-general, no financial management committee and no financial manager, no internal audit unit, no audit committee, a tender committee that was too junior and a legal unit that was too weak All these were crucial to good management These were the conditions under which the play was conceived "

A newspaper report claimed Government sources had said that, in an effort to avoid political embarrassment, Dr Zuma told Dr Shisana to accept full responsibility for *Sarafina 2* and to apologise to Parliament's public accounts committee

However, when Dr Shisana presented her submission to the committee, she showed that senior officials were to blame for the many irregularities

The investigating unit has to determine whether the contract signed with Committed Artists is valid or whether further money can be recovered Allegations have been made that gema received tender specifications for the lucrative contract before he applied for it

"The important question is whether the contract was signed without authorisation," said Judge Heath

Irregularities include the alleged unauthorised expenditure of R10,5-million of European Union funds The outstanding amount, after the vehicles and equipment had been sold off, would be about R6-million, the judge said

As a result of the huge public and parliamentary outcry over the scandal, Dr Zuma was forced to cancel Ngema's contract

Meanwhile, Judge Heath said the police investigation into criminal matters involving *Sarafina 2* would proceed He said the unit was trying to complete its investigation as soon as possible as the case was a matter of public interest

Sarafina probe claws R4-m from Ngema

(92)

Special unit notches up success in Aids play investigation

Star 27th/98

By GLYNNIS UNDERHILL

The Heath Special Investigating Unit has recovered millions of rands worth of luxury vehicles and musical equipment in its groundbreaking probe into the *Sarafina 2* scandal

"The Government is in the process of arranging for the sale of these assets to recover some of its losses," said Judge William Heath, head of the unit

Judge Heath said he and members of his team would question three witnesses, whom he declined to name, in Cape Town on Monday

Five witnesses, served notices to appear before the unit, were quizzed in Durban this week, he said

"I do not exclude the possibility that we might call Health Minister Nkosazana Zuma, but it will depend on the progress we make and the evidence which is given"

A month ago, President Mandela authorised the unit to investigate the irregularities surrounding the Aids play, including contracts signed with playwright Mbongeni Ngema, creator of *Sarafina 2*.

The unit resolved long-running disputes over the ownership of the vehicles and musical equipment with Committed Artists, a company run by Ngema

The vehicles, stored at the Department of Transport in Durban, included a luxury bus, a truck and a top model BMW, valued at a total of about R4-million, Judge Heath said

The Health Department's director-general, Olive Shisana, played a prominent role in requesting the intervention of the unit, he said

Shisana made headline news last week after it was reported that Zuma was poised to fire her, a claim which was later denied Last year, Shisana was slammed in a report by Public Protector Selby Baqwa, who accused her of gross maladministration over the *Sarafina 2* debacle.

When contacted for comment, Shisana said she had followed the recommendations of the KwaZulu Natal attorney-general's office. "The matter had been with the police for a long time and things had not been resolved It was then recommended we conduct civil investigations."

As an accounting officer with the Department of Health, she was required by law to call in the police when she noticed there were irregularities, Shisana added.

She refused to discuss whether her job was on the line.

The Heath Commission is studying her damning submission to Parliament's public accounts committee, which highlights the lack of management controls at the Department of Health

In her report presented this month, Shisana said she believed the Aids play had been conceptualised by Zuma before her (Shisana's) appointment

"When appointed, as I previously informed this committee, there was not a single file left in my new office by the previous director-general.

"(There was) no financial management committee and no financial manager, no internal audit unit, no audit committee, a tender committee that was too junior and a legal unit that was too weak All these were crucial to good management These were the conditions under which the play was conceived"

A newspaper report claimed government sources had said that Zuma, in an attempt to avoid political embarrassment, had told Shisana to accept full responsibility and to apologise to Parliament's public accounts committee

However, when Shisana presented her submission to the committee, she showed instead that senior officials were to blame for the many irregularities.

The investigating unit has been tasked to determine whether the contract signed with Committed Artists was valid or whether further money could be recovered.

Allegations have been made that Ngema received tender specifications for the lucrative contract before he applied for it

Irregularities of expenditure over the *Sarafina 2* debacle included the alleged unauthorised spending of several millions of European Union funds

As a result of the public and parliamentary outcry over the scandal, Zuma was forced to cancel Ngema's contract with the Health Department.

Oxytherapy – the new panacea?

Star 23/5/98

Experiments uncovered by *Saturday Star* after muscular dystrophy patient claimed to be cured (92)

Not only is "research" into oxytherapy being conducted on the sly in South Africa, but a private Johannesburg clinic is seeking approval to use controversial oxytherapy treatment – banned in the US – on Aids patients

A doctor at the Selbypark Medical Centre, owned by RMH Hospital Ltd, has applied to the Medicines Control Council (MCC) for permission to use a machine which effectively oxygenates blood She believes it could be an effective treatment for Aids

Hospital managing director Jimmy Carroll confirmed this week that one of his doctors, Lavinia Claussen, had applied to use a polyatomic apheresis machine on Aids patients at the private hospital

Carroll said "I'm not really prepared to comment at the moment. I can't deny that we want to conduct oxytherapy We are expecting approval from the MCC shortly It is highly illegal to use this machine at the moment"

When asked if his hospital would use the equipment for research or treatment, Carroll said "It's a bit of both We have not yet bought the machine, and don't intend doing so until we have been approved"

Carroll said he hoped to patent a polyatomic aphaeresis machine If the application to the MCC is successful, he believes, it would be a breakthrough for the country and the world "South Africa will be first to get this medically recognised"

He said it would be an expensive treatment but that it "could become available at an affordable rate"

Carroll said Claussen had done lots of research on oxytherapy but denied that she had already tried it out informally

Later Carroll said "This technology was brought to our attention in

Reports by JACKIE CAMERON and HEATHER HOGAN

January As a specialist referral hospital to the mining industry, we refuse to participate in any procedure which does not have the consent of the relevant authorities

"This is not a technique developed in South Africa. Ozone has been used for over 30 years in Germany and is also used in other countries to treat certain medical conditions

"There is a wealth of anecdotal experience with its use to treat a variety of infectious diseases The time has come to begin considering ozone as we would any other promising anti-infective agent and carefully assess its potential."

Carroll said results of trials would be submitted to a medical journal for publication once his hospital received the go-ahead to conduct clinical research

Shawn Stewart (who runs the oxytherapy clinic) said he was concerned that the private clinic would have exclusive rights to treat people and that this treatment would be accessible only to the affluent

"We have not attempted to get our treatment approved by the Government because we are scared we will be stopped, just as the Virodene scientists were stopped in their tracks

"We want this treatment to be accessible to everyone who needs it, and not just people who have money." Stewart added he had recently treated four patients for free.

Stewart's clinic was uncovered by the *Saturday Star* after a muscular dystrophy sufferer claimed she had received a "miracle cure" at his clinic. Another complained she had fallen ill after the same treatment.

Stewart said. "We were planning to operate openly after we had conducted treatment and compiled results, of about 1 000 patients We wanted to appeal to officials on the strength of our results"

Former enemy turns to Winnie to promote the treatment

A former security policemen once tasked with discrediting Winnie Madikizela-Mandela has turned to his former foe for help in gaining credibility for the controversial oxytherapy Aids treatment

Paul Erasmus, a master of police disinformation who blew the whistle on police dirty tricks, said this week that he had turned to God and was doing everything he could to help the downtrodden

Erasmus, who lives off a disability pension, said he became interested in Stewart's oxytherapy clinic after it emerged that Stewart was under "covert surveillance" and had received veiled threats from a businessman

"I was counselling people, from alcoholics to post-traumatic stress disorder sufferers, and was doing charity work for children in disadvantaged communities when I came across Shawn Stewart and the clinic. I am still doing missionary work," he said, stroking his beard

"I have been helping Shawn He's afraid. I want to protect him I'm not getting paid for this. I believe in his work and will do everything I can to help him continue with it.

"I didn't believe in this treatment initially. I thought it might be a scam But I have seen things in this clinic that I have only read about in the Bible

"I went to see a lot of politicians about this work, which I believe is very positive But no one wanted to believe me Then I went to Mrs Madikizela-Mandela because she has guts – and the commitment to fight for the underdog

"When I first told her about this, she thought I had gone off my head But she gave me the benefit of the doubt, and took time out of her very busy schedule to visit the clinic.

"She has visited several times, including with three top doctors When Shawn got scared and wanted to leave the country, after being threatened, Mama came back to me and urged me, in the interests of the country, not to let him leave

"She has undertaken to take up the cudgels, politically at least, to give this thing a chance She told me she has approached Dr Nkosazana Zuma, and that Zuma is extremely

MIRACLE WORKERS?: Oxytherapy guru Shawn Stewart and Paul Erasmus (right)

'It's impossible and highly dangerous'

"What these people are claiming to do is impossible," according to a Johannesburg anaesthetist.

"How on earth do they get the gases into the bloodstream through a drip? You can't inject any form of oxygen into the veins; it would cause an air bubble, and the second it hit the brain it would either cause severe brain damage or kill the person," he added.

Oxytherapist Shawn Stewart assured us repeatedly that this method would not cause air embolisms and that patients would be safe.

However, a pharmacist argued: "Oxygen and ozone are both very poisonous in high concentrations. Oxygen is a very strong oxidising agent. If you add oxygen to hydrogen in the right proportions you can get an explosive; that's basically how they fuel spaceships. If you put a piece of metal in liquid oxygen it rusts within a couple of minutes. It's very, very dangerous stuff. Hydrogen peroxide in high concentrations is rocket fuel, it's acidic. There's no way you can mix it with blood; it doesn't make sense.

"If you drink hydrogen peroxide, it's like drinking diluted swimming pool acid; you're going to burn your stomach lining and the lining of your throat; and it's not going to absorb into your body anyway, it's just going to do liver damage, kidney damage, etc. It might not happen immediately if you take it in small doses but it will happen eventually. You can use it on external wounds like leg ulcers so long as you use small quantities and for a short while, but it's definitely not for internal use."

Whichever way one looks at it, medical opinion seems to differ considerably on the topic, with some saying that under certain circumstances it could be possible, however unlikely, and others saying it is impossible Whatever one's own views are, it's hard to deny the fact that some patients are getting well.

'Simple and effective', but not for Chris Barnard

What does the controversial oxytherapy treatment involve?

Oxytherapy has been around for decades, but its followers say it has been suppressed due to its simplicity and effectiveness

It was invented and patented by an American who was in jail for several years – supposedly because of his miraculous discovery

The polyatomic apherisis machine, and its predecessor, the ozone therapy machine, are complicated medical instruments being used to treat and allegedly kill viruses and bacteria causing harm in the body

As Stewart explained "What the ozone therapy machine does is convert nitrogen-free medical oxygen into ozone by running it past an electrical charge.

"Between 100ml to 600ml of the patient's blood is extracted and mixed with the ozone in a drip bag which is gently shaken until the desired effect is achieved. The blood becomes hyperoxygenated"

During that time, the virus in the blood has been destroyed because viruses cannot survive in oxygen-rich environments The treated blood is then administered back into the patient through a drip

More advanced

"The wonderful thing is that it not only kills the virus but stimulates the antibodies which were created to fight the virus and which are usually left behind."

The polyatomic apherisis machine contains new technology and is far more advanced than previous models, says Stewart.

Another treatment used at the clinic consists of hydrogen peroxide which is mixed in minute quantities into a saline drip and then infused into the blood over a period of three to five hours

In addition to these machines, there are other forms of oxytherapy There are also eyedrops, creams and eardrops in this treatment programme which come in various strengths and contain different amounts of oxygen

Patients undergoing therapy are encouraged to follow a health-conscious diet to detoxify their bodies and keep them that way

'Miracle' that two patients say saved them from death's door

Can claims made by Shawn Stewart and his controversial clinic team be substantiated?

The *Saturday Star* retested two of Stewart's HIV-infected patients, whom he claimed had "significantly better" virus counts since undergoing oxytherapy They requested that their real names be withheld

Paula and Mike both had low CD4 (viral infection) counts to begin with – according to independent laboratory tests conducted at the time of their diagnosis

Saturday Star on Thursday

Paula is a 31-year-old mother of two She was diagnosed with HIV in 1994 when she applied for an insurance policy Paula underwent various treatments for four years to try to slow the inevitable, but she progressively got worse. By the time she went to Stewart in February this year she was so ill that she had to be carried into the clinic

One doctor told Stewart confidentially. "If she lives a week it'll be a miracle."

awful, I had thrush, piles, herpes and various other sexually transmitted diseases I was in terrible pain – basically I was almost dead" Her CD4 count was 165 (dangerously low) when tested before the controversial treatment.

Three weeks after starting treatment, in her own words, "I was able to drive myself to the clinic".

But her Thursday test showed a CD4 count of 79 – dangerously low

Paula now weighs 50kg and looks very healthy "I'm picking up weight much stronger

Mike, 29 years old, was diagnosed with Aids in 1995 "I believed nothing cured Aids; now I believe that I will be cured In the beginning I was very depressed. I had had quite a few sexual partners and that was how I had been infected," he says.

"I tried counselling at first, but found it too depressing, so I stopped I was given medication to slow the process but that didn't help either Shawn said he could cure me, and at first I didn't want to go. I didn't

of two, has been treated by Stewart for three months now. She was originally diagnosed with multiple sclerosis 10 years ago. Her first symptoms were unbearable pins and needles in her wrists and hands Doctors diagnosed carpal tunnel syndrome, a condition they said was caused by too much typing. They sent her to a surgeon, who informed her she did not have CTS and promptly sent her for a scan

Sarah was shattered when the doctor told her what was really wrong

like to visit the clinic," he said

"We are in a position to proceed with treatment immediately – and I would welcome inquiries"

Erasmus can be contacted at 082-8826400

the patient is very ill The higher the CD4 count, the better the patient.

An ideal CD4 count would be between 1 000 and 1 500, but 800 would still be very good

Both patients were retested by the

Paula: "When I first went to the clinic, my veins had collapsed, I was suffering with diarrhoea, I had fevers and my bladder felt tight – it was hard to relieve myself I weighed 44kg, my skin tone and colour were

ly natural diet and I'm in no pain I'm a different person" She still has a mild case of herpes, which comes and goes, but her CD4 count, retested at the *Saturday Star's* insistence, is down to 79 She says she feels

ily talked me into it – and look at me now

"I was very bad. I had swelling between my legs, sores that wouldn't heal, the tip of my penis was very sore whenever I passed urine and I had terribly sweaty palms My sinus condition was so bad that it would just run out uncontrollably My skin looked terrible I had dark rings around my eyes, crusts on my feet that no cream seemed to help, and I looked like an old man.

"Everybody kept asking 'What's wrong with you? You look so tired!' but I didn't tell them, I couldn't

"It was terribly painful. I had tongue lesions (a condition associated with an approximate CD4 count of less than 350) that made it hard for me to eat or swallow I love food but I ended up living on soup My knees and ankles were weak, I had asthma It was terrible"

He says the treatment has changed his life "My chest problems are gone and I often go jogging My weight picked up from 52 to 93kg – so much so that I had to lose weight because I was getting chubby Now I weigh 85kg I have a steady job. My CD4 count was 350."

The Thursday tests, conducted at an independent laboratory, showed Mike's CD4 count after oxytherapy was 476 – a significant improvement.

Both Mike and Paula will be retested next week to make absolutely certain of their results

"I'm a new man and I'm very positive. I've noticed with other patients that the positive ones seem to recover before the negative ones. I owe Shawn everything and he doesn't charge me a cent."

Sarah, a 43-year-old mother

Doctors prescribed Prozac, a strong antidepressant, but nothing helped. Before she knew it, Sarah was battling to take four or five steps, and she couldn't get out of bed by herself. Then she had a stroke Half her face went dead but, luckily, cortisone treatment brought that right Two years later she had her second stroke She couldn't talk or write, had trouble seeing, and was confined to a wheelchair

This time the cortisone did not help John, Sarah's husband, runs his own TV repair business It was through one of his customers that he first heard of Stewart's clinic Sarah started going for treatment after giving up her hospital medication. She is now walking almost unaided and can drive again She says the change is unbelievable, and she thanks Stewart for this

Not that she didn't go through her fair share of trials, After two months of treatment she had a relapse, during which she was completely paralysed for two days Sarah did not complain – Stewart had warned her it would happen, saying it was called a "crisis period" Part of the healing process apparently involves setbacks that your body must overcome before it can move on These can involve skin eruptions, nausea, fatigue, diarrhoea, boils, bleeding and colds According to Sarah, not all patients have seen their "crisis period" as a blessing The oxytherapy brochure states "One woman experienced sudden severe nose bleeding with the elimination of two large blood clots from her right nostril She can now breathe through the nostril for the first time in years Another person had bleeding from the mouth when he spat up huge amounts of mucus Another had rectal bleeding as his haemorrhoids reduced. These are natural cleansing processes, and they will be of short duration as you continue the programme. Don't be misled by a healing crisis, thinking it's bad – rather be grateful for it. It is the necessary price to pay for the recovery of your precious health."

[illegible] time. Only distilled water may be drunk, and red meat must be avoided.

Many people drink 35% food-grade hydrogen peroxide in very small doses to fight arthritis and other minor ailments Readers are, however, cautioned not to try this without first consulting their doctors as it may be harmful

There are several oxytherapy treatment centres around the world and various groups trying to promote it as an alternative treatment.

Desperate

In a document retrieved off the Internet, one oxytherapy advancement group names Professor Chris Barnard as an oxytherapy supporter, claiming he uses it to reduce arthritis and ageing

When contacted, Barnard denied this, stating he had been approached by a group of people trying to promote oxytherapy 11 years ago when he was working in Oklahoma They gave him samples of hydrogen peroxide to drink, saying it would help his arthritis

Barnard said "I was desperate, but I only used their product for a week when I became ill and was forced to go to hospital I underwent a thorough examination which revealed I not only had gastritis but anaemia as well, in addition to which the lining of my stomach was raw, which was causing me to bleed The hydrogen peroxide was named as the cause"

Stewart has every confidence that he and his group could eradicate Aids in South Africa within five years if given the proper support from the Government.

According to Stewart he has two doctors working for him as well as several nurses The charge is R220 per treatment. "We don't have many patients, which is why we're expensive. If we had more patients we could afford to be cheaper."

He admits there is "bad" information on the Internet regarding oxytherapy, but contends that any "joker" could tamper with it

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Overwhelming changes in the world of telecommunications have been brought about by new demands for services, a new regulatory environment and new technologies South Africa is at the forefront of telecommunications technology today due to the extensive rollout programmes of its telecoms operators

John Pitout, managing director of Alcatel Altech Telecoms, the Boksburg-based leader in the South African telecoms industry, says AAT is at present installing in South Africa some of the latest technolgies in access, switching, transmission and mobile communications

"In many cases our technologies are ahead of so-called developed nations," he says

Telkom's programme to rollout 2,8 million new lines over a five year period is well under way and beginning to bear fruit in many of South Africa's underdeveloped areas "With our well-established local capabilities and our important connection to world-class technologies through Alcatel, we have been fortunate to benefit from Telkom's programme with large offers for cost-effective, proven reliability, DECT wireless access systems," says Pitout

"To date, the prime technology for subscriber connection has been two-wire copper, either in the form overhead and underground cable, or in the form of open-wire systems, for rural subscribers Various types of Frequency Division Multiplex (FDM) equipment have been utilised to increase the number of simultaneous subscribers which could be handled on such copper systems However, as the demand has increased for a larger and faster rollout of the Telkom network, so other technologies have had to be considered," he says

According to Pitout, the combination of Digital Enhanced Cordless Telecommunications (DECT), in conjunction with long established Time Division Multiplex/Time Division Multiple Access (TDM/TDMA), is the well justified choice of Telkom for its wireless local loop rollout of over 400 000 subscribers

"These are mature technologies, operating respectively in the 1,8 and 2,4 GHz bands, and have been proven in international markets many times over," he says

"The DECT standard can provide access to any type of network and is able to support a variety of services including telephony, fax, modem, e-mail, Internet X25 and many others The roadmap for this technology includes full evolution towards broadband access in the near future"

He says although the distances defined in the DECT standard for connection are up to five kilometres, Alcatel has improved on that and could now achieve a distance of up to 15 km On the point to multipoint part of the link where the TDM/TDMA technology was used, typical distances used in the 2,4GHz band were up to 35 km Thus, for rural applications, where up to 16 repeaters may be used, the distance from the controller to the subscriber could be more than 500 km

Pitout says DECT and TDM/TDMA are relatively easy technologies to plan and there are well established tools to do that

"International experience with some of the other available access technologies indicates that it is necessary for the planner to have extensive training in power management, frequency re-use and forward error rates in order to optimise network designs," he says

"In future we can expect to expand a new type access technology in the form of satellite access via Alacatel's Skybridge broadband access satellite system This is planned to start providing users with a wide range of multimedia services which will be optimised for highly interactive, real-time applications such as high-speed Internet access, video-conferencing and video-telephony" He says other services will include entertainment, telecommuting and LAN interconnection

"Skybridge users will be provided with connections to local services and broadband or narrowband networks with data rates of from 16kb/s up to 60Mb/s on the downlinks, and between 4kb/s and 6Mb/s on the uplinks The service is planned to be available from the end of 2001"

To illustrate the extent of the technology involved in the Skybridge system, he says a constellation of 64 satellites would be used in a circular low earth orbit

"A novel system architecture will be utilised to avoid causing interference with existing geostationary satellites and terrestrial microwave links by stopping transmission when an interfering situation arises, but still providing service via another satellite in the Skybridge constellation which is not in an interfering position"

Pitout says in contrast to the past, the most modern technologies are, and will continue to be available in Africa, to meet the continent's most pressing telecommunications needs

Alacatel products are marketed, manufactured, installed and supported in Southern Africa by Alcatel Altech Telecoms, a joint venture between Alcatel, one of the world's leading telecommunications equipment suppliers, Altech, the South Africa based electronics giant, and The Rethabile Group, one of South Africa's fastest growing black empowerment companies

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Winnie and the Aids cure clinic

(92) Star 23/5/98

Patients volunteer for untested treatment

By JACKIE CAMERON and HEATHER HOGAN

Winnie Madikizela-Mandela has personally witnessed highly controversial "miracle treatments" carried out on volunteer HIV-infected patients at a secret and unregistered Johannesburg clinic – and given the procedures her tacit stamp of approval.

And she disclosed this week that the Health Minister, Dr Nkosazana Zuma, has been informed and would also visit the establishment, where procedures banned in the United States and most European countries are carried out.

The clinic has been covertly operating for several months using human volunteers as guinea-pigs and claims a high success rate in the treatment of Aids and other deadly diseases.

But, unknown to Madikizela-Mandela, at least one patient, suffering from lupus and treated at the unregistered clinic, had to be rushed to a city hospital's emergency room after severe bleeding a few weeks ago Four pints of blood saved her life.

Prominent private-practice South African doctors accompanied Madikizela-Mandela on her visits They also witnessed the procedures.

Even stranger is the fact that Madikizela-Mandela has given the group running the "experimental" clinic – including an ex-Security Branch policeman – her stamp of approval.

The secretive clinic group is engaged in a running battle with two established medical specialists, working in conjunction with an established private clinic, who have already asked the Medicines Control Council for approval to carry out legitimate tests on the controversial procedure – known as oxytherapy, or polyatomic apheresis.

Madikizela-Mandela is believed to be helping those running the illegal clinic to gain government approval for their procedures – before the established medical specialists "hijack" the techniques and the specialist machinery used in the "miracle cures"

Winnie: Let's work together

There are allegations that highly trained ex-security policemen have been engaged in industrial espionage and covert bugging of the clinic and those running it.

The ANC Women's League president has appealed to medical and government officials not to write off oxytherapy as a treatment for Aids until it has been thoroughly subjected to scientific scrutiny.

"We don't want these people to be discouraged, but we also don't want them to go ahead if it is scientifically wrong. We don't want people to be harmed in any way

"As the president of the ANC Women's League, as a member of Parliament and as a fellow South African, speaking broadly, we would welcome any clinically proven measure to fight Aids," Madikizela-Mandela told the *Saturday Star*.

"I went to the clinic to establish whether there was any validity to their claims."

■ To Page 2

Winnie and the 'miracle' Aids treatment clinic

Star 23/5/98

■ From Page 1

"I took along with me three doctors – Jackie Mpafudi, Kgosi Letlate and Mveleli Gqwede They were all extremely impressed."

She then spoke to Zuma before she went overseas. "She is extremely interested We were all really worried about the fate of Virodene. We didn't want to be associated with anything that could go wrong Dr Zuma said she will visit the clinic

"We've lost so many friends and cadres to Aids. Every weekend we are burying people who have got this disease. We don't seem to have any control over Aids at all. This whole thing will wipe out nations"

The term "oxytherapy" does not mean much to most people, but to the patients of the Genesis Research Centre, it means hope. Based in the south of Johannesburg, the clinic is run by ordained evangelist Shawn Stewart.

The clinic offers an alternative treatment that Stewart confidently claims will eventually render 95% of all medicines redundant.

According to Stewart, they have Aids beaten 95%, HIV beaten 100% and, as he says, "I just love lupus, we can beat it every time"

Madikizela-Mandela sang his praises "He is an honest young man, so committed and dedicated. He is not doing this for money."

Stewart claims a consortium of business people are trying to "hijack" the medical procedures for personal financial gain and that he was offered substantial financial incentives to hand over the technology.

But the offer was refused because Stewart – who has dedicated his life to helping the underprivileged – wants the procedures to be available to all of South Africa's people, including those who cannot afford treatment because of the steep medical charges for treating Aids and many other illnesses.

And the story gets more intriguing when one interviews the volunteer patients who have been secretly visiting the clinic for treatment.

■ See Page 6

ame clo
dispute

Medicines council to probe 'AIDS clinic'

(92)

Josey Ballenger

THE Medicines Control Council is investigating a clinic south of Johannesburg that has been practising oxytherapy — a controversial procedure involving the "oxygenation" of blood — without approval on AIDS, muscular dystrophy and other patients

Oxytherapy, or polyatomic apheresis, has been banned in the US and several European countries, although it is apparently legal in Germany and some other countries BD 26/5/98

The Saturday Star reported that Genesis Research Centre's manager Shawn Stewart had not sought approval from government for human trials because he feared being stopped "just as the (unapproved AIDS-drug) Virodene scientists were" Council chairman Dr Helen Rees said Stewart and fellow "oxytherapist" Paul Erasmus had called to say the clinic was "keen to work with the council"

The Gauteng health department said "We recognise Mr Stewart's commitment to relieving suffering but feel we must warn the public of the risks involved in his semi-clandestine use of dangerous substances " Dr Liz Floyd, the department's director of AIDS and communicable diseases, said "people are a bit desperate to find a more accessible cure but they may be underestimating the complexity of work on (viruses) and also why we have scientific steps"

Health Minister Nkosazana Zuma's spokesman, Vincent Hlongwane, said Zuma was unaware of the clinic

CAPE ARGUS, **TUESDAY**, MAY 26, 1998

KwaZulu faces mass HIV test (92)

PARLIAMENTARY BUREAU
ARG 26/5/98

The KwaZulu-Natal health ministry is finalising preparations for a research survey to determine the number of workers infected with HIV/AIDS in the province.

Health MEC Dr Zweli Mkhize said the purpose was to ascertain the potential of HIV/AIDS to disrupt employment

Cosatu and employer bodies are being consulted to draw up parameters for the survey, which will be conducted by the virology department of the University of Natal in Durban.

Saliva tests were chosen because of ease of sample collection "The results will be kept confidential and will have no implications for the employees," the ministry said

Dr Mkhize said people undergoing the tests would not be informed of the results

If they wanted to know they would have to go through the normal procedure of blood tests and counselling. He said the release of the news of such a "sensitive" survey was unfortunate since it was still in its planning stages and would cause unnecessary fears

Go to the right sources for all Aids advice

(92)

Beware untested methods, says Floyd

Star 26/5/98

By Fikile-Ntsikelelo Moya

People suffering from incurable diseases like Aids or its precursor HIV should consult with their local clinics where they would get expert opinion on available treatment before rushing to unproven healers, the Gauteng health department director for Aids and communicable diseases, Dr Liz Floyd, said yesterday.

She was commenting on the news reports that Shawn Stewart's Genesis Research Centre is treating Aids and HIV patients, as well as other conditions, with untested methods

The location of the centre is being kept secret.

Floyd could not say whether Stewart's actions were illegal or how they flouted ethical considerations because Stewart was not a doctor

Commending The Star's sister newspaper the Saturday Star for highlighting the "semi-clandestine" research centre, Floyd cautioned that the reported dramatic improvements on patients at the centre were nothing new

"People working in the field of HIV/Aids will tell you that it is not unusual to see patients make amazing temporary recoveries like those described in the Saturday Star

"With loving care, good nutrition and effective ways to knock out infections (like pneumonia and tuberculosis), many extremely ill Aids patients gain a new lease on life," said Floyd. But she added that this was only a temporary relief.

"Significant improvement in the wellbeing of patients unfortunately does not necessarily mean a cure"

She said they recognised Stewart's commitment to relieving the suffering of those who have HIV and Aids, but criticised the fact that both the clinic's location and the methods used was kept secret.

"People don't go and do things just because they think it is a good idea

"The public needs to understand that medicines and methods do not go into treatment without rigorous research and a lot of peer review."

The Saturday Star reported that one of the forms of oxytherapy practised at the Gemini Centre involves "nothing more or less" than pumping diluted bleach into the body using an intravenous drip

Floyd said the bleach reportedly used as part of the therapy was usually used by people attempting suicide and even then it seldom killed them.

Her department would meet sometime this week to discuss what steps they would recommend to the Medical Control Council in relation to the clinic.

Zuma says support for Virodene was justified

Vuyo Mvoko (92) BD 28/5/98

CAPE TOWN — Health Minister Nkosazana Zuma insisted in Parliament yesterday that she had thrown her weight behind the research into the controversial AIDS drug Virodene only "because I took AIDS seriously"

"I did not go out to say there was a cure for AIDS," Zuma said

She was addressing the National Assembly during an interpolation debate in which she was accused of ignoring AIDS drug research by a Stellenbosch University research team

Zuma said her support for Virodene came after researchers approached her for funding The only reason the issue had gone to cabinet was that only cabinet could authorise the funds

Democratic Party MP Bukelwa Mbulawa said Zuma was playing with people's lives or hopes. "Being HIV-positive does not mean you can be used as a guinea pig

"Does the minister really have an interest in addressing HIV/AIDS or is it an interest dependant on financial implications or gain?" Mbulawa asked

"Why is the Stellenbosch research not followed? Is it for the same reason the minister has shown for disbanding the Medicines Control Council, so that she can control the new authority?"

The real issue was "the government's suspect involvement in support for an untested and possibly worthless drug" More genuine research efforts had suffered, and the real losers were those who suffered from AIDS

Zuma responded that the DP had become a "question factory" after having "sat in this parliament for years without saying anything about AIDS"

Zuma the one who should go, say

Minister told to take responsibility for own errors

(92) ARG 29/5/98

CLIVE SAWYER
POLITICAL CORRESPONDENT

Opposition parties say Health Minister Nkosazana Zuma should have been the one to go instead of her director-general, Olive Shisana.

The announcement by the Health Ministry that Dr Shisana's contract was to be renegotiated was greeted with indignation by the opposition

National Party health spokesperson Kobus Gous said "To veil this development in the cloak of 'renegotiations of contract' and to shift the responsibility for this action on to the media is a weak attempt to try and hide the obvious tension that exists between Dr Zuma and Dr Shisana"

It was clear Dr Zuma was looking for a convenient scapegoat for the *Sarafina 2* scandal and numerous other wrongdoings which had thrown the Department of Health into chaos

"If the Minister of Health wants to do the honourable thing, she should take full responsibility for her errors and actions herself and resign," Dr Gous said

Ben van der Walt of the Freedom Front said Dr Zuma's decision was a clear indication that she was trying to escape responsibility for *Sarafina 2*

"In the light of the *Sarafina 2* debacle, the Virodene incident, the violation of patent rights and Dr Zuma's stubborn refusal to listen to advice, it would be more appropriate for Dr Zuma to resign"

Mike Ellis of the Democratic Party said Dr Shisana had been handpicked by Dr Zuma and was known to be hard working, enthusiastic, always well briefed and – unlike Dr Zuma – conscientious in her handling of queries

"Although, unfortunately for health care in South Africa, she shared Dr Zuma's ideological views, she was at least prepared to stand up to her minister from time to time Will the next appointee be a more malleable lackey?" Mr Ellis said

It was far more important that there be continuity in the administration of a department than in its political control In the past year South Africa had lost its directors-general of housing, minerals and energy and public enterprises, but not a single minister had gone, although there were several who richly deserved to do so, Mr Ellis said

Inkatha Freedom Party health spokesman Ruth Rabinowitz said her party felt it was "most unfortunate" that Dr Shisana was being dismissed

"She was a woman of substantial intellect, strong character, and she did her job well," Dr Rabinowitz said

She would rather have seen Dr Shisana stay and Dr Zuma go

The Health Ministry statement confirmed that Dr Shisana's five-year contract, due to expire in 2000, was to be renegotiated The terms of her departure, including the package she would receive, would be handled by the Public Service Department.

The decision came after "an assessment of recent media developments and the impact they have had on the functioning of the department", the statement said

Speculation that Dr Shisana was to be axed began shortly after the director-general, in hearings on *Sarafina 2* before Parliament's public accounts committee, declined to take responsibility for the scandal The groundwork for *Sarafina 2* was laid by Dr Zuma before Dr Shisana was appointed, according to Dr Shisana's evidence to the committee

See page 8

opposition and keep Shisana

CAPE TIMES
FRIDAY, MAY 29, 1998

HEALTH DEPT OPEN SECRET CONFIRMED

Zuma to go ahead and fire Shisana

(9a) CT 29/5/98

OLIVE SHISANA was 'a voice of reason in the health department and it is of concern to think of minister Zuma left unchecked', says the IFP's health spokesperson.

HEALTH Minister Nkosazana Zuma is to replace her director-general, Olive Shisana, health ministry spokesperson Vincent Hlongwane said yesterday

Shisana's impending dismissal made headlines more than two weeks ago, after Zuma contacted senior officials in the government about the procedure for dismissing her accounting officer and what her financial package would be

Zuma initially declined to deny or confirm the reports However, after Wednesday's cabinet meeting — where the matter was apparently discussed — the health ministry yesterday finally issued a statement confirming what had been an open secret Shisana was on her way out

It referred euphemistically to an agreement between the two women to "renegotiate" Shisana's employment contract Her five-year contract would have expired in the year 2000

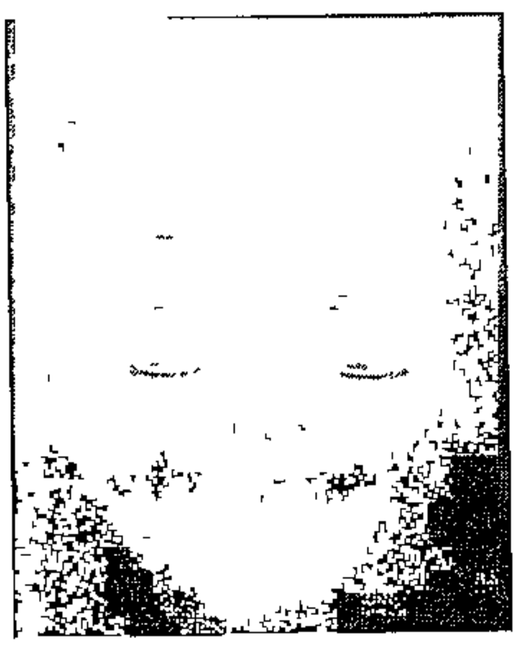
The terms of Shisana's departure, including the package she will receive, will be handled by the public service department

The decision followed "an assessment of recent media developments and the impact they have had on the functioning of the department", the statement said

The Democratic Party's Mike Ellis said Shisana was handpicked by Zuma, and was known for being hardworking, enthusiastic, always well-briefed and — unlike the minister — conscientious in her handling of queries.

Although Shisana had shared Zuma's ideological views, she was at least prepared to stand up to her minister from time to time

"Will the next appointee be a more malleable lackey?"



SCAPEGOAT? Olive Shisana

Ellis said it was far more important that there be continuity in the administration of a department than in its political control

"Over the past year South Africa has lost its heads of housing, welfare, mineral and energy affairs, and public enterprises, yet not a single cabinet minister has lost his or her job, although there are several who richly deserve to do so"

This was a backwards way of doing things, Ellis said

"We need fewer departmental upheavals and more cabinet reshuffles, starting preferably with Dr Zuma"

Inkatha Freedom Party health spokesperson Ruth Rabinowitz said her party felt it was "most unfortunate" that Shisana was being dismissed.

"She was a woman of substantial intellect, strong character, and she did her job well," she said

"She was a voice of reason in the health department and it is of concern to think of minister Zuma left unchecked

"In view of all the controversy that keeps building up around her, surely she has overstayed her welcome"

Rabinowitz said she would rather have seen Shisana stay and Zuma go

According to news reports earlier this month, Zuma and Shisana's relationship had been souring for years

Zuma was apparently angered by Shisana's refusal to take full responsibility for the scandal over the *Sarafina 2* Aids play, which cost the state R14,2 million

It was reported that Zuma also blamed Shisana for the disappearance of a file, supposed to have been sent to President Nelson Mandela, for him to sign and promulgate regulations under controversial legislation permitting parallel imports of cheap drugs

The missing file delayed the promulgation and left a gap for pharmaceutical companies to obtain a High Court interdict, preventing the law from being implemented

Zuma has increasingly relied on her deputy director-general, Aynada Ntsaluba, who with Johannesburg chief executive Dr Nicky Padayachee, has been tipped to replace Shisana

In his reaction, National Party health spokesperson Kobus Gous said "To veil this development in the cloak of 'renegotiations of a contract' and to shift the responsibility for this action onto the media is a weak attempt to try to hide the obvious tension that exists between minister Zuma and Dr Shisana"

It was clear Zuma was looking for a convenient scapegoat for her *Sarafina 2* scandal and numerous other wrongdoings that had thrown the health department into "the chaos we see today"

Zuma should do the honourable thing and resign — Sapa

Zuma gives Shisana the boot

CT 29/5/98

(92)

HEALTH MINISTER Nkosazana Zuma has fired Olive Shisana, the woman she handpicked three years ago to help her implement the government's bold health programme.

Zuma announced yesterday that Shisana's contract, which still has two years outstanding, would be re-negotiated. The Department of Health yesterday said the decision to review the contract — a diplomatic word for a dismissal — was based on an assessment of recent media developments and the impact they had had on the functioning of the department.

OLIVE SHISANA

Zuma and Shisana had agreed to review the employment contract and the matter would now be handled by Public Service and Administration Minister Zola Skweyiya and his director-general Paseka Ncholo.

President Nelson Mandela said he would only comment on the matter once he had been briefed by Zuma.

● See Page 7

Shisana asked to leave — sources

(92) BD 29/5/98

Stephen Laufer, David Greybe and Pat Sidley

HEALTH director-general Olive Shisana will leave the department prematurely, ending weeks of speculation over her future.

A health ministry statement did not make it clear whether Shisana was fired by Health Minister Nkosazana Zuma or had resigned. The statement was issued after a cabinet meeting, where the matter was discussed.

Sources said Shisana had been asked to leave. Zuma had told her that they were incompatible.

Shisana refused to comment when contacted in Cape Town yesterday.

Zuma and Shisana had agreed to "renegotiate the latter's contract of employment," ministerial spokesman Vincent Hlongwane said in a brief statement. He was not available for comment or to explain when Shisana would leave the department, nor who would succeed her.

The matter had been referred to the public service department, Hlongwane's statement said. This euphemism has been used previously to indicate that a severance package is being negotiated.

Apparently trying to shift the focus away from the Zuma-Shisana relationship, the health ministry's statement said the decision followed "an assessment of recent media developments and the impact they have had on the functioning of the department".

Senior departmental staff were called to an emergency meeting yesterday afternoon to be told by deputy director-general Louis Harmse of Shisana's imminent departure. Sources said Harmse had acted at Shisana's request because she wanted to ensure that staff did not hear the story first from the media.

Staff members who attended the meeting were reluctant to disclose details of what was said. They had been asked not to talk to the media.

One source said Zuma had been "the aggressor in the relationship".

Sources said Shisana had been eased out after a meeting with Zuma a few days ago during which the two failed to resolve deep differences. Any

Continued on Page 2

Shisana

(92) BD 29/5/98

Continued from Page 1

compatibility which had existed between the two had disappeared and a working relationship no longer existed.

Suggestions that Shisana's departure was linked to disagreements over the handling of the Sarafina II debacle abounded. Shisana was due to appear at a closed session on Sarafina II of the Heath special investigating unit on fraud, corruption, and maladministration involving public funds and state assets last Monday and Tuesday, but postponed the meeting through her lawyer. She is now scheduled to appear late next month. The Heath unit is expected to have public hearings on Sarafina II by early July.

The health department's other deputy director-general, Ayanda Ntsaluba, is widely tipped to succeed Shisana. He is highly regarded by departmental staff, but has so far expressed reluctance to take the job.

Suspect treatment still being dispensed despite ban

Star 30/5/98 (92)

By JACKIE CAMERON

A Johannesburg doctor and an evangelist involved in administering controversial treatment to Aids sufferers were continuing to treat patients this week, defying an order from the Medicines Control Council (MCC) to cease their operation immediately

Hundreds of Aids sufferers allegedly contacted the Genesis Research Centre in Rosettenville for help this week following *Saturday Star* reports which revealed that highly controversial treatments were being conducted on desperate HIV-infected people.

Former security policeman Paul Erasmus, running the clinic with evangelist Shawn Stewart, claimed that politicians and professional people were among those seeking treatment this week. Stewart admitted three cancer patients had died after receiving treatment at his clinic, but claimed they were so terminally ill that they had received "too little" of the treatment "too late".

The Genesis Research Centre has been covertly conducting oxytherapy – banned in the United States and most European countries – using human volunteers as guinea pigs They claim to successfully treat a number of diseases, ranging from multiple sclerosis and cancer to the common cold.

This week, MCC officials raided the centre for documents and inspected equipment that pumps ozone into the blood using a dialysis-type machine.

The MCC warned two doctors, Stewart and Erasmus to cease treatments immediately – or they would arrive at the clinic "with a battalion of policemen" to arrest the practitioners and confiscate equipment.

Minister of Health Nkosazana Zuma and MCC head Helen Rees have received information that the centre is "illegally administering intravenous ozone under the pretence that this method treats diseases such as Aids".

A well-placed source told the *Saturday Star*: "Health officials are concerned that this is a big confidence trick. Activities take place at the back of a church. There is no indication that this is a doctor's surgery.

"Two doctors are contracted on a part-time basis but they hardly ever visit the place. The doctors don't administer the treatment: non-medical people administer it.

Dr Priscilla Rowan, a registered GP and anaesthetist, has referred many patients to the centre. She said: "I have not signed documentation to say I won't give any more (oxytherapy) treatment. Yes, one or two patients are still receiving treatment, but I won't put more patients onto the treatment.

"I don't wish to appear as though I'm going against the MCC, because I'll be locked up by Monday night. I have been interested in alternative medicine for some time. The homeopaths have been using it, and several medical doctors have similar equipment in their rooms.

"I have tried Stewart's machine. I never recommend things to patients which I am not prepared to do myself. It was a tremendous experience. I was as high as a kite.

"The next day I ran double the distance I normally do. German athletes sometimes do this prior to an event," she said.

Dr Rajdeep Singh, the other doctor implicated in the Genesis Research Clinic, said he would not go against the MCC's decision. Singh, who has two practices in Johannesburg, said: "I do believe in oxytherapy. I've seen how a few patients have improved. I haven't referred any patients to the clinic and I will not do so until the MCC gives its approval."

He said he had faith in Stewart – who is not a medical professional – administering the treatment "because he has been trained to do this".

Both doctors have denied having a financial interest in the centre.

Clinic told to terminate (92) oxytherapy

Josey Ballenger
(D) 1/6/98

THE Medicines Control Council has deemed an unregistered clinic's practice of oxytherapy to be illegal, and has ordered the centre to immediately terminate the controversial treatment

However, the Saturday Star reported that the Genesis Research Centre, located in Rosettenville, southern Johannesburg, was defying the council, which made the order on Thursday, by continuing the treatment Yesterday the centre could not be reached for comment

The centre, run by evangelist Shawn Stewart and former security policeman Paul Erasmus, has practised since last August the "oxygenation" of blood through injections of an oxygen and ozone mixture to HIV, AIDS, lupus and other patients

The US and several European nations have banned the treatment.

The Gauteng health department said at the weekend that when the centre was visited last Tuesday, no medical doctor was on the premises, and a nurse was administering oxytherapy

"It is a dangerous procedure, and it was not done under correct supervision," said Dr Adriaan Myburgh, a medical officer in the department Myburgh said that inspectors could visit the centre unannounced

If the treatment was continuing, they could seize the equipment or lay criminal charges.

Zuma, Shisana agreed 'amicably' to part ways

CT 1/6/98 (92)(95)

JOVIAL RANTAO
PARLIAMENTARY BUREAU

HEALTH Minister Dr Nkosazana Zuma and director-general Dr Olive Shisana decided to part ways after agreeing amicably that they could not work together, says a spokesperson.

This acknowledgement had led to the decision to renegotiate Shisana's contract, due to expire in two years, to allow Zuma to replace her director-general, said Vincent Hlongwane, speaking for Zuma

"They agreed that they couldn't work together," he said

"It is now in the hands of the Department of Public Service and Administration — the employer of all public servants — and we don't know how long it will take. It's this department that must make the decision .. legal by reviewing the contract," he said

The Department of Public Service ... must make the decision legal by reviewing the contract

Hlongwane would not be drawn into speculation about Shisana's successor

"We will begin discussing this only after the contract has been renegotiated."

However, it has been established that the deputy director-general, Dr Ayanda Ntsa-luba, and Professor Nicky Padayachee, chief executive for Greater Johannesburg, are contenders

Well-placed sources said Shisana had been sacked for refusing to take full responsibility for the *Sarafina 2* debacle that cost the state R10,5 million.

They said Zuma had also blamed Shisana for the disappearance of a file that was to have been sent to President Nelson Mandela to sign into law the Medicines and Related Substance Act allowing for parallel importation.

New HIV urine test safer than blood

(92) ARL 2/6/98

Berkeley, California – US federal authorities have given approval for the first urine test for the AIDS-causing human immunodeficiency virus type 1 (HIV-1), says the system's manufacturer.

Calypte Biomedical Corporation said yesterday that trials showed the system was a "highly effective".

It ws a safer alternative to blood testing.

Urine is less infectious than blood, and urine tests do not involve needles, thus posing a lower risk of accidental infection to health-care workers collecting and handling specimens.

HIV is transmitted through extensive contact with infected body fluids.

To determine the effectiveness of the Western Blot test, clinical trials were conducted on a low-risk population and blood and urine samples tested and compared.

Test accuracy for the group was 100%, the company said.

Accuracy was 99,7% (746 of 748) on a different group of persons known to be HIV-1 antibody-positive through earlier blood tests.

In another test on 391 high-risk people of unknown HIV status, 17 proved positive in both urine and serum tests (100%), the company said.

Calypte Biomedical said the new test system would at first only be made available to medical laboratories and public health organisations.

– Sapa-dpa

Health department morale knocked by Shisana's dismissal

Josey Ballenger

HEALTH department morale has dropped with the recent expulsion of director-general Olive Shisana and the secretive nature of Health Minister Nkosazana Zuma, senior officials said.

Despite a lack of clarity on Shisana's premature exit, sources said she was definitely pushed by the minister. They said she would be compensated handsomely and have no trouble finding work in the private sector or overseas.

"We are in shellshock," said one senior official who, like others, would speak only on condition of anonymity "We have come a long way with this woman Olive has been in the driving seat (of the department); she is hard working, dedicated and tough," the official said.

"I don't think anything can justify what we as a department have been through .. People are just depressed. You can feel it when you walk around. It's pervasive and it's a testimony to her," another said. "The department would not be where it is without her. She was always there, providing leadership"

Departmental staff frequently said their knowledge of events was limited to the media, as Zuma's communications were minimal.

Zuma "promised" to inform staff when negotiations for terminating Shisana's contract were finalised but did not specify an expected date.

Although Shisana will not speak to the media while negotiations about her severance package are continuing, she has informed staff that Friday will be her last day.

Anti-HIV drive would cost R5 000 a baby

(92)

Josey Ballenger BD 4/6/98

IT WOULD cost about R5 000 a baby to prevent infection in those born to HIV-positive mothers — but only if SA had enhanced infrastructure and more health workers, the Medical Research Council said yesterday

Following a study in the KwaZulu-Natal district of Hlabisa, the council concluded that the costly introduction to expectant women of the "triple-cocktail" AZT would only marginally reduce the rate of HIV infection to their children in present conditions

The council said that with enhanced infrastructure, including more staff, SA could reduce the number of children with HIV by up to 37% at a cost of R1,3m in Hlabisa alone On a national level, such a programme would probably cost between R150m to R200m

Shisana could pick up R1,5m in 'push-out' pay

Josey Ballenger

OUSTED health director-general Olive Shisana's payout would likely be around R1,5m as she was entitled to claim damages plus the remainder of her contract, legal experts said yesterday.

The cost to the taxpayer could be nearly half that amount, as was the case with housing director-general Billy Cobbett, also allegedly "pushed out" by Minister Sankie Mthembi-Mahanyele last year.

Because Shisana — whose contract was said to be up for renegotiation by Health Minister Nkosazana Zuma last week — had not been charged with incompetence or misconduct, she was entitled to compensation for the full length of her contract, which ended in June 2000, said Zubby Lacob, a labour lawyer who is not involved with the negotiations.

In addition, "she could argue her dismissal was unlawful ... (and that) she is entitled to receive up to one year's compensation under the Labour Relations Act", Lacob said. "I am sure that is what she is batting for. Remember, they (the health department) breached the contract, but everything is up to dispute. They might argue she will likely get another job within two years and therefore (such) compensation would be excessive."

Zuma's spokesman Vincent Hlongwane said the ministry would make the acting DG publicly known "at the appropriate time".

Shisana said she would not speak publicly while negotiations were in progress, other than to say she would "take one month off before making (her) next move". Informed sources have said she will join the private sector.

BD 5/6/98

Go-ahead for oxytherapy tests

Star 6/6/98 (92)

By JACKIE CAMERON

Medicines Control Council (MCC) staff have rubber-stamped with approval an application by a private Johannesburg hospital to conduct research into oxytherapy, a controversial treatment which may reduce the viral count in Aids sufferers

This approval comes as the MCC this week shut down an unregistered clinic that has been using this treatment, which effectively uses oxygen to kill off a virus, to treat patients with diseases ranging from Aids to the common cold.

A reliable source told the *Saturday Star* that the MCC had approved an application by doctors at the Selbypark Medical Centre to test a polyatomic apheresis machine, which removes blood from a patient before oxygenating it.

This week the Genesis Research Centre, run by evangelist Shawn Stewart, closed its doors after a warning from the MCC that it would confiscate costly equipment and arrest anyone implementing the illegal treatment

Stewart and his associate Paul Erasmus removed the equipment from the Rosettenville clinic and signed undertakings that they would cease treatments.

Erasmus, who turned to ANC Women's League president Winnie Madikizela-Mandela for help in gaining credibility for the controversial treatment, told of his emotional struggle as dozens of HIV and Aids sufferers were turned away from the clinic this week.

"A lot of desperate people have telephoned us or come to the clinic for treatment.

"We have closed the clinic but will be applying to the MCC for permission to conduct research We are determined to help as many people as possible."

Erasmus refused to comment when asked whether the clinic was still treating patients who had already begun the treatment.

MCC head Dr Helen Rees said she was not in a position to comment.

Yes to AIDS test

Controversial research gets the go-ahead

ARG 6/6/98 (92)

JACKIE CAMERON
in Johannesburg

The Medicines Control Council (MCC) has approved an application by a private Johannesburg hospital to conduct research into oxytherapy, a controversial treatment that may reduce the viral count in people with AIDS

The approval comes as the MCC this week shut down an unregistered clinic that has been using the treatment, which employs oxygen to kill off the virus, to treat patients with diseases ranging from AIDS to the common cold

A reliable source told Saturday Argus the MCC had approved an application by doctors at the Selbypark Medical Centre to test a polyatomic apheresis machine, which removed blood from a patient before oxygenating it

"The MCC has approved the research, but this still has to be ratified at a council meeting later this month," the source said

The hospital's managing director, Jimmy Carroll, said "I don't know anything about the approval If it's true, then it's exceptionally good news The owners of the patent rights in America offered to lend us machines for the research if we got the go ahead"

This week the Genesis Research Centre, run by evangelist Shawn Stewart, closed its doors after the MCC warned that it would confiscate expensive equipment and arrest anyone using the illegal treatment

Mr Stewart and Paul Erasmus, a former security policeman who has become a Christian and is helping Mr Stewart, removed the equipment from the Rosettenville clinic and signed an undertaking that they would cease treatments

Mr Erasmus, who turned to African National Congress Women's League president Winnie Madikizela-Mandela for help in gaining credibility for the controversial treatment, told of his emotional struggle as dozens of people with HIV and AIDS were turned away from the clinic this week

"I felt like Joseph Mengele with a swagger stick telling people to go left or right We were sending people to their deaths," said Mr Erasmus, struggling to contain his emotions

"A lot of desperate people have telephoned us or come to the clinic for treatment

"We have closed the clinic, but will be applying to the MCC for permission to conduct research We are determined to help as many people as possible"

Mr Erasmus refused to comment on whether the Genesis Research Centre was still treating patients who had already started the treatment

)LITICS

Shisana leaves office, but is R1m better off

ST 9/6/98 (9d)

JOVIAL RANTAO
PARLIAMENTARY BUREAU

DIRECTOR-GENERAL of health Dr Olive Shisana, who has agreed with Health Minister Dr Nkosazana Zuma that they should part ways, has left the public service.

It is understood from well-placed sources that she negotiated a severance package of R1 million

Opposition political parties expressed disappointment at the development yesterday and called for Zuma's resignation.

Zuma announced that Shisana, whose contract was re-negotiated to allow her to leave two years before its expiry, would not be replaced immediately

Dr Ayanda Ntsaluba, deputy director-general for policy and planning, has been appointed acting director-general He and Professor Nicky Padayachee, chief executive officer of the Johannesburg Metropolitan Council, have been tipped as possible successors to Shisana

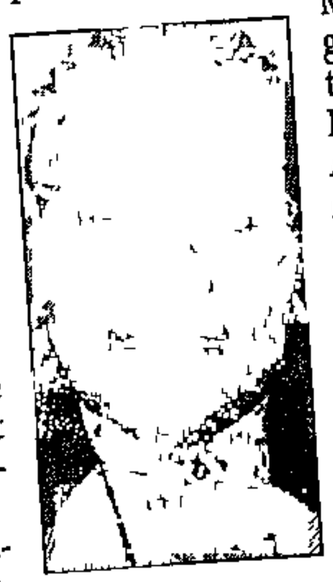
Members of Parliament and officials close to Shisana — the fourth director-general to quit before the end of their contracts and the 10th person to leave Zuma's office — say she is not bitter

"She has no regrets," a source said "She believes her contribution, though small, is reason to be proud."

Sources have said Shisana faced dismissal for refusing to take full responsibility for the R14,2-million Sarafina 2 debacle.

She was also held responsible for the disappearance of a file that was to have been sent for signature to President Nelson Mandela to promulgate the regulations of the Medicines and Related Substances Act, which, among other things, allowed for parallel imports.

The file's disappearance gave pharmaceutical companies time to obtain a High Court interdict preventing the Act's implementation.



OLIVE SHISANA

It has also been established that Zuma and Shisana clashed over community service for young graduates

Shisana was opposed to community service.

Sources said there had also been clashes when Shisana seemed to have overstepped the mark by taking policy decisions

She has been credited with several achievements, particularly the clinic-building programme

Durban AIDS victim sues over transfusion

(92) ED 12/6/98

MARITZBURG — A Durban woman suffering from AIDS, allegedly contracted from a blood transfusion, served a summons on the Natal Blood Transfusion Service in the Maritzburg High Court yesterday, claiming damages of almost R3,5m

The 29-year-old wife and mother of one was admitted to hospital five years ago, suffering from internal bleeding resulting from an allergic reaction to aspirin. She received a blood transfusion of two units and was diagnosed as HIV-positive in 1995, according to her attorney, Hugh Drummond

The blood bank has yet to assume a formal stance as its legal representatives were analysing the summons for what is the second action of its kind against the blood bank — Sapa.

HIV burden 'weighs heavily on youth'

BD 15/6/98 (9a)

Josey Ballenger

SA YOUTH is shouldering a burden related to HIV and AIDS "too heavy for the average adult to cope with", in part because it makes up the majority of new infections, the health department says

Ahead of tomorrow's Youth Day, the department said 60% of new infections affected people under the age of 25, with young women and girls being twice as afflicted as their male counterparts.

Young females were more at risk as they physically matured faster and were therefore subject to sexual advances from a young age — and their maturing reproductive systems were more prone to HIV transmission than fully developed systems

At the same time, children gave a significant level of care to older people with AIDS.

A programme run in southern KwaZulu-Natal, for example, found that primary care givers were under the age of 10

This left some children as "de facto" heads of households or orphaned, while others missed out on schooling or dealt with terrible suffering, even death

The department's national AIDS programme and the National Youth Commission will launch an HIV/AIDS youth awareness initiative tomorrow

The initiative will aim to address what can be done to equip children and young people to deal with HIV and AIDS and bring down their rate of infection.

Rose Smart, head of the department's HIV, AIDS and sexually transmitted diseases directorate, said government's first concern was to make sure everyone was aware of the threat of AIDS to young people and to understand their centrality in the crisis

The second concern was to make information available to youth and to make services offering counselling and care as youth-friendly as possible

Young people should be encouraged to volunteer their time and energy to services, which offered HIV and AIDS counselling

"Advice which comes from a person in your own age group is bound to be more acceptable and accessible," Smart said

Youth should also be encouraged to talk openly about the disease without prejudice or discrimination "With so very many young people infected, it is vital that the disease be destigmatised as far as possible," she said

The department's Beyond Awareness mass-media campaign culminates in the next month with radio and television advertisements for the 24-hour, toll-free AIDS helpline (0800-012-322)

Virodene gets black power

(92) M+G 19-25/6/98

Andy Duffy

A group of black investors, led by an influential African National Congress member, has quietly bought the rights to the controversial Aids drug

Joshua Nxomalo, who counts Deputy President Thabo Mbeki among his contacts, took over as manager of Cryopreservation Technologies (CPT), the company developing Virodene, earlier this week

The former Umkhonto weSizwe cadre played a pivotal role in finding the new investors He also previously helped arrange for Virodene's founders to meet senior government officials, including Mbeki

The new investors are insisting their identities be kept under wraps — even from many of their fellow shareholders But they include businesspeople involved in primary health care — a central component of government health policy — and a group of Namibian investors

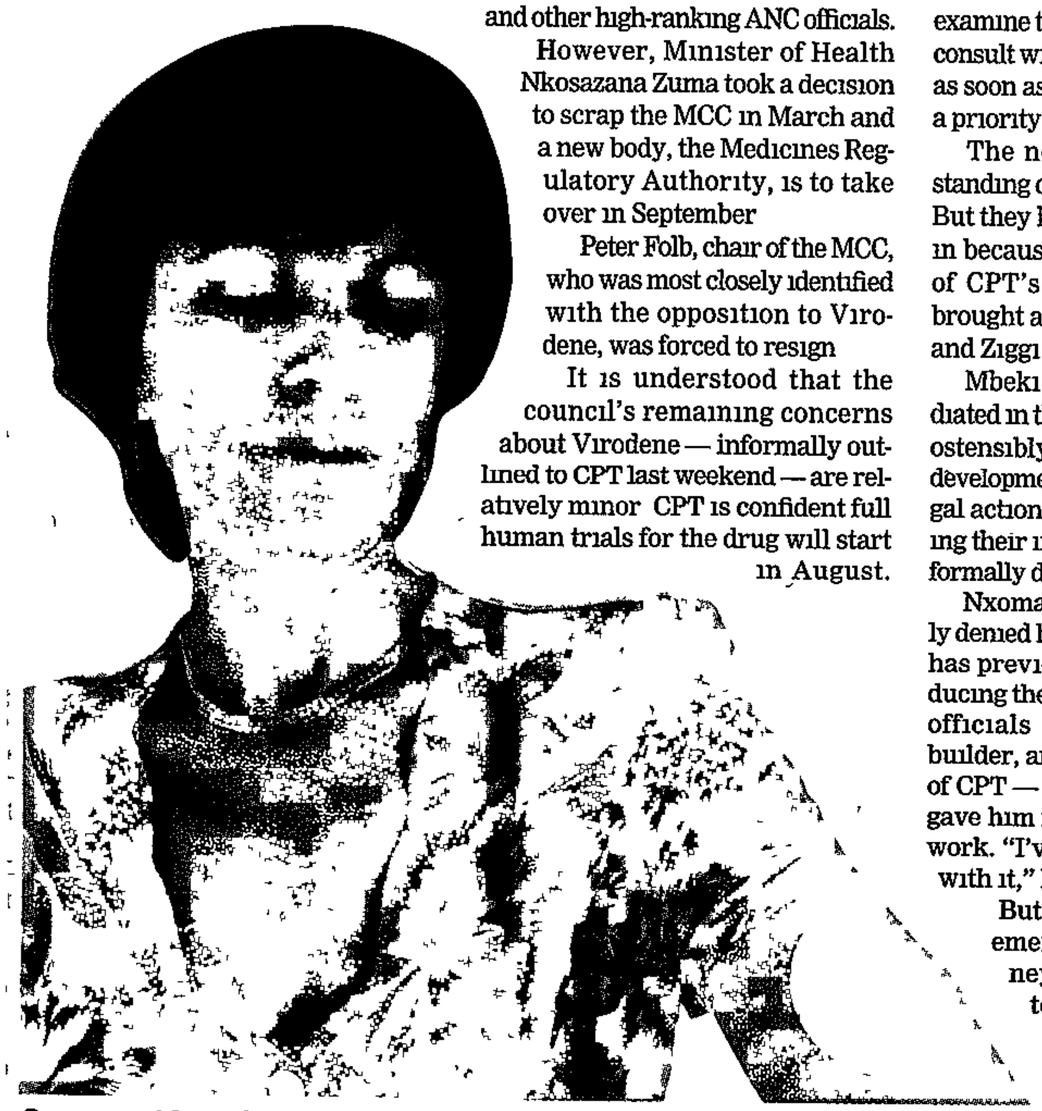
The multi-million-rand deal was struck three weeks ago

The Medicines Control Council (MCC) blocked human trials after CPT flouted accepted testing procedures Virodene's main component is a harmful industrial solvent. The MCC's stance has led to clashes with Mbeki and other high-ranking ANC officials.

However, Minister of Health Nkosazana Zuma took a decision to scrap the MCC in March and a new body, the Medicines Regulatory Authority, is to take over in September

Peter Folb, chair of the MCC, who was most closely identified with the opposition to Virodene, was forced to resign

It is understood that the council's remaining concerns about Virodene — informally outlined to CPT last weekend — are relatively minor CPT is confident full human trials for the drug will start in August.



Success at last: Olga Visser, champion of the Aids drug Virodene, displays the patch on her arm. PHOTOGRAPH: SIDDIQUE DAVIDS

The government has played a crucial role, albeit indirectly, in prompting the investors to come in

But the MCC was more cautious Helen Rees, chair of the MCC, said CPT and its scientific advisers had submitted all its evidence about the drug's efficacy in the laboratory — which was still the main hurdle barring human trials "We still need scientific evidence to suggest that the drug actually works "

She said the MCC had made "significant progress" addressing the council's fears about the drug's dosage and toxicity Rees said it remained "premature" to talk about human trials She added that the MCC would examine the laboratory evidence and consult with CPT's scientific advisers as soon as possible, as Virodene was a priority project.

The new investors have been standing on the sidelines for months But they have been reluctant to buy in because of the legal action some of CPT's minority shareholders brought against joint founders Olga and Ziggi Visser.

Mbeki and Zuma both mediated in the wrangle last year, ostensibly to allow the drug's development to proceed. The legal action was shelved following their intervention and was formally dropped last month.

Nxomalo this week initially denied he was involved, and has previously denied introducing the Vissers to top ANC officials He said he is a builder, and merely holds 1% of CPT — a share the Vissers gave him for "introductions" work. "I've got nothing to do with it," he added.

But he relented after it emerged that his attorney, Mervyn Smith, told CPT's interim manager, Hugo Snyckers, this week that Nxomalo is now in charge, as a representative of the new investors

Snyckers was appointed interim manager in December, following Mbeki's mediation He brought in outside consultants to help steer Virodene through the MCC to the market.

He refused to comment this week, but it is understood he is owed close to R100 000 in back pay Smith also declined to be drawn Late this week he was consulting Nxomalo about issuing a formal statement

In terms of the deal, a new company will be established — Virodene Pharmaceutical Holdings Pty — to develop Virodene CPT will be left as a shell

The new South African investors will own 60%, the Namibians 10% and some of CPT's shareholders 30% The investors have paid the CPT shareholders R5-million in cash — most of it to the Vissers, who together held 53% of CPT

The new investors have also undertaken to cover all further costs of bringing the drug to market, estimated to be at least R15-million Among the investors' first expenses is the cost of securing Virodene's international patents, which are due to expire soon.

The deal also covers the exclusive distribution agreements the Vissers set up in Portugal, covering France, Spain and all Portuguese-speaking countries

The Vissers have been carrying most of the development costs until now — around R100 000 a month — mainly through loans, including funds from their business contacts in Portugal None of the CPT shareholders was prepared to comment openly this week, citing confidentiality clauses

There was also some confusion among them about who Nxomalo had brought in. One shareholder claimed the deal also included foreign governments in Europe, Africa and Asia

The new investors' decision to remain anonymous could also prove problematic for the public protector's office It has been investigating the role of government officials in the drug's development, and was due to finalise its report next month

Virodene trials on hold

ANA 1996/04/04 (G3)

GLYNNIS UNDERHILL

A black business consortium which [illegible] title to the [illegible] drug Virodene still has to be given the go ahead by the Medicines Control Council to conduct human trials.

[illegible] Smith said his client Joshua Nxomala was the representative for the consortium [illegible] registered as Virodene Pharma [illegible] company which has [illegible] ceded its [illegible] rights to the new company he said.

[illegible] speculation about what the drug would cost to develop [illegible] figure of R20 million had been [illegible] he said.

[illegible] product shall [illegible] including the [illegible] inventor of Virodene would have a 50% stake in the new company.

Controversy continues to plague [illegible] interim management [illegible] Snyckers resignation from the company.

[illegible] was not paid [illegible] ultimatum but they did not [illegible] his said Dr Snyckers.

Heath unit recovers R4m of Sarafina 2 funds

BD 25/6/98 (92)

EAST LONDON — The Heath special investigating unit has recovered R4m for the health department from the producers of Sarafina 2 and hopes to complete its probe by mid-July, the unit said yesterday

The R14m spent on the AIDS play caused a scandal in 1996 Last September, the health director-general asked the unit to investigate

Unit spokesman Guy Rich said yesterday the unit in April recovered a luxury bus, a Mercedes Benz truck, a minibus, two trailers, musical equipment and merchandise worth R4m

He said the unit would decide whether to institute civil proceedings based on its findings The unit would also report any allegations of criminal charges to the auditor-general, who would decide whether to proceed — Sapa

AIDS FM 26/6/98 (92)

DO-IT-YOURSELF PEACE OF MIND

The first do-it-yourself HIV home test kit has been launched in SA, following the success of Aids home testing in Europe and the US

Available on mail order for R85 and at some Gauteng pharmacies for about R97, the HIV I/II Home Test Kit is the idea of Johannesburg pharmacist Gavin Humphrey (33)

The kit is manufactured by Veda Laboratories in France and is 97% accurate, according to the World Health Organisation The rights to import and distribute the product in southern Africa are held by Promex Diagnostics, a local medical equipment supplier

The kit has been widely used by the SA blood transfusion service and medical profession over the past three years Humphrey is the first to market it directly to the consumer in individual packs through his small marketing and sales agency, EGI Consumer Products

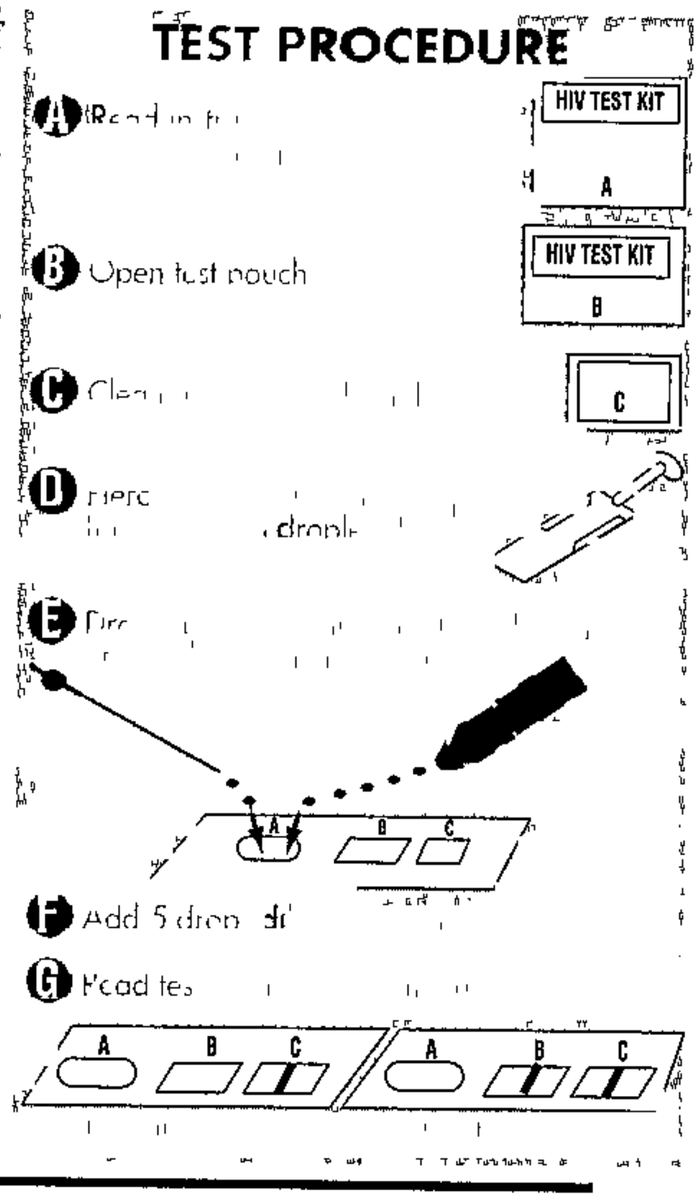
Based on the "major interest" expressed so far, he conservatively expects to sell 100 000 kits in the next 12 months, primarily to the black rural and township market

He says demand has been strongest from this population because it lacks adequate access to clinics and laboratory services, where the confidentiality of test results is not always secure

Keen interest has also been expressed by medium to large employers, mostly of blue-collar workers, who want to make the kit available to their staff

"We are also talking to the Department of Health and are presenting the kit to them in July," Humphrey says "We are pushing for government to make it available to the public free of charge if we supply it on tender"

The HIV home test is painless, he says You use a needle to squeeze a drop of blood from your finger, add a few drops of liquid from the kit to the blood and wait for 10 minutes If two pink lines appear on the test device, you are HIV-positive This cuts out the agonising wait of two weeks for a laboratory result and confidentiality is also ensured **Claire Bisseker**



New owners tell of Virodene plans

80 26/6/98 (92)

Josey Ballenger

THE decision by a consortium of investors to buy the rights to the reputed anti-AIDS drug Virodene was primarily to make the drug available to the market at a price all developing countries could afford, Virodene Pharmaceutical Holdings MD Joshua Nxumalo said yesterday It had nothing to do with a political agenda

Former Umkhonto we Sizwe member Nxumalo, the only person named as being behind the unapproved drug's new owners, said the African National Congress had "no involvement whatsoever" in the deal

The investors were interested in Virodene for financial and humanitarian reasons. "From a business perspective, any potential HIV/AIDS drug that would be cost-effective for African countries and other developing nations is worth serious consideration

With more than 2-million HIV-positive people in SA, and millions more throughout Africa, "we decided to contribute to the development of a potential drug that might be able to help relieve some of the pain and suffering", Nxumalo said There would be a "social responsibility" element to the investment, but he would not say how it would be implemented

Nxumalo stressed the drug "still has a long way to go" He said a significant amount of progress had been made compared with the previous protocols submitted However, certain scientific issues still needed to be resolved "The Medicines Control Council is reasonably satisfied with the toxicity and dosage-related issues, pending the evaluation of further data to be obtained from the (proposed) phase one healthy (HIV-negative) volunteer study, once the council approves the protocol for the study"

Council chairman Dr Helen Rees scotched speculation that any outside force had put pressure on the council to approve the drug, saying "We have not been approached by any party other than the Virodene researchers

"There is no doubt it has occupied an enormous amount of time One reason is that they (the Virodene researchers) keep coming back to us, and we must give a response Secondly, in principle, the council will give high priority to AIDS medicines"

R4-million in Sarafina assets found by special unit

(92) Star 26/6/98

OWN CORRESPONDENT

Investigators have recovered R4-million in assets from the producers of *Sarafina 2*

The play's producers, Committed Artists, ran up huge costs in 1996 as they toured the country as part of a Health Department initiative to promote Aids awareness

National health minister Nkosazana Zuma was left fighting for her political life as criticism mounted over the R14-million spent on the project

In September 1997 the director general of the Department of Health, Olive Shisana, asked a special unit to investigate.

Unit spokesman Guy Rich yesterday said a luxury bus, a Mercedes Benz truck, a minibus and two trailers had been recovered

Together with musical equipment and merchandise, the items are worth R4-million.

Alarm over Aids-babies toll

Already overburdened health and welfare services will not be able to cope with devastating effects of babies born with, or orphaned by, Aids

Star 26/6/98

(92)

By Anso Thom
Health Reporter

At least 200 HIV-positive babies are born in South Africa each day and it is estimated that, within the next 10 years, up to 3 million children could be infected or orphaned by the epidemic.

Most babies contract the Aids virus from mothers who are HIV positive, during birth or through breastfeeding And, every day, about 1 200 new infections are recorded among adults – mostly in the 15 to 49-year age group

Dr Daya Moodley, senior research scientist at King Edward Hospital in Durban, said the hospital recorded about 12 000 births a year, and 28% of the mothers were HIV positive

The Star has established that three HIV-positive babies are born at Chris Hani Baragwanath Hospital in Soweto every day, about one every second day at Johannesburg Hospital, and three a day at King Edward Hospital.

Dr Glenda Gray, director of Chris Hani Baragwanath's perinatal HIV research unit, confirmed that, of the 20 000 women giving birth at the hospital in a year, 4 000 were HIV positive

Aids specialists agree that about 6% of all babies in South Africa are born with HIV The Department of Health confirmed that 1,3 million babies were born last year, which means that 78 000 babies were born HIV positive – 214 a day

Aids consultant Dr Clive Evian said "About 20% of women who give birth in public health hospitals are HIV infected One out of four women then pass it on" He said 30-40% of the babies died within the first year.

Last year the Department of Health undertook the eighth in a series of unlinked, anonymous surveys of women attending antenatal clinics of the public health service Of 12 343 specimens screened, 1 976 (16,01%) were infected with HIV

The epidemic places a strain not only on the health system but also on the welfare system as hundreds of thousands of children are orphaned by the disease

Gray said the country would need thousands of hospices to treat Aids children "We need clear guidelines on how to take care of them A model for some form of home-based care is going to be essential," she said

Reva Goldsmith, assistant director of Cotlands Baby Sanctuary, said the realisation that there "were too many children we couldn't reach" had forced the organisation to turn to the fostering option

Cotlands was in the process of launching an HIV infant care programme which would, if successful, result in the orphans being absorbed into the community

Gray said 30% of all paediatric cases treated in the four medical paediatric wards (160 beds) were HIV related She claimed that, in Soweto alone, 20 out of every 100 people were HIV positive and that "it is going to get worse".

She said most pregnant women could not afford the expensive treatment which could prolong life "If they are lucky, we get them onto a clinical trial"

A paediatrician at Johannesburg Hospital, who asked not to be named, said the hospital was struggling to find beds for cases unrelated to Aids "We have only 36 beds in the hospital for paediatric medical cases and a lot of these beds are taken up by sick HIV babies," she said

Amos Masondo, outgoing Gauteng health MEC, earlier this year revealed the burden the epidemic was placing on hospital resources

Between 15 and 20% of hospital admissions – about 115 000 admissions last year – were for HIV-related ailments It was estimated that there would be 300 000 HIV-related admissions in 2002

Reports and graphic

pharaohs' tombs were neither slaves nor were they murdered In reality they were members of a community of highly talented and well read craftsmen, whose trade was handed down from their fathers

Not far from the royal burial place, The Valley of Kings, on the west bank of the Nile near Luxor, the first mud houses for the craftsmen were built

Far from the noise of the city of Theben (today's Luxor) and the Nile, they were surrounded by a one-metre thick and six- to seven-metre high walls, reachable only along a narrow path

The ruins of Deir el Medinas were discovered in the 18th century by European travellers

The British Egyptologist Morris Bierbier from the British Museum in London said that later official documents, literary texts, private correspondence and simple drawings that told stories of love, hate, scandal, recreation

For ancient Egyptians there was no such thing as death

and work were discovered at the site

The construction workers were known as "servants of the large place", "servants of the beautiful place of the mighty kings" or "servants of the place of truth"

They were subordinates to superintendents who held the title "foreman of the large place"

In their spare time the craftsmen even worked on their own monumental grave up in the mountains near the village, they built temples and chapels to the gods, Amun (creator of the world), Osiris (god of the underworld), Isis (symbol of faithfulness, sister and wife of Osiris) and Hathor (goddess of love)

As a sideline they made coffins, boxes and stone slabs with which to barter, to purchase the luxury articles they needed

The work on the tombs was expected to be carried out discreetly and quickly

Pharaohs entrusted the respected architects, writers and workers with the building of their tombs in the Valley of Kings near Luxor

For the ancient Egyptians there was no such thing as death, but a journey into eternity, where a better life awaited them

The pharaohs had to be laid down in peace, to allow their spirits to travel to the other side of darkness, to eternity For this reason the burial grounds had to be kept secret

The first king to be buried in the Valley of Kings, Tuthmoses I (18th dynasty, 1506-1493 BC), for precautionary reasons, had the workers dig a long deep tunnel

Although it had a maze of passage-ways, secret rooms and trap doors, the tombs were robbed of their precious treasure (jewels, oils, creams and perfumes) The robbers had no respect, even the mummies were desecrated

The tombs were modelled on the earthly homes, decorated and filled with clothing, articles of everyday life, statues, papyrus documents even a collection of prayers and curses, that were supposed to keep the intruders at bay

One such curse found in the tomb of Tutenchamun reads "Death will come on fast wings to he who dares to disturb the peace of the pharaohs"

The 500-year-old age of the pyramids, the uniting of temple and grave, came to an end with Amenophis I (18th dynasty, 1526-1506 BC)

In Deir el Medina there was no lack of comfort and wealth They lived a life of luxury, wine women and song, as can be seen in the Turin erotic papyrus

Wine, women and song for skilled craftsmen and builders

No matter what the occasion, birthday, jubilee, religious feast or marriage, nothing was left out

They were musically entertained by graceful young women who played harps, lutes or flutes

Many craftsmen owned their own bronze tools, much better than the standard issue tools, they owned cows and donkeys and even patches of land outside of the village

In the centre of the village was a courtroom known as "Kenbet", it housed officers, auxiliary policemen and writers and voluntary village helpers

The court was allowed to adjudicate over petty crime, such as blasphemy or unpaid debts

More serious crimes had to be dealt with at the Wesir in the town of Theben, known today as Luxor For grave robbery the death penalty was handed out

As Echnaton "The Inquisitor" (18th dynasty, 1352-1338BC) started presenting a five-day course on paediatric HIV/Aids care

"We needed to empower communities to care for children either affected or infected with the virus," said Reva Goldsmith, the assistant director for Community Outreach

"Sometimes we cry and the psychologist has to come and speak to us," said Radebe, who would not want to do another job "They are our idols Some grow up, giving us hope" their grief when the inevitable happens and one of their "angels" die

During the civil wars in Theben during the reign of Ramses XI (20th dynasty, 1098-1069BC) the villagers were driven out to the neighbouring Medinet Habu

The extent of the grave robbery put an end to the community life in Deir el Medinas

The graves in the Valley of Kings were ruthlessly plundered by Libyan soldiers who robbed the mummies of their costly treasures Even the grave of the founder of the Valley of Kings Thutmoses I was not left out – it was cleaned out by robbers

Tuthmoses' last wishes chiselled into the walls of his grave, "See nobody, hear nobody" went unheeded – Sapa-dpa

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Kissing, laughing, sneezing, coughing, hugging, touching, shaking hands, mosquitoes, plates, cups, spoons, toilets, baths, showers and swimming pools

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■ *Information from Soul City*

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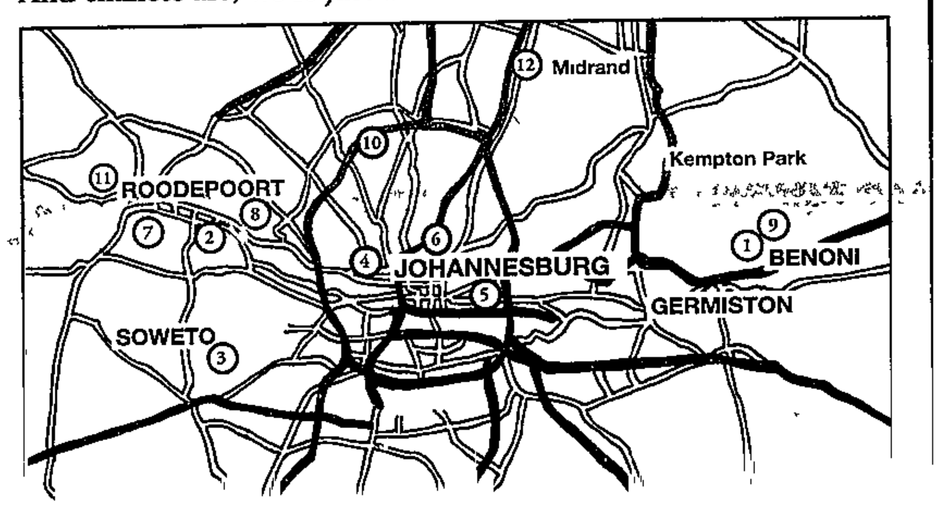
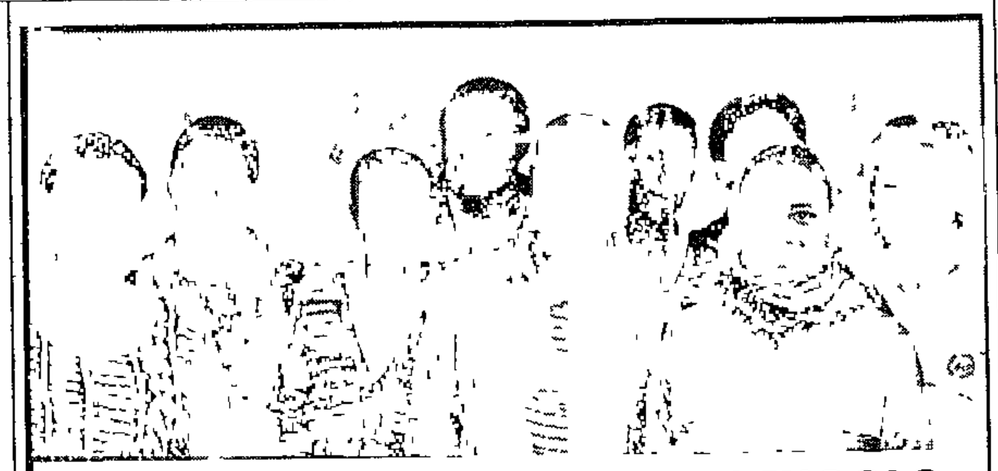




AFROX SUPPORTS THE STAR SCHOOLS "ADOPT A STUDENT" CAMPAIGN!

65 pupils, all children of Afrox employees, will be attending the Star Schools Winter school programme at Wits in July

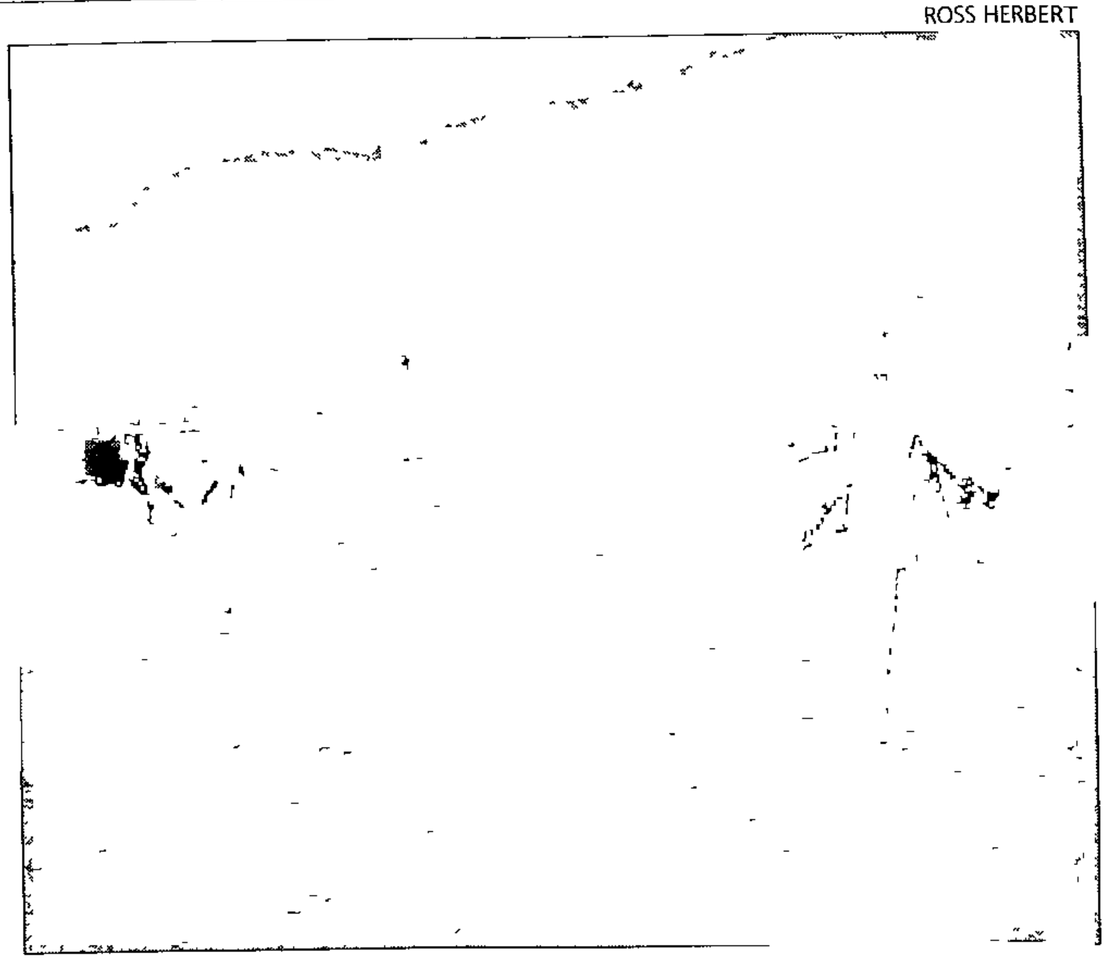
Afrox, the well known gases, welding and healthcare supplier, has decided to sponsor sixty five pupils at the Star Schools' Winter School programme These children, who are in grades 10, 11 and 12,are all the children of Afrox employees

The Star Schools' Winter School Programme will run on campus at Wits University between the 29th of June and the 10th of July Grades 10, 11 and 12 are catered for The Star School's Winter School has proved exceptionally popular over the past thirty years as the academic programme gives an extra boost to students facing the critical last lap on their educational careers Two winter school programmes are being offered this year - one spanning ten days and the other six days

Mr Ashley Soupen, Business Development Manager of Human Performance Systems (Pty) Ltd, part of the Afrox group, said that it is essential that business takes note of the ever deepening educational crisis Companies should make every effort to support students who want to succeed Mr Soupen stated that since Afrox employs a large complement of staff from as far afield as Vosloorus and Daveyton, the company has decided this year to lend its support to the Star Schools' Adopt s Student Campaign Company employees' children are being sponsored to attend the Winter School Programme at Wits "We had thought of organizing our own Winter School but decided to go with experts in supplementary education We want the best for the youth of this country "

STAR SCHOOLS - Tel: (011) 403-3390

ROSS HERBERT



Crops of war . . farmers within a kilometre of Ethiopian army positions along the Zalembessa front race to finish planting before the war erupts and rains end.

Eritrea, Ethiopia teeter on brink of full-scale war

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5 DEALS ON WHEELS
1 Boeing Rd BEDFORDVIEW

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Car Grosvenor & Main Rds,
BRYANSTON

7 ONTDEKKERSPARK MOTORS
Cnr Louis & 328 Ontdekkers Rd
DISCOVERY

8 PALM MOTORS
Cnr J G Strydom & Fern Ave
WELTERVREDEN PARK

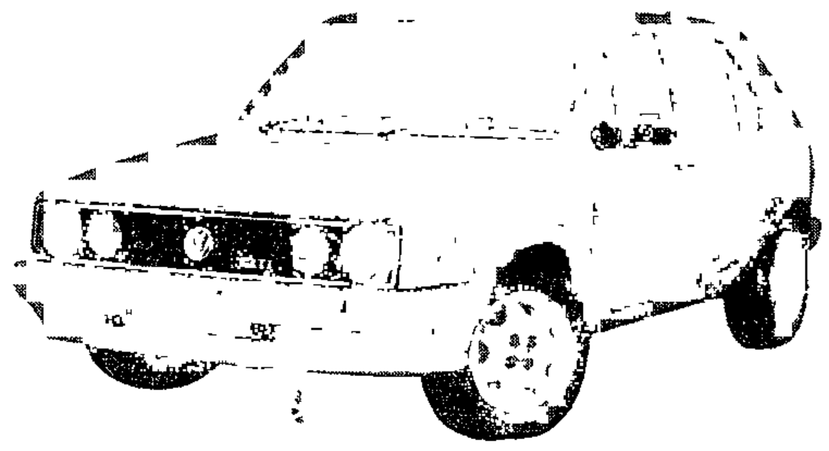
9 GLYNWOOD BP
Cnr Princes Garage &
Harrison Sts BENONI

10 DF MALAN DRIVE
56 D F Malan Dve Kelland
RANDBURG

11 STRUBENSVALLEY SERVICE STATION
Cnr Fredenburg & Cascades Sts,
STRUBENS VALLEY

12 WATERFALL SERVICE CENTRE
Cnr Bekker & Le Roux Rds,
Vorna Vall MIDRAND

BP Super wash



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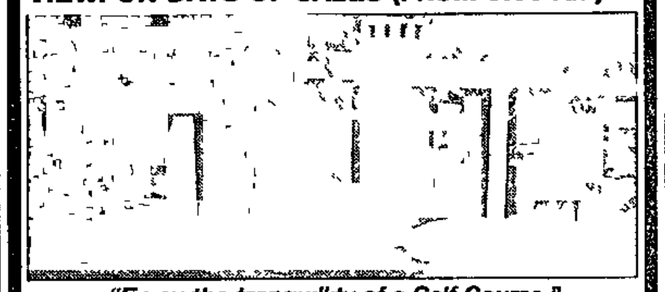
SESSION 3: SUN 28/6/98 AT 11.00 AM (GOODS)
SESSION 4: SUN 28/6/98 AT 2.30 PM (GOODS)
SESSION 5: SUN 28/6/98 AT 3.30 PM (PROPERTY)

VIEW: ON DAYS OF SALES (FROM 9.30 AM)



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BRIEFLY THE DETAILS OF THE PROPERTY: This lovely family home is situated on the Glenvista Golf Course and features an established walled garden with a sprinkler system Security is enhanced by electrical points in the garden and wall alcoves linked to a day/night switch A lovely covered entertainment area with built-in braai overlooks a sparkling pool adjoining the golf course The accommodation consists of 4 bedrooms, the main en-suite, 2nd bathroom, entrance hall dining room, sunken lounge with Jetmaster fireplace, TV room, superb extra-large entertainer's kitchen The house is serviced by a double garage, storeroom and domestic quarters There is an established garden and pool

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FINE ROLEX WRISTWATCHES AND JEWELLERY includes watches for ladies and men Examples include Rolex 18ct gold Rolex steel/gold, Rolex Submariner, Cartier wristwatch Jewellery includes rings bracelets, bangles earrings, brooches necklaces etc in 18ct and 9ct gold, with diamonds sapphires, ruby, emeralds etc

HALLMARKED SILVER: Hallmarked silver matchbox, Hallmark silver mirror, Hallmarked hairbrushes, Hallmarked 9ct gold plated Vesta case Hallmarked powder pack and much more

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The Star classified

By Ross Herbert
Zalembessa Front, Ethiopia

Residents along the fortified Eritrean-Ethiopian border went to bed on Tuesday to the resounding thud of artillery fire only to awaken yesterday to an hour-and-a-half artillery wake-up call

Whether it means war, provocation or innocent practice depends upon the official to whom one speaks But the result is a combustible mix of misinformation, rising tension and heavy guns which politicians may not be able to fully control With thousands of troops on high alert along a 1 000km frontier, war, if it starts, will be impossible to control and difficult to end without thousands of casualties

Yesterday began with the Ethiopian government escorting journalists to a rocky ridge overlooking a broad valley at the far side of which lies the town of Zalembessa and heavily armed Eritrean forces

"The green light has been given to attack but I did not say I alone can decide," said the top Ethiopian commander for the Zalembessa front, who refused to be identified

The colonel said the decision about if and when to attack was now a military, not a political decision, since Salim Ahmed Salim, secretary-general of the OAU announced last Friday that Eritrea had refused to withdraw troops from land seized in a May offensive.

Two hours later, he was flatly contradicted by Selome Taddesse, spokeswoman for the Ethiopian ministry of information "The official line is we are giving peace a last chance while negotiations continue The fact that the military has been given a green light is news to me," she said

The rapid-fire hour-long barrage of heavy guns that ended on Tuesday was just practice, according to the Zalembessa commander, but farmers and militiamen said the shells came from Eritrea.

To Eritrean ears, the Tuesday salvos apparently seemed more provocation than practice They launched a bombardment of their own yesterday, according to the commander, who said Ethiopia retaliated, silencing Eritrean guns after one-and-a-half hours of shelling

Diplomatic sources said some Addis Ababa-based ambassadors have ventured to Asmara for what remain closely guarded efforts to continue peace talks But other diplomats expressed doubt that anything can avert war at this late, tense hour

If the Zalembessa commander reflects Ethiopian thinking, war will not end with Ethiopia reclaiming the disputed scraps of border land. A military analyst expressed concern that the longer heavily armed forces faced off, the greater the risk of practice sessions escalating into full battle – Star Foreign Service

DDB SA 213439

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AIDS: unequal access to care

Bid to bridge gap between rich, poor

ARG 27/6/98 (9R)

JENNY VIALL

"Do we die silent and bitter knowing that drug access is a philosophical discussion as far as we are concerned? Is this justice? Whoever will be discussing drug access in whatever gathering or conference please remember us"

This is the plea of Inam Chitsike, a Zimbabwean doctor, to those attending the 12th World AIDS Conference in Geneva, Switzerland, this weekend

The theme of the conference is Bridging the Gap, and a major issue for discussion will be access to AIDS treatment Dr Chitsike's is one many voices from developing countries where AIDS drugs are unaffordable and access to basic health care services a problem

The question of access to treatment is complex and emotional For those who can afford multi-drug therapy, it offers some hope of managing HIV as a chronic disease

But the drugs are expensive and long-term effects are unknown

In South Africa the therapy can cost between R3 500 and R4 000 a month Most medical aids pay for limited treatment only, usually capping spending at R1 000 a year But 80% of South Africans do not have medical aid

There is also limited access to drug trials South Africa has a limited health budget and the fastest growing HIV epidemic in the world, says Ashraf Grimwood, a doctor who specialises in HIV/AIDS

South Africa is still relatively well-off compared to other African countries and while it cannot afford expensive AIDS drugs, it can still treat most of the infections people get when their immune systems become weakened by HIV

"The biggest stumbling block to treatment is cost," says Dr Grimwood "We need to negotiate with major producers of drugs We also need to prioritise we need good nutrition, clean water, good housing and drugs"

Many delegates at the Geneva conference will be asking pharmaceutical companies to reduce their prices or release patents for life-saving HIV drugs

Expensive HIV drugs are not, however, the issue for developing countries, say many In countries where access to basic health care is unavailable, the focus should be on basic medical care

In many developing countries most people dying of AIDS-related infections are dying in a tremendous amount of pain and suffering from preventable infections

Painkillers and other general therapy for these infections, as well as preventive measures, are not affordable because of high pharmaceutical prices

They also point out that sophisticated testing is needed to support multi-drug therapies and many countries don't have the infrastructure for that Taking the many pills required in multi-drug therapy is difficult

The biggest hurdle to treatment for people infected with HIV in South Africa is not the lack of expensive medication, say those working in the field, but fear and denial The fear of being stigmatised, fear of rejectron from family and friends and fear of recriminations from communities is an enormous problem, says Nicci Stein, of the Triangle Project

"It is all very well to improve practical access to medication, and that obviously needs to happen," she says "But we are facing a situation where, even if there was free access to treatments, many people would not benefit," says Ms Stein

Once someone has tested HIV positive they need counselling preferably as soon as possible, says Amy Melnyck of Wola Nani, an organisation that works with HIV-positive women

Counselling services are woefully inadequate "Without support, people just get despondent," she says

"Part of denial is that there are few support systems It's very common to hear people say 'everyone's going to get it anyway, there's nothing we can do' And there's such a stigma It's a Catch-22 situation - people with HIV won't be accepted until people with HIV come out about their status, but until there's support for people with HIV they won't go public"

■ To follow the debate on treatment access which has preceded the conference you can e-mail the Geneva Concerto forums at aids98 community@hivnet ch

FACT FILE

■ South Africa has the fastest growing HIV epidemic in the world with close on 50 000 people infected every month

■ The Western Cape has the fastest growing epidemic in South Africa, where figures have doubled in a year from 3% to 6,29% In some areas this figure is as high as 12%

■ There are now more than 30-million people with HIV in the world More than half are aged 15 to 24 and most are unaware they are infected; 90% of people with HIV live in developing countries

■ By the year 2000 more than 3 million people will be infected with HIV in South Africa

■ In KwaZulu Natal it is estimated that 100 000 children have already been orphaned as a result of AIDS

■ HIV could reduce the average life expectancy from 62 years to 40 years by the year 2010

WINTER SNUGGLES Nazareth House resident Nthombi, 5, tries out a new colourful quilt at the home, which cares for children living with HIV and AIDS Quilters, from left, Jayne Parke, Elizabeth Horne, Ann van der Riet and Marianne Cicconi made 10 quilts for the children Picture HANNES THIART

Brave activist brings HIV into the open

JENNY VIALL

On World AIDS day Nomawetu Xakuvana stood up in a busy clinic in Khayelitsha and told people she was HIV-positive In a community where people with HIV are too scared to talk about it because they fear reprisals, that's a brave action "I'm trying to show people they must not hide this," she says

It's been four years since she heard she was HIV-positive In that time her life has changed completely She's divorced her husband, she's no longer employed and she's changed her activism from politics to AIDS

Ms Xakuvana was told she was HIV-positive after taking a medical test to join her husband's insurance policy

"I was so shocked I had to tell my husband and he went to the doctor"

He also tested positive but to this day he won't admit it From that time on the marriage went wrong "He started beating me when he was drunk and abusing me He is a womaniser, but he accused me of being the one who started the virus"

She took out an interdict to stop him beating her up, but when this didn't work, he was sent to jail for abusing her Last year she divorced him "I have no children, I'm lucky I fought to keep my house and fortunately the bank manager understood my situation I'm still unemployed but I pay what I can afford," she says

At first, she says, she felt devastated about being HIV-positive and went for counselling frequently "I was working at the post office when I was diagnosed When they came for blood donors, I gave 24 hours' notice and ran away I was so scared they'd find out Then I worked at child welfare and I had shingles This lady suspected me of having AIDS I was scared they knew I was in the denial stage, so I said I must run away from here too

"Now I have no problem I talk about it in taxis and buses,'wherever I am, even at hospital"

Ms Xakuvana is a volunteer for Wola Nani, an organisation working with HIV-positive women

"I distribute condoms to clinics, doctors and shebeens in the community When I drive the Venture, people say 'where are the condoms?' One guy even says to me he needs a whole box!"

Ms Xakuvana is lucky She's had the support of her family, especially her sisters For most people it's more difficult, she says "When I tell people I am HIV positive, they don't want to believe me I'm healthy and fresh, they expect to see someone who is very ill, then they'll believe it

"People don't understand about AIDS and they're scared maybe they'll be infected They think AIDS is overseas, not here"

But HIV/AIDS is here Official figures for the Western Cape are that 6,29% of people are infected with HIV But the reality is that in some areas this figure is much higher, say people working with HIV/AIDS

Perhaps it has been easier for Ms Xakuvana to be public about her HIV status because she's well-known in the area "I have always been active in organisations like the civic and the ANC before I got married Everyone knows me, the youth, the women

"Now I've joined the Methodist Church I wanted to change my life from politics to church, I needed to get some warmth"

Babies die while the state dithers

New drug could prevent HIV danger at birth

ARG 27/6/98

(92)

JENNY VIALL

Every day about 300 babies are infected with HIV in South Africa while the Government drags its feet over implementing a relatively cheap and simple way to limit the tragedy.

Pressure is mounting on health authorities to implement a drug treatment programme for HIV-positive pregnant women which has been shown to reduce the chance of babies getting the virus

Babies born to mothers who have HIV have a 25% chance of being infected with the virus With a short course of the AIDS drug AZT, given in the last month of pregnancy and during labour and birth, the chance of infection is reduced significantly to one in 10 babies.

Two-thirds of HIV babies are infected during pregnancy and childbirth, the other third through breastfeeding In South Africa 20% of new HIV infections are babies

For short-course AZT to have full benefits, it should be coupled with measures after birth to help reduce HIV transmission through breastmilk.

Pharmaceutical company Glaxo Wellcome, who have the patent for AZT until 2005, recently reduced the price of AZT by 70% to the health department for use with pregnant women, says Rose Smart, who heads the HIV/AIDS Directorate The drug will now cost R307 for each woman

But health workers and those working in the AIDS field are frustrated that this drug programme has still not been implemented.

Gary Lamont of Wola Nani, an organisation working with women with HIV, says there is no excuse for delays in implementing an AZT programme "Every month that the Government withholds these drugs is a cumulative act of genocide for thousands," says Mr Lamont.

But Rose Smart, head of the HIV/AIDS Directorate at the department of health says the cost of drugs is just one element of an AZT programme "We need to have counselling and testing services in place before we go ahead You can't offer a woman treatment until she's been tested and counselled "

A rapid HIV test on site by trained staff would be better because it is often difficult to keep contact with women

Much has already been done by central Government in discussing the issue, consulting and doing cost studies, said Ms Smart The question of providing milk formula for women who choose not to breastfeed must also be considered.

A major stumbling block to the implementation of an AZT programme is financial While central Government can make policy, it is up to provinces to implement it Each province will have to fund it and most health departments are cash-strapped Many are already struggling to provide even basic health care for people

However, says Glenda Grey who does HIV research at Chris Hani Baragwanath Hospital in Soweto, all it needs is commitment and passion for the programme from someone in the health department.

Government, she says, is dragging its feet while babies are being infected "We can't wait for a perfect world, we have to look at innovative ways of dealing with problems," says Dr Grey. "All the stimulus is coming from regions, there is no national leadership The Government is sleeping while Rome burns Every day three babies in Soweto are born HIV-positive. While we wait, babies die."

Doctors point out that there are cost benefits to implementing a programme It's less costly to implement an AZT programme than not to as babies with HIV need to be treated for HIV-related illnesses, often at high cost.

"Everyone wants to go ahead," says Greg Hussey of the Child Health Unit at UCT. "There's commitment to do it, but not enough money. Yet by spending R1-million now, you're going to save R2-million in the long run "

In Gauteng and the Western Cape pilot projects to introduce AZT are being planned. Saadiq Karriem of the Western Cape's Reproductive Health Directorate says that once money is available a programme will be implemented in Khayelitsha where 12% of people are now HIV-positive

The project, which will reach about 500 women, will cost between R1,2-million and R2-million and will include HIV testing, counselling, AZT treatment and milk formula for six months as well as follow-up testing for infants.

See page 15

AIDS experts meet to find cheap therapy

(92) ARG 27/6/98

Geneva – Dramatic advances against AIDS are leaving behind almost all of the 30,6 million people infected with the deadly virus because they can't afford expensive therapies and live in parts of the world that have no access to them.

"Only those five percent living in Western Europe and North America reap the full benefits," said Dr Bernard Hirschel, head of the HIV-AIDS section of Geneva's Cantonal University Hospital

Dr Hirschel is chairman of a huge undertaking which next week brings together 12 000 of the world's top experts and other fighters in the global campaign against AIDS

The World AIDS Conference, convened for the first time in two-and-a-half years, has set itself a challenge. to find low-cost ways to stop the spread of AIDS and help the people afflicted with it in Africa, Asia and Latin America.

A UN report this week said that in some parts of Africa, one in four adults was infected with HIV

Dr Hirschel and other experts say there is hope because many steps can be taken without the use of expensive te[illegible] even through further preaching of the need to practise safe sex.

The conference, which begins tomorrow and lasts until Friday, will review 5 000 of 7 000 submitted reports on AIDS/HIV research around the world

Organisers refuse to go into detail until each paper is released, but the reports can be expected to cover the full range of work under way – from studying cells in laboratories to working with prostitutes on the roadside

Several major drug companies are planning to announce at the conference that they will cut their prices on AIDS drugs by 75% to developing countries, a UN official announced in New York this week.

Still, most of the latest drugs would remain out-of-reach for many people with HIV, experts said, adding that researchers were looking at whether lower-cost products, such as vitamins, offered any hope

The latest reports are expected on the development of vaccines, with scientists turning toward human testing – Sapa-AP

...live together is what to do with their accumulated books

Joining the furniture and appliances of two adults is easy by comparison

You take a look at the couch and decide which one has fewer holes in it

You inspect the mattresses and decide which has the most bounce left You cast a cursory glance over the fridges and make up your mind which is the less toxic

Even the clothes that a newly-beloved one brings to a relationship can be dealt with There is no jersey so gross that it cannot be shrunk in a too hot

...into the great galactic hole that swallows such things along with teaspoons

But books present a totally different challenge I always know when friends are about to become loving house mates, it starts when they begin to discuss each other's book collections

There is the heady discovery that you share the same tastes, the thrill of finding that you have the same signed editions of limited (usually by the publisher) collections of poetry

But what to do when they all have to find a space in the same house This is the real test of relationships

...cheap novels bought at airports in case they ever need to read them again?

How to value a collection of university texts some of which have barely been opened? What to do with the collection of tomes chronicling the early public life of Princess Diana?

I have no idea what the answers to these questions are I know what to do with a nasty framed poster of the *Desiderata* drop it into a bath of hot water while claiming you are attempting to hang it

But books you cannot drop into a bath, however odd some of them may

seem, destroying a book seems too callous an act for even the most determined clearer out of rubbish to commit

In my case the most challenging col-

...ever wanted to know about socialism This is a collection with its own special history

For many years it hid out in other people's attics and mouldy cellars because many of its members were banned This gives it a certain struggle elan but unfortunately also the mildew of ages The odour of secularism lies heavy on its pages

For years it existed peacefully on an out-of-the-way bookshelf, but sad to say the bookshelf was offered up to the deities of home improvement recently For weeks the collection lay on the floor

So, although I have on occasion wished for the whole lot to vanish, I found myself feeling the pain of the imminent destruction of such a lovingly put together and read bunch of books and looked for a safe haven for them

It didn't take too long to realise that the only bookshelf that had any space on it was in the book muncher's bedroom It was also the only bookshelf that had enough height to save history from being turned into toddler grub

I must admit that when I finished the job and took a step backwards it was a somewhat ridiculous and ironic sight

...well the less sa... about that the better

I am not sure how the books fe... about the journey they have made fro... subversion to a home above a shelf ... stuffed animals, but I hope my childre... will one day read them with as muc... pleasure as their father did

At least they will be able to do s... away from the mildew and creeping rc... of censorship Perhaps if they turn th... pages in the sunlight the damp will see... out and the light of knowledge tha... books bring will once again triumpl... over the darkness of fear and ignorance

LETTERS

TELELETTERS

L September, Wynberg Referring to the lottery mania expected to sweep the country soon if the government is to let foreigners run the national lottery, it must make sure there are lots of funds available and keep a close eye on them so the funds do not run dry

❑❑❑

P Lombard, Kuils River With reference to the article "Fivaz clashes with black officers' forum" (Cape Times, June 26) it's time the government stepped in to sort out the racial tension between black and white police before it affects the whole country After all, they are public servants who should set an example and protect law-abiding citizens

❑❑❑

George Adams, Blouberg What is this lame-duck justice system in South Africa doing? There is a big appeal by the authorities for public participation in helping to combat crime and over a long period, and with great difficulty, it may result in the capture of murderers But all this effort is to no avail when clear-thinking judges dish out a sentence of six years for brutal murder and robbery, so that with good behaviour the criminal will be released after only two years
The recent murder of British immigrant Stuart Gaskell is an example

Social problems: tough action needed

MOST of the writing I have seen to date focuses on problems/solutions of a social engineering kind On the one hand, the crime epidemic, on the other, Pagad, on the one hand, law agencies, on the other, the over-burdened legal justice system

The government has announced that crime is on the decline, yet the reality in the Western Cape (this being the focus) suggests otherwise All the media agree, crime has not decreased In fact, crime seems to have escalated Why? The chief culprit seems to be the burgeoning drug trade, involving gangs and the consequent battles over "turf"

Pagad has been stigmatised as being a "reactionary" group little better than the gangs they nominally sought to eliminate through social pressure Social pressure gave way to violence and so began a vicious cycle of killing, which will not cease until some kind of accommodation can be reached A major problem is that often members of crime syndicates are regard to members of Pagad, thus making the animosities "personal"

There are too few policemen and women Any system of justice that appears to offer more sympathy to the perpetrators of crime than to their victims is a system bound to fail as it engenders little or no respect for norms, laws, statistics or servants

For the justice system to work, not only must it work, it must be seen to work —

ON THE RAMPAGE: The government says crime is on the decline, yet the reality is that crime seems to have escalated in the Western Cape

POSTSCRIPT

THIRTEEN-A-SIDE rugby league was once a dirty name in South Africa You may love it or hate it, but one thing is certain — it's ignored

True, the South African public rejected it as a paying sport when brave people tried to inject it into the sporting scene and the only success South Africans achieved was when they cut ties with the 15-a-side game and set off for the north of England — hotbed of the 13-a-side game

At one time, they were "punished" by South African officials and supporters for being honest — playing for money

Many who changed codes made headline impact in Britain Yet they were still looked at sideways when they returned home

I think it's time the new constitution, sports wise, brought the game into the open After all, we see every pro sport you can think of and som... of our greatest amateurs turned to the league code

We pride ourselves on being a sporting nation — only when it suits ourselves? Does prejudice still rule?

I'm not advocating that it be tried here agai... but is the occasional viewing of 13-a-side rugby on TV asking too much?

STEVE MARCHANT
CLAREMONT

I WISH to comment on an incident that I witnessed on the main road intersection between Kirstenhof and Lakeside on Wednesday

I was horrified to see two police vehicles (South Peninsula Protection Forces) confiscating bags of oranges from honest vendors at the traffic lights Do these officers have nothing better to do than ...e who ...

New signs of hope in a time of HIV

CT 29/6/98 (92)

***EVERYONE** who is anyone in the field of Aids has gathered in Geneva this week for the 12th World Aids Conference, which has as its theme "Bridging the Gap" between developed and developing countries in the fight against HIV. This and other recent developments show that the world and its drug companies, its medical aids and its first-world therapies are starting to take more seriously their responsibility to people with HIV in developing countries. All reports by Health Writer **JUDITH SOAL**.*

POWERFUL anti-HIV drugs have changed the face of the Aids epidemic in countries that can afford them, but have been almost unheard of in Africa, which is home to 70% of people with HIV

Yet there are signs of hope Some medical schemes have started to pay for the expensive anti-Aids drug "cocktails", the price of these drugs has dropped dramatically and South Africans taking part in clinical trials are receiving treatments they could never otherwise afford

Admittedly, the number of people who have access to the treatments doesn't touch the sides of our HIV epidemic, but it is a start — a life-changing one for the individuals involved — and Aids activists are confident it can go further

Medical aids, which initially balked at the thought of treatments that can run into thousands of rands every month, have realised just this year that it is cheaper to pay for anti-Aids drugs that keep their members working and paying subscriptions than to pick up the costs of treating Aids-related illnesses Medscheme, Fedsure and Polmed are among the medical aids that are funding HIV-treatment

"We were indirectly paying for people with Aids anyway," said Medscheme's Gary Taylor

"Even though medical aids specifically excluded HIV-related illness from benefits, doctors would fudge the diagnosis and we were paying huge treatment costs

"By rather paying for the drugs we keep our members well and working, and it makes good sense financially, as well as being the more humane thing to do"

One of the programmes, called Aid for Aids, was developed by Medscheme subsidiary Pharmaceutical Benefit Management (PBM) and launched in May It provides flexible guidelines for the treatment of the disease and offers complete confidentiality to members Medscheme members Meddent, Barlows, Bonitas and Phila are among the schemes that have signed up so far

The programme allows each medical aid to choose between different levels of medical cover, providing either two or three of the elements of anti-Aids drug cocktails known as antiretroviral therapy

It also pays for AZT for pregnant mothers to reduce the likelihood that they'll pass the virus to their babies, covers other HIV-related medical costs and provides counselling services for members and treatment advice to doctors

"About 1,2 million people have access to this programme already and we expect to have 2,5m in the next three months, with more schemes joining all the time," said PBM's Rodney Cowlin

"Of course not all of these people are HIV-positive, but the ones that are can join Aid for Aids without paying anything extra

"Besides the cost benefits, it's only fair If medical schemes pay for lung cancer treatment for a person who smokes 40 cigarettes a day, how can we refuse to pay for people with Aids — no matter how they got it?" Cowlin asked

It's probably no coincidence that since medical aids started paying for the drugs many companies who provide them have dropped their prices substantially Glaxo Wellcome reduced the price of AZT by a third, Bristol-Myers Squibb dropped prices by almost a half and Hoffman LaRoche cut the price of one drug by 20%

The drug companies say they are discussing ways to bring the prices down further

"There isn't one company that can supply all the drugs needed for proper HIV treatment, so we have to co-operate with each other, although we remain competitive," said Patrick Illidge of the drug company Abbott.

"We can bring the prices down substantially if the volume of sales goes up, so we are trying to work with medical aids, clinicians and the government to improve the strategy for funding these drugs in South Africa, which up to now has been disastrous"

Another way that South Africans are getting the drugs is through participating in clinical trials funded by companies eager to prove that their products work best South Africa is a popular site for trials because of the high prevalence of HIV and good clinical infrastructure compared with other countries with similar infection rates

"We have about 200 or 300 people on trials here," said Robin Wood of Somerset Hospital "These are people who wouldn't have access to expensive treatments any other way, and many of them are responding extremely well"

There are roughly 400 adults on drug trials at other hospitals or private practices around the country

But these numbers are minuscule compared with the number of people who have HIV Only 15% of our population has medical aid cover and clinical trials will never reach all of the rest Although it is unlikely that the South African government will be able to pay for the kind of care that is available in developed countries ("Any one who says the state can afford it hasn't done their sums properly," says Wood) there is more that can be done

"We can't just give up and say 'Oh well, those treatments are out of our reach'," said Malcolm Steinberg of HIV Management Services "We have to find ways of getting whatever we can to as many people as possible And there are ways"

The most obvious way to start is by giving AZT to pregnant women with HIV, so halving the likelihood that their children will be infected This programme would save over 18 000 young lives a year if implemented nationally and 750 lives in the Western Cape Aids activists are angry that the government has dithered for so long, but at last there are signs that the programme is being taken seriously

It makes sense, financially, to pay for drugs (and it is) the humane thing to do.

Fareed Abdullah of the Western Cape health department says a pilot scheme for testing all pregnant women for HIV and giving AZT to those who need it will begin in some of the province's worst-hit areas "within weeks"

Those in the know say drug companies could still drop their prices substantially without scratching at profits

"Take AZT as an example," said one insider "They've made so much money from it already, they could sell tablets for one cent each without making a loss The government and clinicians have to work together to put pressure on them to live up to their responsibilities to people in developing countries"

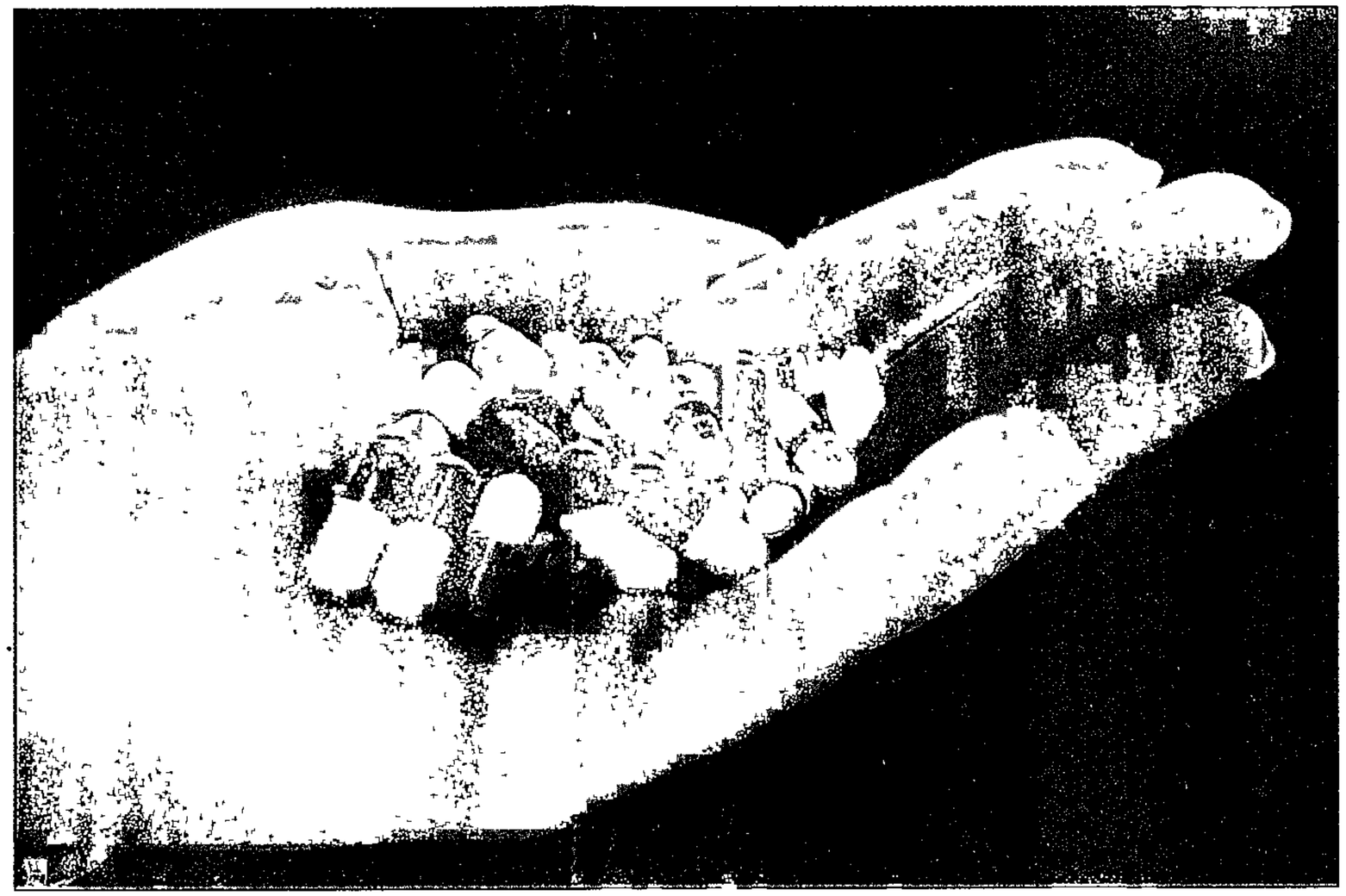
Gary Lamont of the HIV organisation Wola Nani is adamant that treatment for Aids is not out of South Africa's reach "We may not be able to afford the whole hog for everyone, but not to give anything at all, for a country with our economy, is simply inexcusable," he said

"There are very promising treatments — like ddI and hydroxyurea — that cost just over R300 a month, which is affordable in certain cases"

The 12th World Aids Conference in Geneva, where everyone who is anyone in the field of Aids has gathered this week, has as its theme "Bridging the Gap" between treatments available to people in developed and in developing countries Many new, simplified treatments are expected to be announced

The world and its drug companies are finally realising that it is not good enough to develop complicated, expensive treatments that are beyond the reach of the countries most seriously affected by the epidemic

For South Africa's three million people with HIV, this is the best sign of hope so far



MORE THAN A MOUTHFUL: The daily dose of drugs for one variation of anti-Aids "cocktail" therapy These drugs don't cure HIV-infection, but patients who take them live significantly longer and are healthier than sufferers who don't

Why drug 'cocktails' fight virus effectively

THE arena of antiretroviral therapy (what the clinicians call the drugs that fight HIV infection) is a confusing one

Anti-Aids drugs come with names that easily fill a mouth and most of them are known by acronyms, which can be confusing in itself New drugs are being developed all the time and ongoing research adds to the knowledge about existing treatments Nothing is certain — except that people who take these drugs live longer and are healthier than people who don't

The drugs don't cure HIV infection, but have turned it from a fatal disease into a long-term manageable one, with about 60% of people who take them responding so well that the virus is not detectable in their blood Unfortunately some of the virus remains in their bodies These people remain HIV-positive and are able to pass HIV to others

Years of research has shown that all these drugs work best when used together — hence the "cocktails" or combination therapies If they are used alone the virus quickly learns to resist the drug (through normal processes of mutation)

The drugs are all aimed at stopping the virus from reproducing, but are divided into three classes according to how they do this

● The first class to be developed were the nucleoside analogues — or nucleoside analogue reverse transcriptase inhibitors (NRTIs) The most famous of these is AZT, the first HIV treatment discovered, which was launched in the US in 1987 Other well-known ones available in South Africa are 3TC, ddI and d4T These drugs mimic part of the virus' genetic material and work to interfere with the virus creating new copies of itself The prices of AZT and ddI have dropped dramatically in the past few months, to about R450 and R250 per person per month, respectively, as drug companies fight to capture the market The others range from R350 to R1 000

● The newest class of drugs work at the same stage as NRTIs, but in a different way They are known as non-nucleoside reverse transcriptase inhibitors (NNRTIs) These drugs bind directly to enzymes in the virus, upsetting the reproductive cycle The only one of this class approved for use in South Africa is nevirapine, which was registered two weeks ago It costs about R1 200 for a month's supply

● The last class is the protease inhibitors, which work at the final stage of the virus' reproductive cycle The drug interferes with the newly made HIV proteins being cut into the small pieces needed to build more viruses Examples available here include saquinavir, ritonavir and indinavir These are the most expensive drugs to make and it is unlikely that their prices will drop significantly They cost about R2 000 a month

● Another drug, which doesn't fit into these classes, is hydroxyurea It was developed as a treatment for cancer, but has been found to boost the effects of other anti-Aids drugs and reduce the supply of the DNA-building blocks that HIV needs to reproduce It is the cheapest of the drugs, available for about R60 a month, and has shown promising results when used with ddI

Clinicians typically select two drugs from the first class and one from the third — although people sometimes take four or five different drugs, and when resources are limited two drugs from the first class are used alone Other combinations are also being attempted

A big factor, of course, is cost, with triple-combination therapy costing up to R4 000 a month, depending on which drugs are selected Not all drugs work for all people, so clinicians often have to alter the combinations used

Many of these drugs have unpleasant side-effects, such as rashes, nausea, vomiting and fatigue Patients have to take a large number of tablets, every day, for the rest of their lives

Because of this, patients often stop the therapy or don't follow the prescribed doses reliability This can lead to drug-resistant HIV infection

New, simplified treatment regimes are expected to be announced at the 12th World Aids Conference in Geneva, which starts this week

Employers missing point about HIV tests

BD 30/6/98 (92)

The issue of pre-employment HIV testing is a thorny and controversial one in SA Fatima Hassan looks at the debate

DURING last year, the South African Law Commission project committee on HIV/AIDS drafted a working paper that proposed that pre-employment HIV testing should be prohibited in SA, save in certain exceptional cases

This proposal was greeted with alarm by many employers

This year the Employment Equity Bill also attempted to prohibit discriminatory medical tests and this, too, has met controversy The final wording of the provision that will appear in the Employment Equity Act is uncertain.

To informed observers, this discussion seems archaic. As long ago as 1988, the World Health Organisation (WHO) and the International Labour Organisation (ILO) issued a consensus statement stating that "pre-employment HIV/AIDS screening as part of the assessment of fitness to work is unnecessary and should not be required"

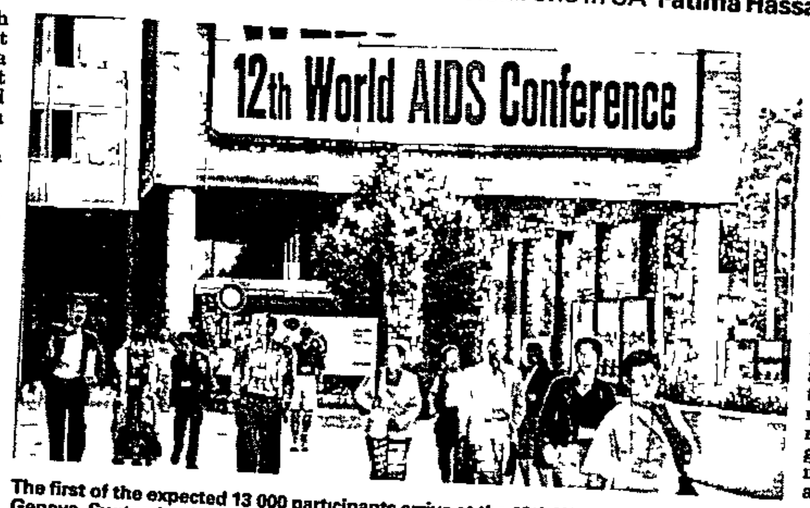
Ten years later, while other countries are dealing with issues of managing HIV/AIDS in the workplace, SA is still plagued by issues of access to the workplace

SA employers seem oblivious to international consensus that pre-employment HIV testing is an ineffective mechanism in keeping any workplace "HIV/AIDS free" Pre-employment HIV testing disregards the following:

- The person being tested may be in the "window period" (the first three months of infection when HIV cannot be detected),
- Many employees will be infected with HIV during the course of their employment,
- People living with HIV live productive lives for up to 10 years before developing AIDS — and this period can be significantly extended with medical support, and
- Finally, on the basis of medical breakthroughs, experts predict that in the foreseeable future HIV/AIDS will become a "chronic" manageable illness, rather than terminal.

Many foreign jurisdictions prohibit pre-employment HIV-testing, either through specific employment legislation or case law argued under antidiscrimination or employment equity legislation.

In these jurisdictions, pre-employment medical testing is allowed only in exceptional circumstances, usually where it can be proved to bear on an "inherent requirement of a job" The employer bears the onus of proving the latter at an appropriate labour forum, and cannot adopt a "test first, justify later" approach.



The first of the expected 13 000 participants arrive at the 12th World AIDS Conference in Geneva, Switzerland, yesterday In SA, policy makers are grappling with the issue of pre-employment HIV testing

This approach is reflected in the judgement of X v Commission of the European Communities (1995) An applicant to the European Commission refused to agree to an HIV test. A disguised test was ordered by the medical officer who thereby determined that the applicant had AIDS The applicant was then refused employment. The European Court of Justice held that the "differential test" was an infringement of the applicant's right to "private life" (article 8 European convention of Human Rights)

Closer to home, in September 1997, the Southern African Developing Community (SADC) Council of Ministers approved the SADC code on AIDS and Employment which provided that "there should be no direct or indirect pre-employment test for HIV" and "employees should be given only the normal medical tests of current fitness for work" SADC member states were called on to implement the code in national legislation.

What does existing SA legislation say about HIV testing?

The Labour Relations Act (LRA) of 1996 protects employees and job applicants from "unfair labour practices" but is silent on the issue of when discrimination on the grounds of HIV is unfair Clarity can be obtained only if an employee lodges a dispute But the LRA does provide that where an employer shows that the discrimination is based on an inherent requirement of the job, it will be deemed fair

Government, on the other hand, has recognised that pre-employment HIV testing is unfair as well as ineffective in keeping any workplace "HIV-free" In May 1997, a Cabinet committee agreed to abandon pre-employment HIV testing in all state organs.

Perhaps most relevant now is the Employment Equity Bill, which proposes that medical testing be prohibited except in certain circumstances, namely; if other legislation permits it or it is justifiable in light of medical facts, employment conditions, social policy, the fair distribution of employee benefits or the inherent requirements of a specific job

At the National Economic, Development and Labour Council, labour and business could not reach consensus on this provision. Both proposed that medical testing should not be allowed unless "other legislation permits same" But this approach is confused as the LRA is silent on medical testing and there is no (other) legislation governing medical testing. So what do business and labour mean?

If they foresee the introduction of specific medical testing legislation, then that legislation that authorises medical testing in exceptional cases (as they propose) must logically also prohibit medical testing in general, that is, in "nonexceptional cases" The drafters of legislation have always provided for both the general rule and the exception as legislation cannot serve any purpose if it deals with only one side of the coin.

But, if specific legislation is not introduced in SA, the provisions of the Employment Equity Bill must be strengthened to prohibit direct and indirect HIV testing so that where employers seek to conduct medical tests, they get appropriate permission. This should avoid disputes during the selection process

Employers frequently ask, why should there be specific legislation on HIV/AIDS?

The answer is that this legislation is required constitutionally because of the alarming rate of routine and unfair pre-employment HIV testing in SA. It is also a response to the conduct of employers who have denied people living with HIV gainful employment or access to workplace benefits

If legislation is not introduced, the realities of our existing economic climate mean that it will be difficult for employees to refuse to undergo medical tests

This will result in the exploitation of an already vulnerable labour force

Without this legislation, many cases of unjustified pre-employment HIV/AIDS testing will go unchallenged In the rare instance of a challenge, the case will be lengthy and expensive

Instead of opposing the SA Law Commission's proposal to prohibit pre-employment HIV testing, save in exceptional cases, we should encourage legislation that obliges employers to approach the labour court for permission to conduct pre-employment HIV testing in so-called exceptional cases

This will prevent employers taking unfair advantage of economically vulnerable employees

Hassan is an attorney with the AIDS Law Project and Employment Equity Alliance

A sad day as Britain holds final tea auction

Dirk Beveridge

THE gavel fell on the last batch of tea to be auctioned in London yesterday, closing three centuries of tradition for dealers who now find the fax and Internet more convenient. "Obviously, there is a twinge of sadness over that," said Mike Bunston, the auctioneer with Wilson, Smithett & Company

Bunston thought for a moment he might not find a buyer for the final lot of Zimbabwe Pekoe Dust, which he admitted was just so-so tea. But wholesaler Tea Services struck the last deal with an unchallenged offer of 60p a kilo The bidder, Jim Vart, saw nothing emotional about the trade "It was quite cheap," was his comment.

Once London was a vital centre of tea trading, when British companies shipped in chests of tea from colonies in Asia and Africa. The auctions used to run for days, but in recent years London sales dwindled as tea growers established their own auctions closer to home, such as those in Calcutta and Mombasa.

The London auctions finally took up just one day a week, Monday, before fading to the point where all sales could be done in an hour

Yesterday's auction took about 45 minutes It brought lots of nostalgia to grey-haired tea dealers, and some retired ones came along just to witness the end

"I can't contemplate it, really," said Harald Grieve, who has been in the tea industry since 1936 with blending and packing company Matthew Algie, in Glasgow

"It's a sad old day," said Malcolm Ferris-Lay, sales director with merchants Williamson & Magor

The tea dealers predict they will still enjoy a healthy business Britons still consume more tea than they do coffee or soft drinks

Robin Harrison of the Tea Brokers' Association of London said. "We will be seeking to use more modern technology in buying and selling tea. Developments such as e-mail and the Internet are more cost-effective ways of trading than the current arrangements" — Sapa-AP

Facts on spread of HIV

SOURCE: UNAids programme, World Health Organisation, joint report issued June 23, 1998

INFECTION

- *30.6 million people (estimated) are currently infected with HIV or have Aids. Of these, 21 million live in sub-Saharan Africa and six million in Asia.*
- *Last year 5.8 million more people were infected with the virus.*
- *An estimated 16 000 new HIV infections occur every day.*
- *In the developing world, 90% of those infected are unaware that they are HIV-positive*
- *Further regional breakdown of 1997 child and adult Aids/HIV carriers — with percentage change 1992-96:*

North America, 0,86 million (down 13%)
Caribbean, 0,31 million (up 47%).
Latin America, 1,3 million (up 43%).
Western Europe, 0,48 million (up two%).
North Africa and Middle East, 0,21 million (up 46%).
Eastern Europe and Central Asia, 0,19 million (up 23,8%).
South and South-East Asia, 5,8 million (up 26,1%)
East Asia and Pacific, 0,42 million (up 65,8%).
Australia and New Zealand, 0,12 million (down 14%).

- *Breakdown in Western Europe*

Spain 120 000, France 110 000, Italy 90 000, Germany 35 000, Portugal 35 000, Britain 25 000, Netherlands 14 000, Austria 7 500, Belgium 7 500, Greece 7 500, Denmark 3 100, Sweden 3 000, Ireland 1 700, Finland 500, Luxemburg 300.

DEATHS

- *2,3 million people died of Aids-related diseases in 1997. Only a small fraction of these lived in the industrialised world*
- *11,7 million deaths from Aids have occurred since the epidemic began two decades ago.*
- *Of these, 2,7 million were children, usually infected by their mothers.*
- *Of all Aids-related deaths, 83% occurred in sub-Saharan Africa.*
- *3,9 million women have died of Aids.*
- *In 1997, the disease left 1,6 million orphans.*
- *Most of the present 30.6 million people with Aids/HIV are likely to die within 10 years unless life-prolonging treatment is made available.*

MODES OF TRANSMISSION (1996)

- *World: Heterosexual transmission, 70 to 75%; homosexual, five to 10%; intravenous drug use, five to 10%; blood transfusions, three to five percent; other 0 to 17%.*

— Sapa-AFP

Aids: Time to embrace new realism

(92)
CT 30/6/98

THE 12th World Aids Conference this week in Geneva has heard pleas for national leaders to muster the political courage to carry out strong prevention programmes to halt the global pandemic.

LAWRENCE K ALTMAN

PETER PIOT, the head of the UN Aids programme, told the conference that "it is time to embrace a new realism and a new urgency in our efforts" to overcome complacency about HIV, the virus that causes Aids

He said the world is facing a "runaway epidemic"

"This epidemic is out of control at the very time when we know what to do, and what to do now," Piot said

He was pointing to areas in Africa where one in four adults is HIV infected

Other speakers said there was clear and increasing evidence that condoms for men and women, sex education, public information campaigns, short courses of drugs to reduce mother-to-child transmission of HIV, needle exchange programmes for injecting drug users and other measures can prevent HIV

The female condom, speakers said, was giving women more choice in protecting themselves against HIV More than 18 million female condoms have been sold since 1992 The UN has negotiated a programme in which four million female condoms were sold in developing countries last year

Scores more millions of male condoms have been sold to combat HIV since the Aids epidemic was discovered in 1981

Such preventive measures have slowed down HIV infection rates in developed countries and a few developing countries such as Senegal, Thailand and Uganda, but Piot said that more should be done

"Why is it, despite our efforts, that 16 000 people a day are still getting HIV when the infection is preventable?" he asked.

"It's a collective failure of the world "

Dr Ruth Cardoso, Brazil's first lady, said "The Aids epidemic is a global public health priority

"Governments everywhere must be called upon, once and for all, to stop adopting the self-defeating attitude of downplaying the problem's urgency and to take on the fight against Aids as a major priority for their national agendas," she said

Brazil ranks fourth on the UN's list of infected countries with 580 000 adult carriers of HIV, while Aids is Brazil's second-leading cause of death among 20- to 49-year-olds, Cardoso said

In Brazil she heads a government-civilian programme to combat poverty and social ostracism

Ruth Dreifuss, the Swiss Minister of Interior, Health and Social Affairs, said the benefits of "targeted prevention campaigns far exceed their supposed negative effects"

"Sex education and the promotion of condoms among young people works and does not lead to an increased number of sexual partners," Dreifuss said

She added that drug users have access to free needle exchange programmes in Switzerland, which has drastically reduced the sharing of needles, a source of HIV transmission

She also said that 87% of the Swiss population supports such measures

Critics pointed to the US government's lack of financial support for needle exchange programmes that researchers have shown to be effective in reducing HIV infections

In April, Secretary of Health and Human Services Donna Shalala endorsed the use of needle exchanges but declined to help communities with federal money to run such programmes

Asked about the discrepancy between the scientific findings and Clinton administration policy on needle exchange programmes, Dr Helene Gayle, who heads the Aids programme at the Centres for Disease Control and Prevention, said "We all know that science should be the basis of our policy

"But it's not a perfect world People in policy roles juggle a lot of things Needle exchange is a complex issue in a complex world "

Financing for prevention has not kept pace with the epidemic, and in some cases has actually declined as the number of people affected by HIV has increased, Dr Peter Lamptey, who heads an Aids programme for Family Health International in Research Park Triangle, North Carolina, said at a separate meeting on Aids prevention here on Sunday

With more than 13 200 scientists, health workers, government officials and representatives of anti-Aids groups registered on the first day, this is the biggest such conference since the first was held in Atlanta in 1985

More than 10 million people have become infected with HIV since the last Aids conference in Vancouver in 1996

About half are under 25 — The Times, London

PENSIVE: Swiss federal counsellor Ruth Dreifuss at the 12th World Aids Conference *PICTURE: AP*

Education is key to prevention

GENEVA: Experts at the 12th World Aids Congress have discussed their countries' problems in distributing information to young people and agree that education is the key to prevention

SA's Christo Greyling emphasised the need to overcome "all kinds of communication barriers" by tailoring programmes to individual cultures

US Surgeon-General David Satcher said his country needed to be more straightforward in communicating the risk of Aids to its young "In a country where sex is happening everywhere — movies, TV, anywhere you can imagine — when it comes to addressing it, frankly we have some way to go "

He joined other experts in calling for greater efforts to prevent the virus from spreading Satcher said the US needed to deal with the virus realistically and not merely by emphasising the need for abstinence Each year, an estimated 40 000 to 80 000 Americans, most adolescents, became infected Researcher Stephen Banspach of the Centres for Disease Control in Atlanta added that annually one in four US adolescents contracted a sexually transmitted disease

A Texas-California study had found that safe-sex education increased the use of condoms among high school students without encouraging sexual activity, Banspach said

Feliciano Reyna of RedMet Sida, a group of Aids organisations in Caracas, said "silence rules" in Venezuela She blamed the government and Catholic Church for not talking about Aids

In France, the fear of fuelling racism had stalled efforts to educate the country's North African community, said researcher Latefa Imane — Sapa-AP

New HIV cases hit under-25 group

Youth take on caregiver role

ARG 30/6/98 (93)

JENNY VIALL
HEALTH REPORTER

Most new HIV infections in South Africa are happening among people under the age of 25, with young women and girls twice as likely to be infected as young boys.

In addition, young people are finding themselves caring for older adults who have full-blown AIDS

Rose Smart, director of the national AIDS programme of the Department of Health, said girls were more vulnerable than boys to HIV because they matured physically faster then boys and were subject to sexual advances at an earlier age Their immature reproductive systems were more prone to HIV transmission

Children are affected in many ways by the AIDS epidemic

An HIV/AIDS programme in KwaZulu Natal has found that very often the primary caregivers for people with full-blown AIDS are under the age of 10

They miss out on schooling and have to cope with the suffering and death of their parents

The AIDS programme is running an awareness campaign aimed at reaching as many people as possible.

The AIDS helpline number is 0800 012 322

Ms Smart says the first concern of the national AIDS programme is to make sure everyone is aware of the threat of AIDS to the young people of South Africa

The second concern is to make information available to children and young people and to make services that offer counselling and care as youth-friendly as possible.

Doctors find AIDS fighting back against key drugs

(92) SA ARG 1/7/98

Boston – Doctors have found a strain of the AIDS virus that is resistant to two classes of drugs crucial in keeping it at bay.

"It raises important concerns," said Frederick Hecht, an epidemiologist at the University of California in San Francisco and leader of the team that uncovered two patients with the resistant virus

Dr Hecht said yesterday from the World AIDS Conference in Geneva that many experts had predicted that even if the AIDS virus could transform itself to become resistant to both types of drugs, the transformation would severely weaken the virus, making it difficult – if not impossible – to spread.

Those hopes had been dashed by the discovery of the resistant virus in a middle-aged homosexual man who picked up the strain from a lover whose long-term treatments with anti-AIDS drugs had allowed the virus to learn how to overcome them

In the San Francisco case, the virus was found to be resistant to a class of drugs known as "reverse transcriptase inhibitors", and a newer class known as "protease inhibitors".

The finding meant that "not only are we going to have to deal with problems of resistance in people who are already on these treatments, we're going to start dealing with this in people who have not begun treatment, but have recently become infected," said Dr Hecht.

Two similar cases, in which the virus developed a resistance to multiple drugs, were being detailed at the conference, which meant that the appearance of a resistant virus strain that could easily spread was not a fluke, the researcher said.

The Hecht study was scheduled to be published in the July 30 issue of the *New England Journal Of Medicine*, but the journal's editors decided to allow the results to be released yesterday because the findings were so significant they had to be presented at the international conference.

The case was uncovered as part of an unrelated study in which about 20 newly infected volunteers in the San Francisco area were given standard treatment. The amount of AIDS virus in the blood of one individual failed to fall to undetectable levels after 12 weeks of therapy.

At the same time, Robert Grant, also at UCSF, was using laboratory tests to see how well the volunteers would respond to specific anti-AIDS drugs. Dr Grant spotted one patient whose virus was resistant to a host of them – Reuters

used in treatment

OPTIMISM AT AIDS CONFERENCE

Eradication of HIV 'something we can do'

CT 11/7/98 (92)

GENEVA: "Eradication of HIV is not a myth — this is something we can do," a leading researcher said at the 12th World Aids Conference here.

RESEARCHERS raised the possibility yesterday that treatment may someday eliminate the Aids virus from the body or reduce it to a point where the immune system can successfully control it

"Eradication of HIV is not a myth," said Roberto Siliciano of Johns Hopkins University "This is something we can do"

The goal, he said, was to find the spots in the body where the virus lingered, then flush it out and kill it

Siliciano spoke at the 12th World Aids Conference, where researchers reported on experiments to measure long-lived pools of HIV-infected cells and destroy them

Combination drug therapies with medicines called protease inhibitors can reduce levels of the HIV in the bloodstream so low that they cannot be readily measured However, tests show that so-called memory CD4 cells in the lymph tissues continue to harbour the virus.

After a person has spent years on anti-Aids treatment, the immune responses that have been damaged by Aids rebound and grow more powerful

Some scientists believe that at this point it may sometimes be possible for the immune system to control the lingering infection even if the virus is not wiped out entirely

"It may be that you don't have to eliminate it," said Anthony Fauci of the US National Institute of Allergy and Infectious Diseases

He and others at the meeting described cases in which people stopped treatment and yet their virus did not rebound in the bloodstream, apparently because their immune systems were able to control it

Fauci said one possibility was to stimulate the latently infected cells so they would release their virus and die While experiments show this may shrink the pool of infected cells, so far it has not wiped them out completely

At the conference on Monday, researchers described the development of two new medicines that might offer easy-to-take alternatives to protease inhibitors, which have been the key ingredient of the so-called Aids cocktail until now

The goal is to find the spots in the body where the virus lingers, then flush it out and kill it

The medicines both appear to be about as effective as protease inhibitors but far fewer pills are needed than the standard mix They may help those people who fail to respond to protease inhibitors or suffer bad side-effects from them

The two drugs are DuPont Pharmaceuticals' Sustiva and Glaxo Wellcome's Ziagen Sustiva is known generically as efavirenz and Ziagen as abacavir Both companies have asked the US Food and Drug Administration for approval to sell the drugs, based on the data presented at this week's meeting

The drugs will be given in combination with two older Aids medicines, like protease inhibitors. Taken early in infection, the protease inhibitor combinations keep people from getting sick. Given to people whose bodies are already ravaged by the virus they often produce dramatic turnarounds.

Their biggest drawback for many is that as many as 20 pills must be taken on a precise schedule throughout the day Some doctors are reluctant to prescribe them to people who are not motivated to take them exactly on schedule, because missing even a few pills allows mutant viruses to evolve that are impervious to the drugs.

When taking protease inhibitors "you have to plan, you have to be organised, and you have to be disciplined", said Schlomo Staszewski of Goethe University in Frankfurt, Germany He was involved in testing both new drugs "There is a need for simpler treatments, ones that patients can adhere to better"

Patients on three-drug combinations with Sustiva would take five pills a day, one in the morning and four in the evening Those on a Ziagen combination would take three in the morning and three in the evening

The two drugs have not been compared head to head Only Sustiva has been directly compared with standard protease inhibitor therapy

Both Sustiva and Ziagen thwart HIV by blocking an essential enzyme called reverse transcriptase — Sapa-AP

'IT'S ALL ABOUT EMPOWERMENT'

R400m grant 'likely'

CT 3/7/98

ALTHOUGH surprised at the slow rate of change, Swiss politicians are enthusiastic about renewing a R400 million grant to South Africa. **CHRIS BATEMAN** reports.

SURPRISE first, then sympathy with the slow pace of change in South Africa were the overwhelming responses of a group of Swiss politicians and development workers, who wound up a week long tour of the country with a visit to Khayelitsha yesterday

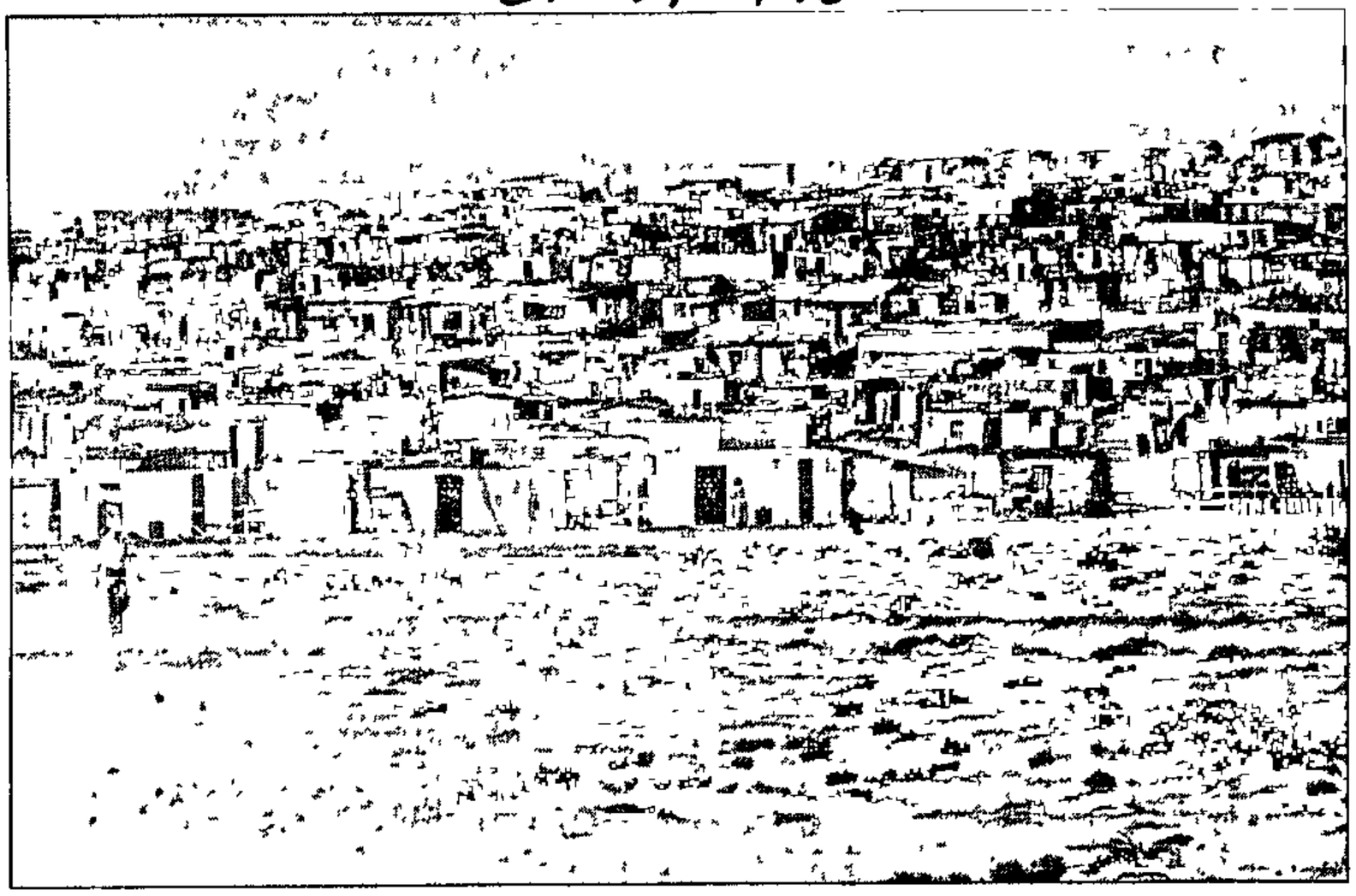
"The transition process didn't go as fast as I had hoped, but then I look at your country's formal debts and realise that this new nation is paying over twice the price that the old government was paying," Remo Gysin, of the Swiss Social Democrats said

He and two colleagues from the Green Party and the Liberal Christian Democrats are convinced that South Africa deserves a repeat of the R400 million granted to the fledgling democracy in 1994

Their task will be complicated by unemployment at home — an issue taken very seriously by Swiss voters, politicians and the media

At five percent, it seems tame compared to our 40% estimate — yet that is the reality they'll need to overcome in voting anything approaching another R400m for a country at the other end of the globe

"When I see South Africa writing off Namibia's debt, I reckon that's something worthy of recognition by the European Community," Gysin adds



CASE FOR EMPOWERMENT: The sprawling township of Khayelitsha, where Swiss politicians and development workers toured this week. FILE PICTURE

(Lotto) (59) (92)

The Swiss largesse — finely monitored after major controversies involving squandering by local NGOs in the years leading up to democracy — has been carefully targeted into pivotal empowerment projects across the country, and will reach the end of its five-year span in 1999

This includes up to 80% of the funds being ploughed into water and sanitation projects in Eastern Cape shanty towns and the rest going to human rights work (the salaries of two TRC lawyers and farmworkers' education projects) and Aids education projects

Locally, the funds have worked best in raising the level of awareness of their rights among farm workers, while in KwaZulu-Natal and Gauteng, Aids and drama workshops on major social issues and agricultural assistance have paid handsome dividends

"It's all about empowerment," said Jeanine Kosch-Vernier of the Swiss Catholic Lenten Fund, one of three Swiss church NGOs operating in South Africa

Kosch-Vernier said Swiss investors were wary of the new South African labour legislation, "yet they have to be convinced that working conditions are crucial to success"

Gysin said he believed that with two of their group being on the Swiss foreign affairs committee, voting a large proportion of what was funded in 1994 was a distinct possibility

If the vote is carried, the funds should be available by 1999 One thing seems certain The exchange rate will ensure that even if a lesser amount is voted, it will equal the R400m voted in 1994

Winnie meets Kenyan president to discuss controversial AIDS treatment

(92) ARG 4/7/98

Nairobi – Winnie Madikizela-Mandela yesterday met Kenyan President Daniel arap Moi during a visit to the east African country to promote a controversial treatment for HIV and AIDS.

Ms Madikizela-Mandela was in Kenya to lend her support to an ozone treatment used by a British researcher who claims to have successfully treated several patients at his clinic in Nairobi. Her support for Basil Wainwright's clinic has rekindled a controversy over AIDS treatments in Kenya.

About 1,1 million people in Kenya are infected with HIV, a figure expected to climb to 1,7 million by 2000.

Kenyan doctors have publicly dissociated themselves from Dr Wainwright.

Yesterday, Ms Madikizela-Mandela and Dr Wainwright were granted a special audience with Mr Moi in which they discussed the fight against AIDS and Dr Wainwright's research.

"The president has always been supportive of our efforts," Mr Wainwright said after the meeting.

During a tour of Dr Wainwright's clinic on Thursday, Ms Madikizela-Mandela said she supported his efforts. "We will fight to the bitter end for Dr Wainwright to be allowed to administer his treatment," Ms Madikizela-Mandela told the East African Standard newspaper.

She also accused industrialised countries of protecting their pharmaceutical industries by discrediting and outlawing cheaper treatments for the disease. – Reuters

Battle against AIDS not nearly won

Finding a permanent cure for AIDS could be at least a decade away, reports **David Pilling** in the wake of the recent World Aids Conference in Geneva

(92) BD 9/7/98

MARK Harrington ought to be dead So should tens of thousands of others who, like him, are infected with HIV, the virus that causes AIDS They are still alive thanks to a combination of drugs that suppresses the virus below detectable levels and reinvigorates the immune system

Has AIDS been defeated? Not by a long shot

True, the "triple cocktail" launched two years ago at the World AIDS Conference in Vancouver has caused the number of deaths to drop sharply in the industrialised world In western Europe, hospices are starting to close as fewer patients develop full-blown AIDS In 1995 there were 25 000 new Aids cases in Europe, this year, there will be nearer 10 000 The fall in the US has been equally sharp

However, at the recent AIDS Conference in Geneva, the mood was less optimistic Since 1996 it has become clear that triple-drug therapy cannot destroy HIV It works by interfering with two enzymes, one that allows the virus to bind on to immune cells, the other that helps it bully the host cell into producing copies of the virus

This merely drives HIV into retreat If a patient stops the therapy, the virus bounces back within days

Why would anyone stop therapy? Because most triple-cocktail regimens are so complicated that more than half of those on them cannot stick to all the requirements Some patients take 20 pills a day Some tablets must be swallowed at 4am, some hours before eating, others on a full stomach Pills must be taken for life

The regimens are so rigorous that many HIV sufferers think hard before committing themselves to what Harrington calls "the nightmare of adjustment to lifelong compliance"

There are side effects Many patients taking protease inhibitors suffer from fat redistribution that leaves their faces gaunt, their arms and legs stick-like and their abdomens bloated Others develop swellings on the back of the neck, sometimes so severe that they cannot turn their heads Protease inhibitors may cause diabetes and heart and brain disease

All this may still be better than AIDS but it explains the difficulty of sticking to the anti-HIV cocktail

Moreover, some new strains of HIV appear to be resistant to all the drugs on the market People infected with such strains are back to square one

"Vancouver saw a mixture of euphoria and hubris," says Peter Piot, executive director of the Joint United Nations (UN) Programme on HIV/AIDS

"The good news is that the beneficial effects of these drugs have been confirmed The bad news is that a cure is highly unlikely and the drugs have more side effects than we imagined

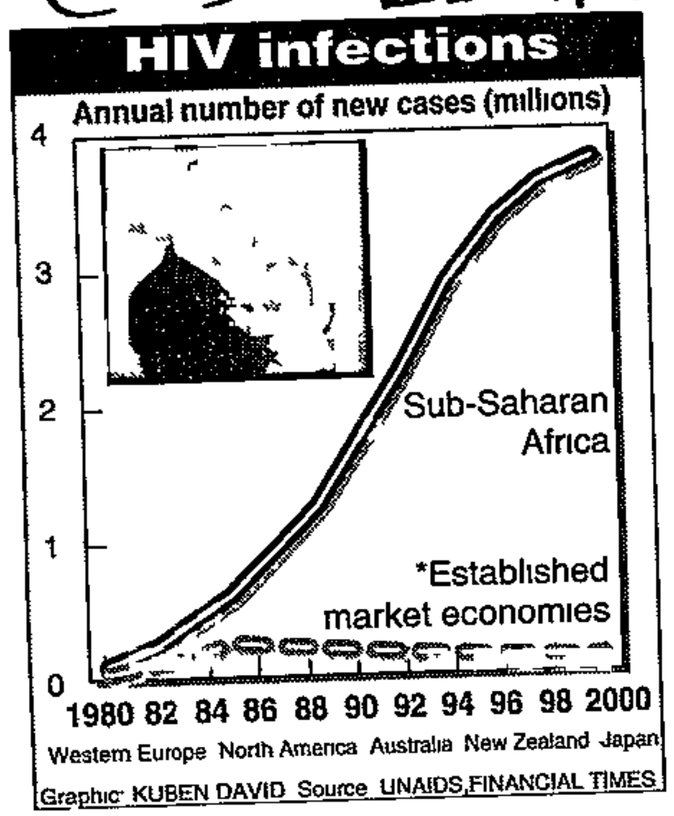
"The worse news is that none of this has any effect on developing countries, where 90% of HIV sufferers live "

A typical triple cocktail costs about $15 000 a year At that price, the entire per capita health budget of Kenya would buy six hours of coverage

So while the disease is being curbed in the west, it is exploding elsewhere Since 1996 an estimated 10-million people have become infected, taking the total to 30-million — one in 100 of the world's adult population

In some parts of southern Africa a quarter of adults are HIV-positive And HIV is rampant in parts of the world where it was slow to get going India, parts of Latin America and eastern Europe, and now, perhaps most worrying of all, China

In the long run only a cure can halt the epidemic, according to those at the UN's AIDS programme



The search for that cure is likely to pursue twin tracks In the west, pharmaceutical companies are pouring billions into new drugs to improve the triple cocktail At the conference, they presented compounds that aim both to simplify pill-swallowing regimens and to cut down on side effects As more drugs come on to the market clinicians will have multiple combinations to try

If a patient develops resistance to one three-drug combination, the doctor will have alternatives "You use the drugs to create a lag time so that you can keep coming up with new drugs to combat new mutant strains," says Julio Montaner, an HIV specialist working in Canada

Other researchers are studying the possibility of driving out the reservoirs of latent HIV cells that manage to evade present treatment Some hope that, if the virus is kept at bay long enough, it may disappear

As long as AIDS drugs remain so costly, the only effective way of helping developing countries is to find a preventative vaccine rather than a cure

However, of the tens of billions of dollars invested in AIDS research, only a tiny fraction has been put into vaccines This is partly a business decision studies show that an HIV vaccine would not have a big market in the west, where most people judge themselves to be in low-risk groups And it would be difficult to charge enough in the developing world to recoup the research and development costs

Reluctance to start vaccine research has also been a matter of science Surprisingly little is known about how HIV operates And what is known is not encouraging

HIV is a retrovirus it integrates itself into its host's DNA, making it the medical equivalent of a corrupted hard disc rather than faulty software It is also covered in sugar, rendering it difficult for potential antibodies to find It is also a very poor replicator, bad copying means mutation, making it hard to destroy with any single combatant

Despite such difficulties, the first large-scale clinical trials for an HIV vaccine were approved by the US food and drug administration last month VaxGen, a Californian biotechnology company, will inject 5 000 high-risk US volunteers with a genetically engineered vaccine made from the spikes that HIV uses to enter the immune cells The hope is that, by injecting this (harmless) portion of HIV, the body will be fooled into creating antibodies

Depending on which scientist you speak to, HIV is either too sophisticated or too unsophisticated to be beaten by VaxGen's strategy

It will be at least 10 years, according to the scientific consensus, before a vaccine is likely to be found to break it up — Financial Times

Sello Mabotja (912)

Schemes 'ill prepared' for HIV epidemic

SA's medical insurance schemes were ill-prepared to deal with the calamity which could be unleashed by HIV-related deaths once the disease reached epidemic proportions, the latest Alexander Forbes Survey of In-House Medical Schemes has found

Of the country's largest 52 in-house and commercial or open medical schemes surveyed, only 33% had conducted an AIDS impact assessment on insurance and medical cover claims.

Although the country had one of the highest incidences of HIV/AIDS in the world, only 46% of the medical schemes provided cover for the disease

"Pretending that HIV/AIDS does not exist will not make it go away," said Howard Walker, the group's health care division MD.

"Our research has shown that only 46% of the company schemes surveyed have a formal HIV/AIDS policy in place, while an equal number do not.

"The balance have a decentralised policy where some parts of a group have a policy and others do not."

The research found that one in 10 firms had taken no steps to address the AIDS problem, while 10% had contingency reserves to meet potential claims which could arise as result of the epidemic

Other findings were that 29% of the participating companies covered AIDS-related diseases, while 23% also provided case management for members who suffered from the disease.

The companies which participated in the survey included IBM SA, Engen, Anglo American, Toyota and Metropolitan Life.

BD 9/7/98

Most medical aids refuse HIV treatment

(2011)(92)

BUSINESS EDITOR

ARG 9/7/98

Fewer than one in three private medical schemes offer cover for HIV or AIDS, a survey has found.

The survey of 51 of the biggest in-house medical schemes also found that most employers had not adopted a clear policy to deal with the disease.

Less than half of the companies contributing to the schemes surveyed had a formal HIV-AIDS policy, said Howard Walker, joint managing director of Alexander Forbes Health Care Consultants, which did the survey.

Only one third had done a study of the impact of HIV-AIDS on their staff, Mr Walker said. This meant that most private medical schemes did not even know how many members were affected.

This was disturbing in a country with one of the highest incidences of HIV and AIDS in the world.

"Pretending that HIV-AIDS does not exist will not make it go away," Mr Walker warned. "It is disappointing that only 10% of companies have set aside reserves within their medical scheme to deal with the problem."

Members of medical aid schemes should check the rules of their funds to make sure they were covered against HIV-AIDS, he said.

'Drastic' changes planned for medical scheme

BD 10/7/98 (92)

Christof Maletsky

WINDHOEK — Namibian public servants face the possibility of drastic changes to their medical aid scheme, one of the most significant being a proposed veto on compensation for HIV/AIDS medication.

This follows disclosure that top government officials are considering sweeping changes to the scheme.

The planned amendments are seen as a major blow for public service employees who see their medical aid scheme (MAG) as one of their main perks.

Ordinary members of the scheme are not the only ones who would be affected. Even nurses or doctors who contract the AIDS virus in the course of their work would have to pay all their own health bills, according to the document.

A recent survey of SA medical aids has shown that about 46% of schemes provide cover for the disease.

While the medical aid scheme pays for 95% of the costs of services in most cases, the proposed amendment reduces government's contribution to 85%, thereby increasing the patient's contribution.

The document being studied by all permanent ministries explains that "due to various reasons and especially the high expenditure and misuse of the Public Service Employees' Medical Aid Scheme it has become of the utmost importance to reconsider some of the rules".

Given recent reports of a 20% HIV/AIDS infection rate in Namibia, these changes to the scheme have serious implications for health workers and their families

In recognition of this, the document says public service employees should be allowed to terminate their membership of the medical aid scheme if they wish to opt for a private scheme

Since changes to the medical aid scheme would significantly alter government employees' conditions of employment, the proposals will presumably be submitted to employees and their union representatives. At this stage, however, the proposals are being kept closely under wraps.

Virodene man's link to drugs, car theft

M+G 10-16/7/98 (92)

Mail & Guardian reporters

The former Umkhonto weSizwe cadre heading the company that controls controversial Aids drug Virodene cut his business teeth in the Southern African criminal underworld

Former colleagues from the African National Congress's years in exile claim Joshua Nxumalo had a reputation for "getting things done", and that he specialised in providing stolen cars for operatives while he was based in Swaziland

His activities also brought him into contact with individuals involved in drug trafficking, specifically in the supply of mandrax He is alleged to have carried a proposal to the ANC from drug smugglers that the movement help them transport drugs into South Africa in return for financial help to buy arms

Nxumalo vehemently denies this But two senior members of the ANC in exile, speaking on condition of anonymity, told the *Mail & Guardian* this week they were party to the decision to reject the drug smugglers' offer

Repeated clashes with the ANC leadership in exile over his activities eventually led to Nxumalo leaving the ANC in the mid-1980s In one incident in the 1980s, his former comrades say, the movement's security officials shot Nxumalo in the leg in Lusaka, the location of the party's headquarters, after he was taken in to be disciplined

Outside the ANC, Nxumalo built up extensive business contacts across Southern, East and West Africa before he returned to South Africa in 1992

He caught the attention of the former South African Police shortly after his return, and remains a figure of intense police interest It is understood, however, that there is no investigation currently under way

Nxumalo emerged late last year as a minority shareholder in the company developing Virodene He received the stake in return for "introductions" work — which, according to fellow shareholders, included arranging meetings with senior government officials Nxumalo has denied any close ties to government officials

A consortium of Southern African businessmen formed and led by Nxumalo recently took control of Virodene, in a deal worth at least R20-million He describes himself as a businessman, with his chief business a construction company he built up in Soweto

But the picture painted by his former comrades and colleagues suggests Nxumalo is one of the more colourful and well-connected characters of the liberation movement

Described as a gifted and daring wheeler-dealer whom the ANC found too hot to handle, Nxumalo admits he has been jailed in two countries, Tanzania and Swaziland He even survived a botched abduction and assassination attempt led by former Vlakplaas commander Dirk Coetzee in 1981

Also known as "General", the 45-year-old Nxumalo was a senior figure in ANC operational structures in Swaziland in the late 1970s and the early 1980s, dealing with the Transvaal. His direct line of command included John Nkadimeng, now South Africa's representative in Cuba.

Former colleagues say he became a legendary figure among ANC members in Swaziland, escorting operatives to and from the South African border and smuggling stolen cars out of South Africa Nxumalo says he was in charge of intelligence in Swaziland He was jailed for a total of three years — made up of a string of shorter sentences — but maintains that he was merely taking the wrap for undisclosed offences committed by his underlings

Nxumalo's encounter with Vlakplaas surfaced last year in the submission to the Truth and Reconciliation Commission by Coetzee and his sidekick, Almond Nofomela

The two had attempted to drug Nxumalo by spiking his drink in order to spirit him across the border — probably to his death "He was the main money-man in Swaziland, supplying money for all the missions of the cadres coming through from Mozambique on their way to South Africa on missions," Coetzee told the commission The plan failed when Nxumalo threw the drink away

"His drink was supposed to have been spiked in order to aggravate his intoxication, and we found things didn't work out that way," Nofomela told the truth commission "This person was very strong and he resisted, to such an extent that Captain Dirk Coetzee said we should leave " Nxumalo bit Nofomela so hard he still carries the scar

Nxumalo's activities after 1981 remain unclear He says he stayed in Swaziland until 1984, when he went to Dar es Salaam, still as a member of Umkhonto weSizwe He was also jailed there, but Nxumalo says this was for fighting "I was very stubborn and very difficult," he adds "I used to fight a lot "

Other sources, however, believe Nxumalo was already operating for personal gain by the mid-1980s, travelling around Zimbabwe, Tanzania, Mozambique and Swaziland

Frustrated by the ANC's caution, Nxumalo was isolated following the order from then party president Oliver Tambo in the early 1980s that ANC members should cease any involvement with stolen cars

The ANC's refusal to countenance any dealings with drug smugglers would also have been a major blow Key trafficking points for mandrax from India into Southern Africa were all areas in which the ANC was well established — Swaziland, Mozambique, Tanzania and Zambia.

The Southern African trade in stolen cars and parts has also long been entwined with mandrax trafficking in the area The mandrax trade burgeoned in the 1980s, with the drug becoming one of the most prevalent in South Africa

Nxumalo, however, strongly denies any involvement in drugs "If I had been, I would have been a millionaire by now," he says

'Drug story a ploy to stop me'

Tangeni Amupadhi

"I was so powerful I could kill you with a wink," Joshua Nxumalo said in his plush Johannesburg city centre office this week about his time in exile Then he winked

Describing how he fell out with the African National Congress leadership in exile, allegedly over drug-smuggling activities, Nxumalo said "When you get that powerful, people want to get back at you. They can't do it directly but they can do it through other countries

"They [the ANC] were scared of me, I was the only brave person in the movement at that time They invented the drug stories to get rid of me "

He said he joined the ANC in 1976 and was head of ANC intelligence in Swaziland in 1979 and a member of its administration until 1983

He had a fall-out with the movement in 1982 "I and some comrades felt the ANC wasn't hitting South African Defence Force targets hard enough and there were too many casualties. We formed a fundraising committee to rob banks and commit other crimes to raise funds for our cause. But the leadership heard about it and stopped it before it got off the ground. Every unit on the front stole cars — we call it repossessing the wealth I never secured arms for the ANC "

Nxumalo said while he was in Swaziland he heard the ANC in Mozambique had given an order to assassinate him, but decided to go to Lusaka, confront the ANC and be sent to school. In 1983 ANC put him "out of circulation", they did not want to use him because of his fundraising committee

"I had a friend in Swaziland who was importing luxury cars from Germany He let me join this car dealership — clearing the cars in Swaziland and selling them mainly in South Africa — and gave me some commission

"In 1981 Joe Slovo and others asked me to come back into the fold and head special operations But I was asked to apologise and I refused because I did not know what wrong I had done.

"I was told I would be transferred to Angola the same day I asked for some time to prepare, but was refused. ANC security tried to arrest me and I eluded them and left for Zimbabwe After two weeks I came back to Lusaka I did not know anyone in Zimbabwe, I had no money and nowhere to sleep, that's why I went back."

"ANC security found me at my flat. I did not try to resist because I realised I could be shot While I was putting on shoes, one of the ANC security men shot me in the thigh. I dashed for a marble table to protect myself In a hail of gun fire — AK-47s and Makarovs — I sustained eight bullet wounds below the waist I was saved by the coffee table I had money from the cars I was selling and in 1986 I went to Mozambique I used to clear my cars in Mozambique, shipping them from Germany and selling them to South Africa

"I'm a principled man, I know people who deal in drugs and I've seen they made a lot of money But I will never deal in drugs That was a ploy by the ANC to destroy me because I was uncontrollable"

'Uncontrollable': Joshua Nxumalo had a reputation for 'getting things done' for the ANC in exile. PHOTOGRAPH: PAUL VELASCO

Anti-HIV 'starter pack' will cut risk for medics (92)

Josey Ballenger BD 17/7/98

THE risk of medical and dental students catching HIV from infected needles should be drastically reduced with a "world first" programme to supply SA academic hospitals with antiretroviral "starter packs".

UK-based pharmaceutical company Glaxo Wellcome said last night it would stock health facilities used by seven of SA's medical and dental schools with three-day supply packs of patented anti-HIV drugs AZT (Retrovir) and 3TC to prevent students who had been injured by needles from catching the deadly virus

Glaxo Wellcome SA's medical director, Peter Moore, said the Medicines Control Council was the first regulatory authority in the world to register the pack, spurred by the high incidence of HIV in public hospitals. Up to 50% or 60% of patients in medical wards were HIV-positive, and as many as 90 needle-stick injuries a month occurred at some teaching facilities.

The programme aimed to advise medical and dental schools when the highest incidence of accidents occurred, as there was little domestic information available

The students will take the three-day supply while the HIV status of the source's blood is tested. AZT had been shown to reduce the chance of transmission by 80% on its own, and the combination with 3TC was known to drop viral loads by 96% to 98% in HIV-positive patients

Aids chief steps down

(92) M+G 17-23/7/98

Andy Duffy

A senior commander in the government's fight against HIV and Aids is to step down Rose Smart, the former nurse who revived the HIV/Aids and STD (sexually transmitted diseases) Directorate following the *Sarafina II* scandal, wants to leave in November when her contract expires

"It is a 12-hour day, seven-days-a-week job. I don't think it's possible for me to sustain that level of commitment. It's been a great strain," she said.

Her decision drew a mixed response from NGOs and state health officials "The past two years have been incredibly bland," says one official, who spoke on condition of anonymity "But we're not sure how much she's been able to do The minister rarely takes advice from anyone."

The directorate's achievements to date are not immediately obvious The rate of HIV infections continues to climb, and the directorate is only now adequately staffed

Observers believe Smart's relationship with Zuma was defined just weeks into her tenure. Zuma arranged a Cabinet audience for the founders of the controversial Aids drug Virodene to seek funding. She briefed Smart months later, in January 1997, after the meeting had been announced to the press

Smart says there have been no problems with Zuma or former director general Olive Shisana She says she will stay in the Aids field, and "has left the door open" should the department fail to find a suitable replacement

(96)

Urine AIDS test clinic for City

INDEPENDENT FOREIGN SERVICE (92)

Washington - The World AIDS Foundation and a US health care company plan to establish the first urine HIV testing clinic in Cape Town and Pretoria, an American scientist has said.

John DiPietro, Chief Executive Officer of California-based Calypte Biomedical Corporation, said his company would team up with the World Aids Foundation (WAF) to establish the clinics by the first half of next year ART 21/7/98

Other clinics would follow in other centres, including Johannesburg and Durban

Other testing centres would then be set up across sub-Saharan Africa where, according to the World Health Organisation, AIDS cases account for at least 75% of all those reported in the world

The US Food and Drug Administration (FDA) recently gave Calypte Biomedical Corporation the green light to develop, manufacture and market kits to be used for urine tests for HIV, the virus that causes AIDS

New clinics to provide urine HIV testing in city

(92) CT 22/7/98

RICH MKHONDO
INDEPENDENT FOREIGN SERVICE

WASHINGTON: The World Aids Foundation and a US health care company plan to establish the first urine HIV testing clinics in Pretoria and Cape Town next year

Other clinics would follow in other centres, including Johannesburg and Durban Other testing centres would then be set up across sub-Saharan Africa where, according to the World Health Organisation, Aids cases account for at least 75% of all reported cases internationally

According to the World Health Organisation and UNAIDS, 30 million people worldwide are infected with HIV, yet only 10% know their HIV status

WAF president Professor Luc Montagnier, who was the first to isolate HIV, has visited South Africa several times to discuss the creation of the clinics with government officials.

"We expect that many people who have declined blood HIV tests in the past will come forward for testing and counselling now that it can be done so painlessly and conveniently," said DiPietro.

Researchers said the urine HIV test promised to broaden the acceptance and availability of HIV testing worldwide

Added burden for HIV haven

(92)

Structural alterations made to old building without approval lands nuns of mercy in hot water

Star 27/7/98

By FEMIDA CASSIM

Aids sufferers housed in a Bellevue East block of flats may have another concern – apart from the dreaded illness – hanging over their lives: nuns of Missionaries of Charity who run the place failed to have plans passed before structurally altering the three-storey building

The Eastern Metropolitan Local Council plans to inspect the Mother Teresa Home next week to establish how interior walls within the block were knocked out without permission.

The safety check will be conducted to ensure that the building does not collapse on top of those occupying it.

Walls within the 50-year-old apartment building were broken down to make space for a chapel and female ward on the first floor, a male ward on the second floor, and a children's ward on the third floor.

The building was donated to the order two years ago

A council official said: "If a building is more than 50 years old, additional permission must be obtained from the National Monuments Council. These are not petty, bureaucratic rules but are there to ensure the safety of owners, tenants and the community. In addition they help ensure that our heritage is not destroyed."

The building is a home from home for up to 40 HIV patients, and is run by six missionary nuns from India and a number of volunteers from Johannesburg hospitals.

"When the hospitals do not have space for the patients, they send them here," said Sister Amrita, a nun who has never looked back since her journey to South Africa

Following in the steps of Mother Teresa, the sisters run the place entirely on donations because they are not allowed to raise funds or receive government grants

Even though money is scarce, they always welcome the sick or the dying to the home

After being sent there by doctors two months ago, Lindeni Cwele has made the place her new home

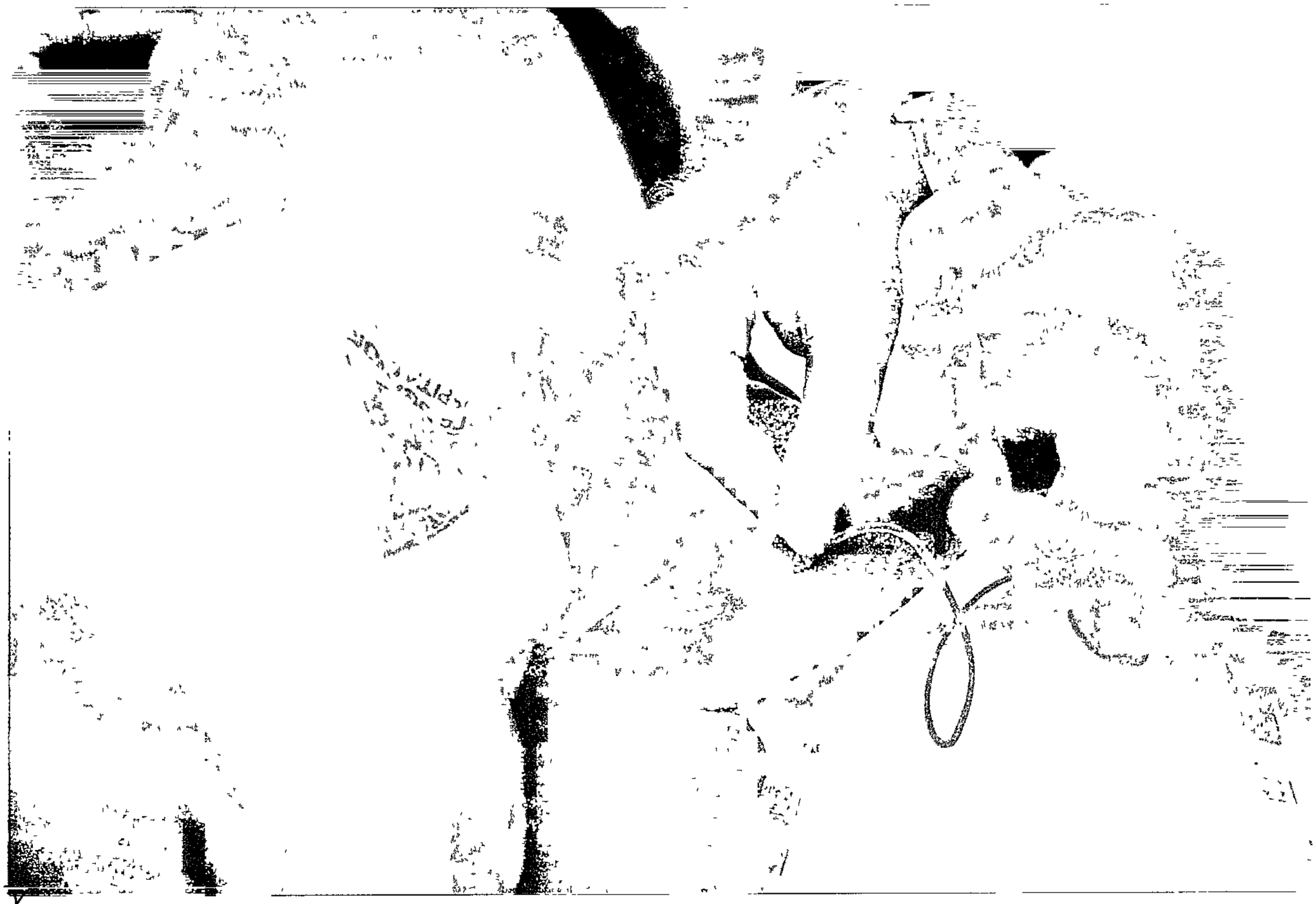
This 24-year-old, who was born in KwaZulu Natal, moved to Thembisa with her best friend a couple of years ago, hoping to earn a living for themselves.

She has worked at odd jobs and met many friends along the way. It was only when she went to a Johannesburg hospital with her friend for a health check that she discovered she had contracted Aids.

Another resident of the building is Gily Sebeya (25), who was sent to the Weskoppies mental institution after she started hitting her parents and breaking the windows in their Benoni home.

It was there that they found out she was HIV positive Lying on her bed in the female ward, she nervously shakes her head, saying: "I do not believe that I am mentally disturbed and have HIV."

Recent estimates show that 16% of South Africans are HIV positive and that the percentage among pregnant women is even higher. One in 10 sexually active individuals are infected. Well over 2 million people have HIV, with dozens being added to the tally every day.



The needle prick doctors fear most

CT 29/7/98 GF (92)

JUDITH SOAL
HEALTH WRITER

RED CROSS Children's Hospital intern Carol Mann had been on call for 36 hours when a child came in needing resuscitation The child had been badly injured and there was blood everywhere During the procedure, Mann pricked her finger

"We sent the blood for an urgent HIV test and it came back positive I was shocked," she said yesterday

"You know there is a possibility of this, but when it happens it is a whole different thing"

Mann's blood tests have remained HIV-negative for over a year — she did not contract the virus that causes Aids Since then she has spoken to many health workers in the same predicament She believes the authorities are not doing enough to protect them

"One of the biggest problems is confidentiality When you have an injury they take your blood to check that you are negative in the first place, but just imagine if you aren't The whole hospital would know immediately"

Mann, after getting advice from a senior colleague, had her HIV-tests done privately "It cost about R85 a time and I had to have five"

She believes the government should pay for private tests Another important area is counselling

"You need to speak to someone with up-to-date information If you are going to take AZT, you need to know things such as whether or not it will interfere with the contraceptive pill, what the side effects will be and exactly what your risks are"

Mann says there should be independent experts to advise health workers "It's no good talking to the people you work with Imagine me asking my professor when it is safe to have sex or to stop using a condom I shouldn't have to do that"

If the health worker does become HIV-positive, the health department is even more hardhearted Louise Brink, who got the virus after an injury at George Hospital in 1995, had to leave South Africa because she will not have access to expensive anti-Aids drugs here

"I feel banished from my own country," Brink said "The health authority in South Africa will not provide me with therapy and my family can't afford it In England I will get it for free"

● Carol Mann is a pseudonym to protect the doctor's identity

RISKY BUSINESS: This doctor was pricked with a needle used on an HIV-positive patient several months ago. Unlike other health workers, he says he wasn't worried about infection "The risk is so negligible." He still made sure to take the anti-Aids drug AZT for a month, enduring the nasty side effects

PICTURE: GARTH STEAD

HIV protection for medical students

JUDITH SOAL

HEALTH workers know their chances of getting HIV — the virus that causes Aids — after pricking themselves with a needle used on HIV-positive patients are slim About three in a thousand slim This doesn't make the experience any easier.

There are about 60 such incidents at Tygerberg Hospital every month No one knows how many there are in the rest of the country or how many South African health workers have become HIV-positive this way

The only one prepared to speak is Louise Brink, who contracted the virus while working as an intern at George Hospital in 1995 Brink raised awareness about the problem by appearing on television last year

"But she is not the only one in the southern Cape," Rienette Crous, senior medical superintendent of George Hospital said yesterday

"I know of others, but they don't want people to know about it"

Research has shown that a month-long course of the anti-Aids drugs AZT and 3TC reduces the chances of infection by 80% The Health Department offers all health workers who are exposed to possible infection these drugs, but now the company that manufactures them — Glaxo Wellcome — has launched a project to make the course more accessible to students

"Medical staff can get the drugs from the hospital, the same is not always true for students," said Glaxo Wellcome's Bill Collier at the launch

"And students are the ones most likely to prick their fingers because they do most of the blood work and they will be less practised"

The company has produced a three-day starter pack of AZT and 3TC that will be given free to all medical and dental schools in South Africa for students for five years.

The National Institute of Virology, with all the medical and dental schools and Glaxo Wellcome, will start a register of confidential information about needlestick injuries

Project launched to reduce transmission of AIDS to babies

92
BD 30/9/98

Josey Ballenger

THREE provinces are set to launch an anti-AIDS initiative in the next few months that will signify SA's most direct intervention in the epidemic to date, health authorities say

Rose Smart, head of the national health department's HIV, AIDS and sexually transmitted diseases directorate, said the project would aim to reduce the mother-to-child transmission of HIV through the use of the patented, anti-retroviral drug AZT

The project — which would initially be implemented in Gauteng, the Western Cape and KwaZulu-Natal — would provide a "short-course" therapy at a reduced price of "just more than" R300 a patient through Glaxo Wellcome, AZT's manufacturer, Smart said The course would require the mother to take the drug only after the 36th week of pregnancy, until immediately after delivery

International studies had shown that without any medical intervention, about 15% of babies born to HIV-positive mothers caught the virus during pregnancy or delivery, while a further 15% caught it through breastfeeding, leaving 70% uninfected

Interventions, such as the much-publicised US Center for Disease Control's recent one in Thailand, had shown AZT to reduce mother-to-child transmission by 50% or even 66%

Authorities estimated that in SA, at least 200 babies were born with the fatal virus each day, and as many as 3-million children could be infected or orphaned within 10 years

Dr Liz Floyd, Gauteng's director of AIDS and communicable diseases, said the aim of the project, which was likely to last a year, was to test its "sustainability in the developing world"

"Part of it is the costs involved. AZT has come down substantially, but other support costs like counselling" would also be considered, she said

Health Minister Nkosazana Zuma, in conjunction with provincial MECs, was likely to take a decision in the coming months on launching a national campaign The cost was projected to be about R80m, or 0,4% of the overall health budget — but 160% of the R50,65m HIV budget

Police investigate fraudulent Aids counselling centre

(92) Star 1/8/98

By PHOMELLO MOLWEDI

Police are to investigate claims that a woman armed only with a 10-day training course in Aids counselling allegedly opened a training centre and gave people Aids tests using "instant" home-test kits which the Government has warned are unreliable

The woman is also alleged to have defrauded her "students" of at least R100 000 she collected in fees

Earlier this year, Valencia Valerie Msiza placed adverts in daily newspapers inviting people to be trained in HIV/Aids counselling For a four-month course, the students were charged a fee of R4 000

Young people came from as far as KwaZulu Natal to attend the courses

Within a month, some students suspected Msiza was bogus and demanded refunds

Those who complained were told to go home and never come back.

Of the 25 students registered in March, only four stayed till the end of the four-month training period

Mary Mohlomi (25), one of the last students to leave the clinic, said: "We participated in doing blood tests on clients People paid R150 for sexually transmitted disease and HIV tests. We gave them pre-test counselling and those who tested positive would receive further counselling after being told of their status We also gave them pinkish tablets for treatment The clinic used the new home-testing HIV kits available at pharmacies, which gave the results within minutes, but we always told clients to come after a week, pretending that the blood had been taken to the laboratory."

Meanwhile, the Department of Health had warned the public not to buy and use these kits

Some students returned with their parents to claim their refunds, but Msiza was rarely at the clinic.

By Wednesday afternoon, several parents had come to the clinic in Jeppe Street, Johannesburg, with complaints. Msiza's mother ordered that it be closed down

"Everyone in the family was against what my daughter was doing," said Msiza's mother, who asked not to be named.

An irate student, Flora Kungwane (24) of Primville, said she intended to take the matter to the police "I took my last money and paid for the course. I'm not going to rest until I get it back."

Msiza stayed away from the clinic this week even though she was notified of the events there.

When the *Saturday Star* contacted her by phone, she flatly denied owing people money and refused to make further comments about the clinic

Mary Crewe, head of the Esselen Health Centre where Msiza received her 10-day training as a counsellor, said they had no control over what people did after the course. But she emphasised that they do not train people to become trainers and that Msiza wouldn't be equipped to run a training clinic.

"Ours is just an introductory course We don't give certificates of competence," said Crewe

Sandy Schneider, deputy director of Gauteng health services, said her department had not given anyone permission to set up an HIV/Aids clinic

The certificates issued to students on completion of the course at the Ikageng Herbal Clinic are said to be approved by the Aids Training Centre of South Africa – which proved to be non-existent

Police fraud detectives are handling the case.

'Aids clinic' shut down amid screams, threats

Star 1/8/98 (92)

By JACKIE CAMERON AND SHONEEZ BULBULIA

The Medicines Control Council (MCC) yesterday shut down a controversial clinic which went to ground after this newspaper reported that the owners were promising to cure people of fatal diseases, including Aids.

ANC Women's League president Winnie Madikizela-Mandela had pledged her support for the clinic, which touted controversial oxytherapy – effectively the oxygenation of blood – as a cure for anything from Aids to arthritis.

Madikizela-Mandela met with sharp criticism from Kenyan doctors recently when she accompanied former security policeman Paul Erasmus and pastor Shawn Stewart – who administers the controversial treatment in South Africa – on a visit to Basil Wainwright, the inventor of an oxytherapy machine.

The Kenyan Medical Practitioners and Dentists Board has called for the deportation of Wainwright, who is not a doctor, and says it has evidence showing he has been in prison twice in other countries for fraud.

Stewart, Erasmus and two medical doctors who have been linked to the clinic were warned earlier this year to shut down. Stewart closed his clinic, and moved to another house nearby.

Yesterday, MCC inspectors and police swooped on Stewart at his clinic, which was tucked away at the back of a house in George Street, Rosettenville, where he was giving at least 15 people treatment for various diseases.

Investigators confiscated unregistered drugs, and receipt books showing that desperate patients had paid thousands of rands to receive what they pray is a miracle cure.

Angry patients threatened to stone cars and assault investigators as they stood in the garden and watched the removal of medical paraphernalia.

"You are killing us. We are poor blacks and the only government programme against Aids is *Sarafina*," one woman shouted. Another sobbed. "It's our bodies. We weren't forced to come here. Everyone is going to die of Aids. It's me today and it will be you tomorrow."

END OF THE ROAD: Investigators gather evidence as they clear out the clinic in Rosettenville. **Photograph: CATHY PINNOCK**

Controversial AIDS clinic closed for making false medical claims

ARG 1/8/98 (92)

OWN CORRESPONDENTS

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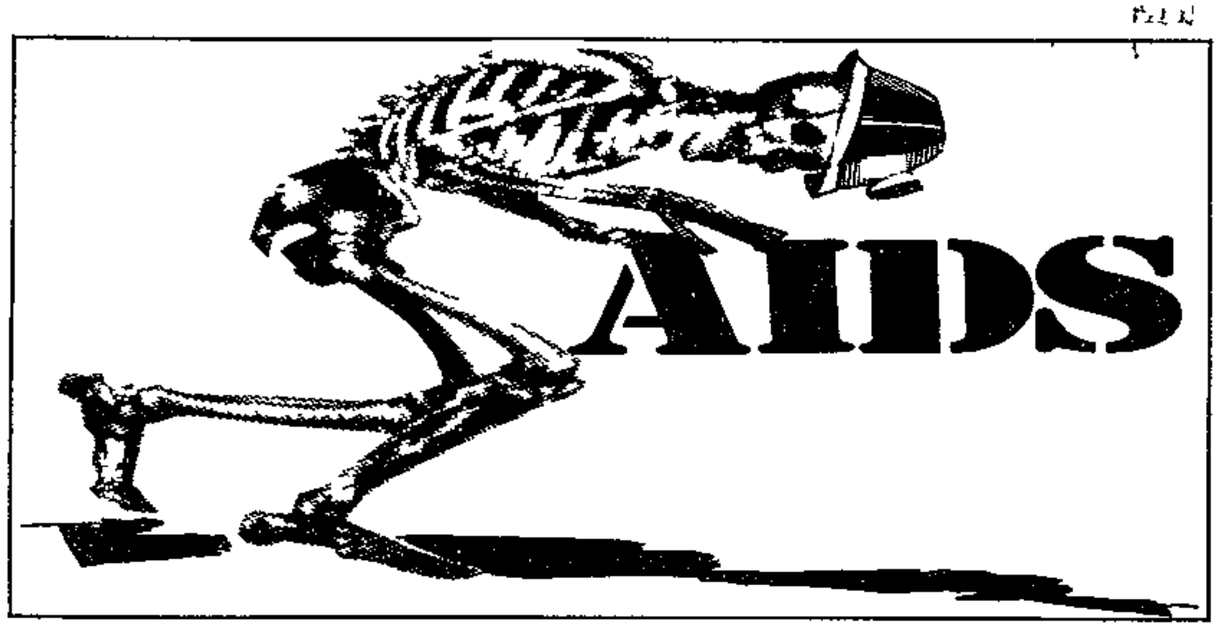
The Kenyan Medical Practitioners and Dentists Board has called for the deportation of Basil Wainwright, who is not a medical doctor, and say they have evidence showing he has been in prison twice for fraudulent activities Last week Mr Wainwright was ordered to shut down his clinics

Mr Stewart, Mr Erasmus and two medical doctors linked to the clinic were warned to shut down their operation as they were contravening the Medicines and Related Substances Control Act by making false or unproven medical claims



AIDS tightens its grip on economy

With 16 percent of South Africa's adult population HIV positive, companies can no longer ignore the pandemic, writes QUENTIN WRAY of ECN Weekend Service.

AIDS has finally moved off the streets and into the boardroom The pandemic can no longer be seen as "someone else's problem" and it will soon start impacting on companies' bottom lines

These facts were hammered home during two presentations dealing with AIDS in the workplace held in Port Elizabeth last week

At a seminar organised by Occupational Care South Africa, Business and Practice Development senior consultant Charles Harebottle said the United Nations estimated that about 31 million people worldwide were HIV positive Of these, 21 million – 66 percent – lived in sub-Saharan Africa and 6,5 million in South and South East Asia.

Because of this, AIDS would harm South Africa's competitive ability without affecting its competitors to the same extent

Harebottle said as AIDS was now a business issue, the management of its effects had to form part of companies' strategic plans

As AIDS affected sexually – and economically – active people, strategies would have to focus on coping and prevention

Harebottle said companies had to spend "sensible money" on condom distribution, sexually transmitted disease (STD) treatment programmes and education programmes to prevent new cases Effective treatment of STDs had been shown to halve the number of new cases

However, these programmes required a lot of design and studies had shown that only between four and 14 percent of health professionals dealt with STDs effectively

For those already infected, emphasis had to be placed on impact reduction and life extension Workers could maintain productivity for many years after being infected and productivity losses and other costs were only experienced when they developed full-blown AIDS.

Harebottle said South Africa was already feeling the effects of AIDS in that

- 300 new AIDS patients were admitted to South African public hospitals every day – 109 500 a year;
- 1 500 people were infected every day – 547 500 a year, and
- By 2004 the disease would have shaved one percent off South Africa's GDP and 75 percent of South Africa's health budget would be spent on treating AIDS

Up to 27 percent of the adult population would be HIV-positive within a few years – already this figure stood at about 16 percent

Harebottle said studies showed that in 1997, 76 percent of 15-year-old girls and 90 percent of 16-year-old boys were sexually active in the Eastern Cape

He said 33 percent of men and 20 percent ofwomen in South Africa aged 35 to 49 reported having "two or more" partners at the same time

Companies were able to plot their AIDS risk profile without testing employees – which is illegal without consent They did this by plugging their plant demographics into a national model He said management of the disease should not be discriminatory and people infected with HIV were afforded the same protection under the law as everyone else.

Lawyers for Human Rights AIDS and Human Rights Programme National Coordinator Ann Strode said under current legislation employers may not discriminate against workers because of their HIV status

Strode was speaking at a workshop organised by the Port Elizabeth Regional Chamber of Commerce and Industry and Alexander Forbes Health Care

Employers also had no right to force employees to disclose their HIV status to them, or to force employees to accept mandatory HIV testing

Employers had to provide a "safe working environment" which included HIV-AIDS education

Employees had the right to "reasonable accommodation" from their employers, and should they get ill, employers had to try to make provision for them in the workplace

Strode said the protection of workers infected with HIV was provided for in the Labour Relations Act (LRA), the soon-to-be-passed Employment Equity Bill, the Compensation Act and the Occupational Health and Safety Act. She said the LRA protected workers from discrimination in the workplace and prohibited their unfair dismissal

In terms of this Act, workers could not be fired simply because they were HIV-positive

The Act also said people may not be denied promotion or training because of their HIV status.

However, Strode said in certain conditions employees' services could be terminated if they lacked the capacity to adequately perform their jobs, but the correct procedures had to be followed

The Employment Equity Bill – currently before the Parliamentary Portfolio Committee – bans pre-employment medical testing unless particularly provided for in law

CAPE ARGUS, **MONDAY**, AUGUST 31, 1998

Hospitals face 40% increase in HIV, AIDS

Survey finds 2,7m infected people

(92)

ARGT 31/8/98

JENNY VIALL
HEALTH REPORTER

The impact of AIDS is already being felt by most hospitals in South Africa where admission rates are believed to have increased by about 40% due to HIV/AIDS-related diseases.

This has severe economic implications for the country, according to the 1997 survey of HIV prevalence in women attending ante-natal clinics. The survey results were released last week by Health Minister Nkosazana Zuma along with the first report on maternal deaths in South Africa

HIV/AIDS accounts for about 18% of all maternal deaths, especially among women under 25, and is the second most common killer of pregnant women after high-blood pressure disorders

The report found that hypertension accounted for 20% of deaths, especially in women over 34

Bleeding in pregnancy accounted for 14% of deaths and septic abortions for 12% Heart disease accounted for 11% of deaths

"Septic abortion still causes many women to die, especially in areas where people's attitude still makes access to (termination of pregnancy) services difficult," said Dr Zuma

Maternal deaths became notifiable in December last year to find out why women die in pregnancy

The 1997 HIV survey, which also tested for syphilis, found that 16% of pregnant women in South Africa are HIV-positive, with the total number of people infected in South Africa around 2,7-million

"What this means is that many babies will be orphaned soon and that some will be infected at or after birth," said Dr Zuma

"This will lead to enormous burdens on the social system as well as on health facilities"

An estimated 65 017 babies were born last year with HIV infection

The 1997 ante-natal survey found an 11% incidence of syphilis

In the Western Cape syphilis infection is 17,7%, the second highest figure after the Free State

In some parts of the Western Cape syphilis incidence was as high as 33,3%

This is of major concern since the presence of sexuallytransmitted diseases is known to exacerbate the spread of HIV-infection

Syphilis is also a leading cause of still-birth and disability in new-born babies.

The eighth annual national HIV survey of pregnant women attending ante-natal clinics was done at the end of last year

Sarafina funds 'should not be authorised'

BD 6/8/98 (92)

Linda Ensor

CAPE TOWN — The expenditure of R10,5m on the Sarafina 2 AIDS play three years ago should not be authorised by Parliament, the standing committee on public accounts unanimously resolved yesterday.

The committee decided the funds should not be approved as the state had lost money as a result of fundamental contraventions of guidelines, regulations and directives.

If the resolution is adopted by the National Assembly, then the state expenditure department will have to investigate the matter further and determine, among other things, whether the accounting officer, former director-general Olive Shisana, or other officials should be held personally liable for the amount.

Committee chairman Ken Andrew noted that as a rule the assembly adopted the committee's resolutions.

The committee found that the eagerness of Health Minister Nkosazana Zuma for the project could have led departmental officials to treat it with such urgency that standard rules and procedures were not followed.

The resolution noted that there had been a number of contraventions of state tender board regulations leading up to the tender which was awarded to playwright Mbongeni Ngema's company, Committed Artists

Certain issues remained unclear, such as who drafted the terms of reference for the tender; who authorised the curtailment of the tender procedure and who put pressure on tenderers to submit their tenders quickly.

"It would appear that the tender was awarded through a unilateral decision of an official in the department and was never formally approved by the departmental tender committee or the state tender board.

"There is no doubt that the successful tenderer was given an unfair advantage throughout the process"

The committee found that there had been "reckless, unsubstantiated" increases in the budget which rose from an initial R600 000 to R14m.

The department also did not administer the European Union donor funds in accordance with accepted guidelines applicable at the time.

Key Market Movements — 4/8 to 5/8

I-NET BRIDGE

Gold				Currencies					Stock Markets				
Lon close $/oz	Lon PM $/oz	Lon PM R/oz	Kruger-rand	R per $	$ per R	Europe close DM/$	Europe close R/£	Repo rate	FTSE 100	Nikkei Index	JSE Ov'all	JSE Gold	JSE Indus
287,55	287,90	1 770,59	1 790	6,1500	0,1631	1,7720	10,0935	21,351	5 736,1	16 023,28	6 956,0	924,8	8 118,1
↑	↑	↑	↑	↑	↓	↓	↓	↑	↓	↓	↓	↑	↓
286,05	286,10	1 754,22	1 776	6,1313	0,1626	1,7693	10,0550	21,349	5 632,5	15 992,16	6 780,4	904,3	7 882,9

AMENT

Health Minister to be asked to recover Sarafina millions

(92) CT 6/8/98

JOVIAL RANTAO

HEALTH MINISTER Nkosazana Zuma and the department of health are set to be asked to recover the R10,5 million spent on the controversial Aids awareness musical *Sarafina II*.

Parliament's influential Public Accounts Committee has declined to authorise the millions spent on the play In a report issued yesterday, the committee said given the evidence before it, the amount involved, the fact that the state suffered loss and that these transgressions were not simply minor but were fundamental contraventions, it was unable to recommend that the R10,5m should be authorised.

The committee found that the keen interest that Zuma had in *Sarafina II* may have resulted in some officials gaining the perception that there was pressure to accelerate the process unduly .

"Due to the perceived urgency of the project some officials in the department felt it appropriate to make and follow their own rules on the assumption that the standard rules and guidelines did not apply because of the source of funding," the committee said

The committee found that the wording and sequence of the extended terms of reference document and that used in the successful tender were the same in almost all respects, raising suspicion that Committed Artists saw the terms of reference before applying. Before her departure, the then-director-general of the department of health, Olive Shisana, requested the Heath Commission to investigate this.

The committee said it was unclear who had authorised and implemented the curtailment of the tender period "It would appear that the tender was awarded through a unilateral decision of an official in the department and was never formally approved by the departmental tender committee or State Tender Board. In addition, the winning tender did not meet specifications It's further unclear why the tender was awarded with a budget of R14 million, given the official limit of R5 million It's clear that negotiations were conducted with the winning tenderer after the tender had closed but before a decision has been made," the committee said.

The poor handling of the project manifested in, among others, the reckless and unsubstantiated increases in the budget, from R600 000 to R5m and to over R14m

The South African Police Service and the Heath Investigative Unit have been charged with probing *Sarafina* and recouping the remaining assets of the project and are to assess whether criminal charges should be laid, or civil claims be made, against anyone inside or outside the department of health.

Zuma set to be asked to recover 'Sarafina 2' costs

(92)

SAPS and Heath Investigative Unit to probe controversial project

Star 6/8/98

By Jovial Rantao
Cape Town

Health Minister Dr Nkosazana Zuma and the Department of Health are set to be asked to recover the R10,5-million spent on the controversial Aids awareness musical *Sarafina 2*.

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In a report issued yesterday, the committee said that, given the evidence before it, the material nature of the amount involved, the fact that the state suffered a loss and that the transgressions were not minor but fundamental contraventions, the committee was unable to recommend that the R10,5-million should be authorised.

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The committee said it was unclear who had authorised and implemented the curtailment of the tender period "It would appear that the tender was awarded through the unilateral decision of an official in the department and was never formally approved by the departmental tender committee or State Tender Board.

"In addition, the winning tender did not meet the tender specifications It's further unclear why the tender was awarded with a budget of R14-million, given the official limit of R5-million. It's clear that negotiations were conducted with the winning tenderer after the tender had closed but before a decision had been made," the committee said.

The poor handling of the project had resulted in, among other problems, the reckless and unsubstantiated increases in the budget, from R600 000, to R5-million and then to more than R14-million.

The SAPS and the Heath Investigative Unit have been charged with probing *Sarafina* and recouping the remaining assets of the project, and with assessing whether criminal charges should be laid or civil claims be made against anyone inside or outside the Department of Health.

LOW PI

Officials caution against use of DIY Aids kits

(92) Star 10/8/98

By Khayisile Nkosi

The health department has cautioned against the use of HIV home test kits, which are slowly making their way on to the South African market.

The first kit appeared two months ago and another one is to be introduced early next year. Alton Health International, manufacturers of the latest kit, said their product would be accompanied by an information booklet on the disease.

The health department was, however, adamant that "a person who wants to take an HIV test must first discuss its implications in a one-on-one counselling session with a trained counsellor before taking a decision to do the test. Reading information about Aids does not count as counselling", said Rose Smart, director of communicable diseases.

The department also argued that some people might take the test shortly after a risky sexual encounter, which could lead to an incorrect result

"If they test negative, they may not understand that they could be infected but be in the window period," a stage at which the test is unable to pick up evidence of the HIV infection.

'A second result is required'

"When doing the test in hospitals or clinics, a second positive result is required to confirm the result, which the home test kit does not provide," Smart said.

Desre Benjamin, regional manager of Alton Health, said it was within everyone's constitutional rights to take a test and remain anonymous.

Benjamin said the test would have a tremendous cost-saving effect, as well as on the long-term control of HIV in Africa. She said the kit was 99% accurate and had not delivered incorrect results during extensive clinical testing.

Benjamin added that her company was committed to the health and welfare of the nation and would be supporting rural clinics and Aids organisations by donating 200 000 test kits so that people could be tested in a controlled environment and receive immediate results.

She said the three-minute test kit would sell for R50 over the counter and would be free in government clinics and hospitals.

Warning over HIV home testing

ARGUS CORRESPONDENT ARG 10/8/98 (98)

Johannesburg – The health department has warned against the use of HIV home test kits, which are slowly making their way into the South African market.

The first kit appeared two months ago and another one is to be introduced early next year Alton Health International, manufacturers of the latest kit, said its product would be accompanied by an information booklet on the disease

But the Health Department was adamant that "a person who wants to take an HIV test must discuss its implications in a one-on-one counselling session with a trained counsellor before taking a decision to do the test"

Reading information about Aids did not count as counselling, said Rose Smart, director of communicable diseases

The department also argued that some people might want to take the test soon after a risky sexual encounter which could lead to an incorrect result.

Desré Benjamin, regional manager of Alton Health, said it was everyone's constitutional right to take a test and remain anonymous

"It will impact tremendously on cost saving and long term control of HIV in Africa," she said

According to Ms Benjamin the kit was 99% accurate and not delivered incorrect results after extensive testing.

Companies called on to set HIV-Aids policies

(92)
Sowetan 12/8/98

By Sowetan Business Reporter

LISTED companies should implement effective HIV-Aids policies to ensure that all possible steps to limit the [illegible]'s effect on companies' [illegible] and profitability are taken, chartered accounting firm [illegible] said.

[illegible] managing partner [illegible] the [illegible] business risks associated [illegible] and [illegible] protected from the [illegible].

[illegible] of the 30,6 million people who are [illegible] Africa.

[illegible] affects sexually active people it will [illegible] impact on workers' Smith said.

[illegible] lent in the workplace it will have a profound effect on companies' financial performance.

Smith said HIV-Aids policies designed to limit or control its effect should therefore be published with all financial statements.

He said the Johannesburg Stock Exchange (JSE) was in a position to lay down criteria for this.

"The JSE had already taken steps to ensure investors are protected from the business risks associated with the Year 2000 (Y2K) computer [illegible] companies' information technology systems [illegible].

"These measures could be easily applied [illegible] to HIV-Aids [illegible].

In terms of the JSE's requirements, listed companies must put their plans of action [illegible] project this would have [illegible] and the risks and likelihood of direct or indirect liabilities which would be incurred if they failed to take action.

Smith said it would be irresponsible for businesses to wait "until the crisis hit them" before they took action.

Aids tests continue despite new code

Star 12/8/98

92

Tabby Moyo
Star Foreign Service

Windhoek – The Namibian Defence Force (NDF) will continue to test its prospective recruits for HIV/Aids despite a recently gazetted National Code on HIV/Aids in Employment which makes it illegal to do so

The HIV/Aids Code was drafted by the ministry of labour in consultation with the ministry of health and other labour partners, in accordance with the Namibian Labour Act (1992), and binds all employers in the private and public sector

NDF spokesperson Vincent Mwange said the HIV/Aids Code would not be applicable to the NDF because of the nature of its operation

The NDF recruits about 10 000 Namibians and recently protesting unemployed former ex-combatants have found themselves being drafted into the army

"General Regulation 15 in the Defence Act stipulates that the chief of medical services has to test physical fitness of soldiers before they are recruited The complete medical examination includes HIV tests," Mwange said

According to the Defence Act, members of the services include defence force members, as well as any person engaged in auxiliary services or nursing services, members of the Namibian police, or members of the prison services

Former defence minister Philemon Malima had asked for the army to be excluded in the application of the National Code on HIV/AIDS and Employment when the code was being debated in parliament last year

He said according to the recruitment policy of the NDF, soldiers had to be medically fit to a minimum standard and that HIV/AIDS testing was one of the required standards for fitness

According to the Aids Code an employee is under no obligation to inform an employer of his or her HIV/Aids status and HIV tests should only be carried on the request of the employee

Employers and health professionals contracted by employers are bound to exercise confidentiality regarding all medical information of an employee or prospective employee unless disclosure was legally required

The HIV/Aids Code makes it illegal to use a person's HIV status as a factor in that individual's job status, promotion or transfer

It says any changes in job status should be based on the existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard

The Code also stipulates that no employee should be dismissed merely on the basis of their HIV status nor should HIV status influence retrenchment procedures

HIV infected employees should continue to work under normal conditions in their current employment for as long as they are medically fit to do so

SOWETAN Friday August 14 1998

War on Aids: 'media must lead fight'

(92)

sowetan 14/8/98

By Mokgadi Pela

AIDS researcher and medical practitioner Professor Ruben Sher called on the media yesterday to lead the fight against the epidemic

"With South Africa losing the war against Aids, we should engage people in discussions about Aids so that they can come up with solutions," he said to members of the Media Workers Association of South Africa who met at the *Sowetan* offices in Industria, Johannesburg yesterday

"Among possible solutions would be exploring ways of empowering women in relationships," he said

Sher said there had been gratifying developments in treating the disease Drugs could now delay the onset of Aids, thus prolonging a patient's quality of life and making HIV a manageable disease, he said

Administering these drugs, however could cost more than R3 000 a month

Sher called on Government to reduce the taxes on this medication and challenged pharmaceutical companies to slash their prices He also urged medical aid companies to pay for the treatment of the disease Individuals should also contribute

"We need political commitment beyond mere statements to defeat Aids in South Africa," he said

Hospital admissions in South Africa revealed that about 50 percent of patients were HIV-positive

The economic impact of Aids was enormous and would result in in premature sickness and deaths, workplace discrimination, loss of earning capacity and insurability, Sher said

Productivity will be seriously threatened as "absenteeism increases due to Aids", he said

Sher concluded that companies would incur huge costs by having to train more than one individual for the same job

Companies feel direct effects of escalating employee benefits and medical schemes costs

The impact of HIV/Aids on benefits

ET(BR) 13/8/98 (92)

AIDS has a tragic impact on human lives. Unfounded fear and prejudice lead to sections of society rejecting people suffering from AIDS when they need the compassion of others. AIDS is also starting to have a significant impact on business.

Some companies are already feeling the direct cost of AIDS in escalating employee benefit and medical scheme costs In fact, the cost of an average set of benefits is expected to double for many schemes over the next five years, because of the anticipated higher mortality and disability rates arising from AIDS, says Metropolitan AIDS researcher, Dr Thomas Mühr.

The indirect cost of AIDS has, however, been largely ignored by companies so far, and these costs will also start emerging over the next five years This includes the increased costs of recruiting and training staff, given the extra deaths and disabilities which are expected; additional sick and compassionate leave; the negative impact on staff morale; ensuring occupational health and safety standards are adequate; dealing with prejudice amongst staff when employees are HIV-positive, and ensuring that staff members' HIV status remains confidential.

Failure to develop a proactive, holistic response to AIDS may result in costly law suits and employer/employee conflict

Consider, for example, the employer who has not paid much attention to occupational health and safety standards in the past. A simple decision to implement a corporate policy on AIDS, under the pretext of being concerned with the health and safety of employees, may run into unexpected resistance from employee groups who feel that the intention of the employer is to discriminate against people with AIDS.

Metropolitan has recognised the need for expert advice on managing all aspects of HIV/-AIDS, thus freeing management to concentrate on their core competencies Metropolitan acquired a substantial stake in the specialist HIV/AIDS consulting and benefit management company, HIV Management Services (HMS).

This partnership harnesses the skills of leading experts in all fields relevant to producing a practical, holistic solution to managing HIV/AIDS in the workplace. Each client is treated uniquely, allowing customised and cost-effective programmes to be developed

Winning companies have taken a proactive approach to managing HIV/AIDS and many companies are well down the road to developing practical, holistic HIV/AIDS management strategy. According to Dr Malcolm Steinberg of HMS, if a company just pays for treatment as and when HIV-related illness occurs among staff, it can expect to pay close on R600 a year per employee by 2004 However, if it decides instead to actively manage the health of a growing number of HIV-positive staff members and their dependants, it can expect to contain this cost at around R300 a year for each worker.

Companies that wait until the impact of AIDS becomes noticeable in their financial statements, will probably be too late to develop effective AIDS intervention programmes

Zuma faces music on Sarafina

(92) ARG 21/8/98

ARGUS CORRESPONDENT

East London – It took the threat of a subpoena, but Mr Justice Willem Heath today finally gets to grill Health Minister Nkosazana Zuma on her involvement in the *Sarafina 2* AIDS play fiasco.

Today's meeting, at Dr Zuma's parliamentary offices in Cape Town, could be the final chapter in the saga over the play produced by playwright Mbongeni Ngema. *Sarafina 2*, which cost taxpayers R10,5-million, led to the sacking of Health Department director-general Olive Shisana

Dr Zuma came under fire from opposition parties who accused her of using Dr Shisana as a scapegoat

Today's meeting is taking place after Judge Heath, who is investigating public-sector corruption, had earlier threatened to subpoena the minister to explain her role in the débâcle The Heath special investgating unit had on numerous occasions tried to interview Dr Zuma on the matter

After learning she might be subpoenaed, Dr Zuma approached Deputy President Thabo Mbeki and Justice Minister Dullah Omar, who intervened

Mr Mbeki's office agreed a suitable date with the Heath probe for the questioning.

Pastor's R3-m haul from the dying and desperate

Medicines Control Council team uncovers range of sadistic, useless, mostly costly treatments for people with severe illnesses

(92) Star 22/8/98

By JACKIE CAMERON

A pastor who promised to cure fatal illnesses, ranging from Aids to cancer, raked in an estimated R3,3-million in the past year – despite claiming to treat desperate people free of charge or for "donations"

This emerged this week as the Medicines Control Council reported Shawn Stewart, of the Jesus Said Go Ministries, to the tax authorities.

A litany of sadistic treatments, including injecting needles into people's brains and orifices, has also come to light as the MCC continues to build a dossier against Stewart and several doctors who have referred patients to him.

MCC inspectors shut down Stewart's Rosettenville, Johannesburg, clinic this month after he defied an order to cease treating people using illegal and unproven methods, which include injecting hydrogen peroxide into the blood or dialysing blood with oxygen.

ANC Women's League president Winnie Madikizela Mandela accompanied Stewart and former security policeman Paul Erasmus, who pledged his support for Stewart, to Kenya earlier this year to lobby for the controversial treatment to be allowed in that country.

They were slated by Kenyan officials for supporting Basil Wainwright, the inventor of the dubious process, who has been in prison twice for fraud. Kenyan doctors have called for Wainwright's deportation.

Iqbal Shaik (42) of Estcourt died this year after needles were stuck into his head – he had a malignant brain tumour – his spine and pelvis. His estate owes Stewart R50 000

A source close to the Shaik family said the treatment was "terribly painful but we were desperate"

Johannesburg oncologist Dr Frank Michaelis said it was "wild" to treat cancer in this way and that cancer grows faster and spreads more quickly if a needle is inserted into a malignant tumour.

"The family should sue. This is a ripoff treatment. Cancer patients do receive oxygen, by breathing it in, if for example they have received radiation to the mandible. This prevents the mandible from dying," he said.

Stewart claims his treatment alleviates asthma, but the *Saturday Star* has information that Stewart received a prescription for asthma medication.

Heart murmurs are also on Stewart's list of cures, but documentation shows that he visited a cardiologist.

Stewart told the *Saturday Star* that his apheresis machine cost more than R1-million, but investigators are probing the possibility that fraudulent documents were submitted to customs officials because Wainwright signed a letter confirming that the machines were valued at around R15 000

DUCKING AND DIVING Pastor Paul Stewart some of whose treatments have been described as "wild"

In another development which has angered the MCC, it has emerged that Stewart has been claiming that Aids can be transmitted from handshakes, hugging, and everything an Aids sufferer has ever touched.

Despite numerous attempts, Stewart could not be reached for comment this week. It is reliably understood that he is still running an underground treatment facility – this time on the East Rand.

MCC chairperson Dr Helen Rees said. "We have had all the evidence put before us and there are some very serious concerns, particularly about whether people have been exposed to a hazard and whether patients have come to harm.

"We can't comment about the specifics of a case, but we can say that we act when we find evidence against doctors.

"It's also important to point out that this has not been free treatment. At an individual patient level, people have been charged substantial amounts of money. It's also highly dangerous.

"There are good complementary medicines but this doesn't fall under any category. It (taking action) is being done to protect people."

Rees said she was concerned that more scams aimed at making money out of desperate Aids patients would surface if the MCC failed to take action against Stewart.

Meanwhile, Erasmus this week distanced himself from his friend, and said. "I feel a lot of people have had the wool pulled over their eyes, firstly because it was done under the cloak of Christianity and secondly because it was done under the guise that it would be made available as cheaply as possible for the underprivileged.

"There can be nothing more heinous than making money out of people this way. Someone should go to jail if this is proved to be a scam."

Erasmus claimed he knew nothing about the dubious treatment procedures being conducted at the clinic, and said he had fallen out with Stewart "because there were too many inconsistencies which could not be explained".

MCC investigations are continuing. Investigators urge members of the public, who may have been treated at the "clinic" and who may have information about procedures carried out there, to contact them by telephoning (011) 312-0285

Council obstructing foreign doctors, court told

The Medical and Dental Council refused to fully register 11 doctors trained in eastern Europe because it wanted to prevent them from entering private practice, the Pretoria High Court was told yesterday

Counsel for the foreign doctors, E Bertelsmann SC, urged the court to grant an order compelling the council to register the doctors without limitation within seven days, and without their having to write a final-year medical exam

He argued that the council's insistence that the doctors write the same exam as the interns they trained was deeply offensive, and was calculated to humiliate and insult them.

Bertelsmann said the council's objective was clearly to prevent foreign doctors from entering private practice and to retain their services for the public health sector.

The true objective was hidden behind "lofty and flowery language" pretending to protect an unsuspecting public from the supposedly inferior standards of doctors whose abilities the council was duty-bound to have satisfied itself of before inviting the doctors to South Africa, he said.

Referring to a special dispensation in terms of which doctors with foreign qualifications who became South African citizens before the end of 1991 were granted unlimited registration, Bertelsmann said the doctors were excluded simply because of their date of naturalisation.

For the medical council, Ishmael Semenya said the doctors did not fall within the cutoff date for naturalisation He said the special dispensation was to accommodate returned exiles who held foreign qualifications.

Mr Justice N M MacArthur reserved judgment. – Sapa

(92) Star 25/8/98

The Cotlands Baby Sanctuary in Johannesburg provides care for children who are HIV-positive, abandoned, neglected or abused. PIC CLAIRE KEETON

Sparing kids the burden of Aids

(92)

Sowetan 26/8/98

By Claire Keeton
Feature Writer

THANDI is looking after her mother and father, who are dying of Aids, three younger siblings and her one-year-old baby brother She is just 14 years old

Thandi (not her real name) does not go to school Every day she must find food for the family, who live in poverty on the South Coast of KwaZulu-Natal

She has no time to play with friends, and even if she had, other children are scared of her because the family has contracted Aids

"These children are not children anymore," says South Coast Hospice social worker Karien Lagendyk They are actually adults with the emotional burden of looking after other children,"

Children are the most vulnerable group in the HIV-Aids epidemic They are losing their parents who are dying of Aids, and they are being abandoned

"The primary damage (from the epidemic) is not to those who die but those who depended on them," says a founder member of Children in Distress (CINDI), Mark Loudon

"The first thing that always comes up is the children"

An estimated three million children – 11 to 12 percent of the total population – are going to be orphaned within the next five years in South Africa as a result of Aids

"We expect the orphan problem will hit its peak in parts of the country from around 2003 to 2005," says Grey Hospital chief paediatrician Dr Neil McKerrow

Born infected

The heterosexual epidemic started in South Africa in the late 1980s By 1989 more women were infected than men

"The increase in the number of women infected meant the likelihood of children being infected was increasingly greatly

"Each year there is a rapid increase," McKerrow says

An estimated total of 97 000 babies were born HIV-positive in South Africa by January 1997

Last year alone 75 000 babies were born infected, of whom about a third actually contract the virus

In the KwaZulu-Natal Midlands Aids is among the top three causes of paediatric death and about half the children abandoned there are HIV-positive Sixty percent of the paediatric admissions to Grey Hospital are Aids-related In Gauteng the figure is around 40 percent.

In collaboration with local health clinics and hospitals, the South Coast Hospice's community-based Aids home care programme provides social and psychological care for hundreds of patients

The majority of them are HIV-positive women and children There were 228 patients on the programme last month and 224 patients at home The hospice conducted over 600 home care visits and about 120 hospital visits

In July they had about 50 children, many of them under 10 years old, severely affected by HIV-Aids, either looking after families or being left to fend for themselves

"The situation with children being the primary caregivers and being infected is of extreme concern," says department of health HIV-Aids directorate head Rose Smart after visiting the programme

"There is a discrepancy between the number of children affected and provision for them," she says

Most South Africans do not yet realise what an impact the HIV-Aids epidemic will have on their lives and their children's lives

"We need to realise it is everyone's problem," says Riva Goldsmith of the Johannesburg-based Cotlands Baby Sanctuary, which provides care for children "Every single person will be directly or indirectly affected,"

Cotlands cares for children who are HIV-positive, abandoned, neglected or abused

"Our HIV infant care programme is a major focus," Goldsmith says "The care of 68 children here is not going to make much of a dent in the needs (of communities) when we are looking at up to three million children who are going to need care"

At the moment extended families are absorbing orphaned children but this family system will be overwhelmed when the epidemic matures

Loudon warns "We will run out of adult family members and we will not know what to do

"We have to change our paradigm to one where people are prepared to take in children who are not related

"We must explore ways to unlock new avenues of persuading people to take in stranded or affected children"

CINDI is a network of non-government organisations caring for children without parents, and many of its affiliates are piloting models of social service delivery or empowerment relating to children, with the backing of the department of welfare

"With HIV-Aids, people focus on health and dying and not on the social implications," says Loudon

"The epidemic is like an atomic bomb It is not about the temperature or fusion, but about the damage and consequences

"Who will raise the children and how will they be raised?"

He compared South Africa's 10 000 social workers to frontline troops who are grossly underpaid and not properly trained to deal with the epidemic, although they play a critical role in protecting children

Basic healthcare

Currently around a third of HIV-positive children develop Aids by their second birthday, compared with the start of the epidemic when about 85 percent of victims were dead by their second birthday

With basic healthcare, the survivors are usually still alive by their fifth birthday

"The best treatment of all is to prevent HIV," McKerrow says, advocating not only prevention between adults but also between mothers and children

"We must lobby the Government to introduce voluntary counselling and testing for pregnant women and antiretroviral therapy which reduces HI transmission to babies," he says

"We have done the costing and it's affordable It will cost much more in future if we don't spend this money now"

For communities the way forward is to develop plans about how to look after their orphaned children and not wait on others, like the Government, to intervene

"We need to start organising ourselves, to understand that children will need care," Goldsmith says

"There is no magic involved Children fight HIV better if they are happy and accepting them in the mainstream of society is important in keeping them healthy

"We must identify who is going to look after the children and where they will go'

● The South Coast Hospice can be reached at (039) 682-3031

● Cotlands Baby Sanctuary can be contacted at (011) 683-7200 for further information

HIV a major killer of pregnant women

Vuyo Mvoko

CAPE TOWN — HIV/AIDS was the second-most-common cause of death among pregnant women, especially those under 25, a report released yesterday by Health Minister Nkosazana Zuma showed

The report was based on an inquiry into maternal deaths which found that hypertension was responsible for 20% of deaths. This was followed by AIDS (18%), bleeding in pregnancy (14%), septic abortions (12%) and heart disease (11%).

Maternal deaths became notifiable in SA in December last year, Zuma said. Between August last year and February about 133 women were reported as having died in this way. Zuma said she had disclosed the findings to sensitise the public.

The inquiry followed a recommendation by the World Health Organisation that countries devise strategies to improve reproductive health. An antenatal HIV sero-prevalence survey, conducted among women attending antenatal clinics, found that levels of HIV had increased in eight of the nine provinces. The exception was the North West

KwaZulu-Natal still had the highest prevalence showing an increase from 19,90% in 1996 to 26,92% in 1997 The rate of infection in Mpumalanga was 22,55%, in the Free State 19,57%, Gauteng 17,10%, the North West 18,10%, the Eastern Cape 12,61%, the Northern Cape 8,62%, the Northern Province 8,20%, and the Western Cape 6,29%

The survey showed that there had been a fourteenfold increase in HIV prevalence in SA since six years ago when it was estimated that up to 1 500 new infections occurred each day. At the end of 1996 about 2,5-million people were estimated to be HIV-infected. One in 10 adults were living with AIDS

Compilers of the study, however, said the findings needed to be interpreted with caution. The statistics provided were estimates

Zuma said one of the consequences of the high rate of HIV infection among pregnant women was the increasing number of children infected through vertical transmission. This would have major implications for the provision of health care services, education and the performance of the economy.

HIV rate in KZN mums tops 26%

(92)

CT 28/8/98

KERRY CULLINAN

HIV infection among pregnant women in KwaZulu-Natal has jumped by seven percent in a single year, with a 26,9% infection rate among women tested in the province last year

KwaZulu-Natal remains the province worst affected, with at least one in four pregnant women now infected, against a national average of 16%

Empangeni was worst affected, with over one in three pregnant women testing HIV positive (34%), followed by Ulundi-Vryheid (33,2%) and Durban (27,7%).

While the Western Province has the lowest infection rate in the country at 6,3%, this still represents a 100% increase in a single year

Over 65 000 HIV-infected babies were also born last year, infected by their mothers.

These statistics were released yesterday by Health Minister Nkosazana Zuma, and are based on nationwide blood samples taken from 12 434 women attending state antenatal clinics in 1997.

"What this means is that many babies will soon be orphaned and that some will be affected at or after birth," said Zuma.

"This will lead to enormous burdens on the social system as well as on the country's health facilities."

The survey reveals that already the admission rates at most hospitals are believed to have increased by approximately 40% due to HIV and Aids-related diseases

The same women were also tested for syphilis, which can cause still births, death and serious disabilities to babies.

The national infection average was found to be 11%, with Free State (18,4%) and the Western Cape (17,7%) being the worst affected.

Zuma also released the country's first report on the causes of death in pregnant women.

Based on a study of the first 133 deaths reported, the pilot study found that Aids and Aids-related infections are the second biggest killers of pregnant women, accounting for 18% of maternal deaths. Complications from high blood pressure was the biggest killer, accounting for 20% of maternal deaths

Zuma stressed that the report was "very interim" as the sample was small, but that the department would be monitoring all reported deaths and release annual statistics from now on.

HIV home testing now in SA

(92) Sowetan 28/8/98

By Abdul Milazi

IMAGINE going into the bathroom and coming out 10 minutes later knowing your HIV status This would be an ideal situation for people who dread the long and agonising wait for results to come back from the laboratory

Besides, a blood test can cost up to R1 200

While early testing of HIV is standard practice in most Western countries, South Africa is still caught in the trap of realising the extent of the dilemma only when the patient starts exhibiting symptoms

Available on mail order for R85 – and at some pharmacies for about R97 – is the HIV Home Test Kit bought to you by courtesy of Johannesburg pharmacist Gavin Humphrey

"South Africa has reached a definitive moment in its HIV epidemic," he says 'While mass mobilisation of resources to fight this disease is under way, fundamental elements of the awareness campaign remain inaccessible to the majority of South Africans," says Humphrey

However, the department of health is concerned about the lack of counselling involved, a factor that might increase the suicide rate among victims of the disease

However, the director of the department's HIV-Aids and sexually transmitted diseases directorate, Mrs Rose Smart, says the Government's concern over the DIY kit was that testing was not carried out by a professional medical staff.

"There are serious implications to taking an HIV-Aids test, and these must be discussed in a one-on-one counselling session with a trained counsellor," she says

Smart says some people might decide to do the home test shortly after a risky sexual encounter

"If they test negative, they may not understand that they could in fact be infected but be in the window period – that is, before the test can pick up evidence of the infection."

She says good medical practice dictates that no positive HIV test result should be given to a person on the basis of one result as false results are possible.

"A second positive result is required to confirm a first result The home test does not provide for any confirmation," cautions Smart

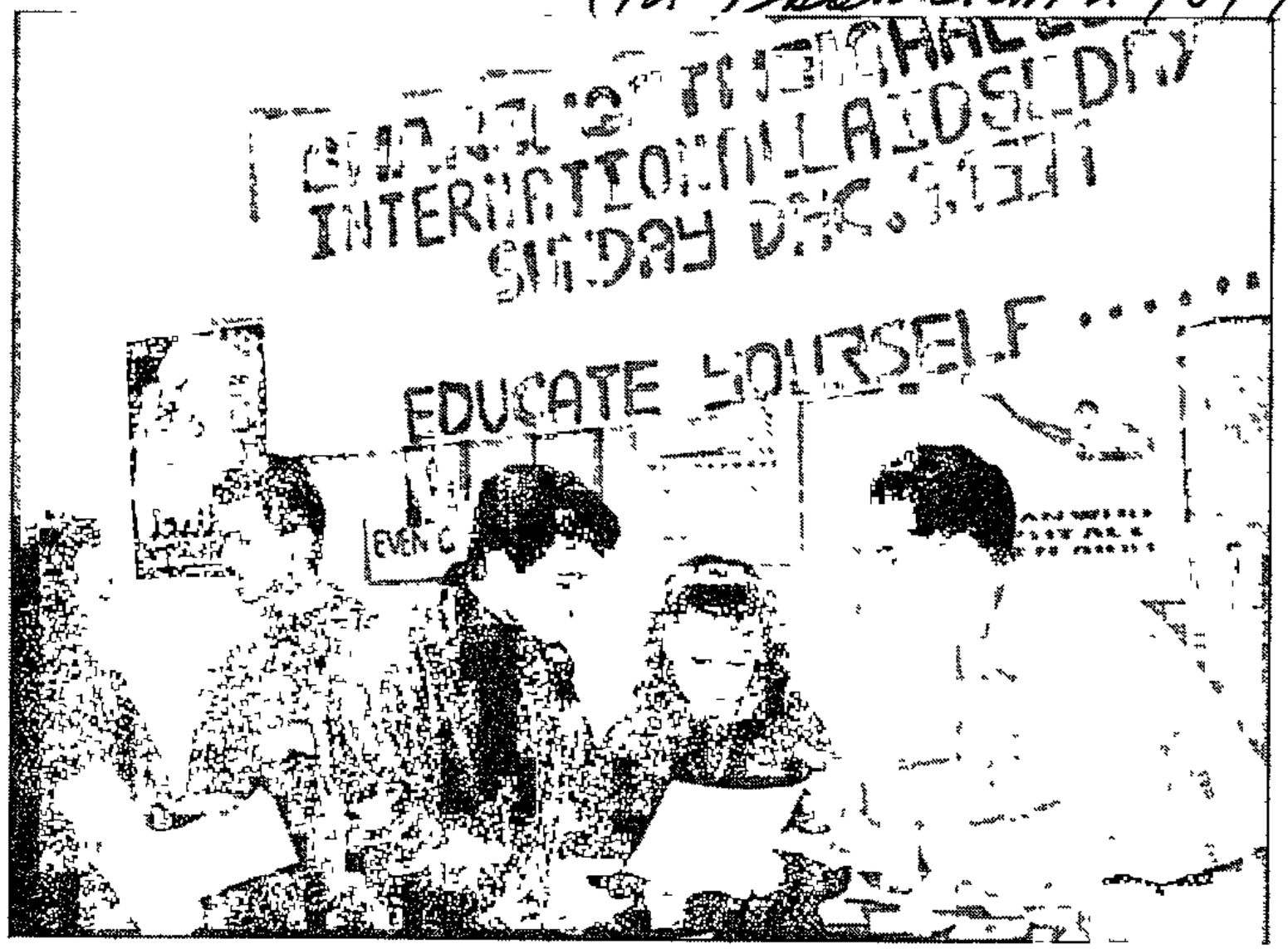
Curbing infection

Humphrey argues, however, that HIV policy in South Africa is still dictated largely by the medical profession, which still functions according to a vague "premise of medicine" principle

"This premise dictates that diagnosis is only carried out to determine the treatment of the disease

"It also dictates that as we treat only Aids patients who display symptoms and offer very little support for undetected HIV positive people, we do not need to diagnose them," says Humphrey

He argues that the Government's reluctance to actively promote HIV testing as a means of curbing infection is due to the lack of support for individuals who are HIV positive but who are still undetected



Education remains central in the global campaign to fight the spread of HIV.

He also says that the home test kit allows people to carry out an Aids test in the privacy of their homes

The kit comes with a spring-action needle which gives you a little prick on your finger You then squeeze a few drops of blood on to a plastic slab, add a few drops of liquid from the kit to the blood and wait for 10 minutes.

If two pink lines appear on the test device, you are HIV positive and if only one pink line appears – you are in the clear. The kit comes with a counselling booklet.

In the past, people who suspected they had HIV had to wait at least two weeks before a clinical test confirmed whether or not they had the disease. Now, with the home test kit, you have results in 10 minutes

Although it has been in use in France and the United States for the past few years, the home test kit was launched in South Africa in June, following the success of home testing in Europe.

It is manufactured by Veda Laboratories in France

The rights to import and distribute the product in southern Africa are held by Promex Diagnostics, a Gauteng-based medical equipment supplier.

Humphrey is the first to market it directly to the consumer in individual packs through his small marketing and sales agency, EGI Consumer Products.

Based on the interest it has generated so far, Humphrey expects to sell more than 100 000 kits in the next 12 months.

Give it back, demand oxytherapy patients

Star 29/8/98 (9)

By FEMIDA CASSIM and BRENDAN SEERY

Patients who were undergoing the controversial oxytherapy treatment are outraged that it has been stopped, because they believe it really works

A Rosettenville clinic run by Pastor Shawn Stewart was recently closed down after a raid by police and officials of the Medicines Control Council. The machines used to administer the treatment were confiscated

The MCC claims the treatment methods – which include injecting hydrogen peroxide into the blood and dialysing blood with oxygen – are illegal and unproven. Stewart had been using the treatment on various medical conditions, including HIV/Aids

But 21-year-old Rena Pienaar told the *Saturday Star* she had been cured of the skin disease lupus after a series of treatments carried out by Stewart. Pienaar, who at one stage could not scuba-dive because her skin would break out in a rash and blisters, said she saw a change within three weeks of treatment.

WANTS MORE. Ricki Gray was cured of facial paralysis

"My blood test improved I had no muscular and joint pains. My skin got better. During the first week of January I stopped my treatment because there was no sign of lupus."

Her experience was echoed by Thorne (not his real name), who was diagnosed with HIV in April this year "It was a complete death sentence. When I heard about Shawn I went to him immediately Although I did not have enough money for the full deposit, he did not mind, and I underwent treatment for a week before they took the machine away. Although I'm not cured, I feel as if I had been given a second chance.

"My lifestyle has changed I am not depressed anymore How dare the MCC take that away from us? It is against our constitutional rights – and it is only oxygen, not a chemical substance," said Thorne.

Arthritis sufferer Dennis Shepherd, an SA Olympic boxing medallist at the 1948 London Games, said that prior to going to Stewart, he had been unable to bend and lift things "Now I am much better and I think I could get rid of it completely if I could continue the treatment

"It's disgusting that the Government should take away what may be a cure from people who have no hope," he said, adding that Stewart had not asked for any money

Aziz Shaik, whose brother Iqbal allegedly died after treatment by Stewart, said the family would "do it all over again, without a moment's hesitation When my brother went for treatment, he had been abandoned by conventional medicine and been given two weeks to live The treatment gave him another nine months"

Shaik said there was no truth in the suggestion that the family still owes Stewart R50 000 for Iqbal's treatment

Patients who had to stop treatment because of the confiscation of the oxytherapy machine have formed an association to lobby the Government and Health Minister Nkosazana Zuma for the reinstatement of the programme."We plan to march to the Constitutional Court," one upset patient said

Marisa Steyn is another patient who believed she was on the way to being cured from lupus when the MCC and police raids took place Steyn (20) has had lupus for the past seven years and last year it took a turn for the worse by deforming her hands "I went to see so many medical doctors, but nothing helped," she said.

After two weeks of oxytherapy treatment, "I felt much better. And I can at least walk a bit now."

Ricki Gray's career using magic to entertain audiences came to a halt four years ago when he began suffering from Bell's palsy, a facial paralysis

"I just woke up one morning and had it I couldn't eat, talk or taste. My whole face was paralysed from my nose to my ears and from my forehead to my chin. I could not shave. When it came to cleaning my teeth, I had to physically open my mouth"

No treatment worked for him, but after a two-week course with Stewart – without charge – he noticed a change "Half an hour after my first treatment I had an earache A week later the right-hand side of my mouth that used to always sag downward lifted. Now my speech has come back and I can read with both my eyes now

"I want the machine back I want to make my own decisions"

Revealed: One lecturer's view on Aids in Africa

By GILLIAN FARQUHAR

The majority of HIV patients in 19 sub-Saharan countries hardest hit by the pandemic were from the most productive sectors of society, a conference in Nairobi heard this week

Catholic University of Eastern Africa lecturer Eric Osenya said between 8 and 32% of the population in these countries were infected with the human-immunodeficiency virus which causes Aids.

Medinfo's Dr Andrew Jamieson said a full-blown-Aids epidemic was starting in South Africa and would wreak havoc in human and economic terms in the next few years

"There are huge human costs in terms of deaths and the number of orphans left behind, but also the large number of economically productive people who will die from Aids will hit the economy very hard," he said.

The estimated rate of HIV infection in Kenya was 12% of the population, compared with an estimated 18% in South Africa, Jamieson said.

Gauteng health department doctors said about 1000 people were infected with HIV every day, and 200 people developed full-blown Aids.

In Kenya, the estimated daily infection rate was 700, while 150 people developed full-blown Aids, Jamieson said.

Osenya said HIV and Aids-related cases consumed 15% of Kenya's gross domestic product, and that figure was expected to triple by the year 2000.

About 4% of private sector profits was lost because HIV and Aids patients were not at work

Burial costs, hospital bills and training of new staff also contributed to this figure

At present 60% of Kenyan government hospital beds were filled by patients with HIV/Aids related illnesses. If the trend was not reversed, all the beds would be filled by these patients by 2000, Osenya said

In South African government hospitals, 40% of adult patients and 30% of paediatric patients suffered from HIV-related diseases, Gauteng health department doctors said

In sub-Saharan Africa, Uganda was the only country where the HIV incidence had dropped, while South Africa had one of the fastest-growing infection rates in the region and the world, Jamieson said. – Sapa

■ SEE PAGE 13

(92) Star 29/8/98

SA: An ideal site for Aids vaccine trials?

ET 4/9/98 (92)

SOUTH AFRICA, *with its high rate of HIV infection and relatively good research and health facilities, is being targeted as an ideal site for Aids vaccine trials. Of course, no one has developed an effective vaccine yet, but the world's scientists are working on it — hard. A few models have been put forward for clinical testing and all eyes are on South Africa to provide the volunteers for large-scale clinical trials. In preparation for this, a workshop to discuss the ethics of these trials was held in Durban this week, attended by some of the most prominent scientists, lawyers, community workers and Aids activists in the field. Health Writer* ***JUDITH SOAL*** *reports.*

THE National Institute of Health in the United States has given the Medical Research Council (MRC) a five-year grant to conduct HIV prevention trials. The grant is worth $1m this year, but will treble if South Africa starts doing advanced (phase III) Aids vaccine trials.

Despite agreement on the importance of a vaccine, Aids activists are concerned. They say there is a danger that South Africans will be used as guinea pigs to test vaccines based on strains of HIV that are not found here and that our health system will not be able to afford.

It already happens with anti-Aids drugs. The drugs are tested in South African hospitals, using South African patients, but are not widely available to people who aren't part of the trials. The information gained from the trials belongs to the international drug companies that commission them — the same companies that sell the drugs at prices that can't be afforded by most people in developing countries.

Will it be the same with vaccines?

"It depends," says Seth Berkley, the president of the International Aids Vaccine Initiative.

"If developing countries are involved from the beginning and take ownership of the work then you won't be left out. If we leave it all up to private companies then it will take much longer for vaccines to be developed and to be accessible, like with Hepatitis B.

"With Aids growing the way it is, we just don't have the time."

The lack of time was a common theme at this week's workshop in Durban on ethical issues in HIV vaccine trials. It was chaired by Slim Abdool Karim, director of the MRC's Centre for Epidemiological Research and leader of the team that received the grant for HIV prevention (known as HIVNet).

Abdool Karim and his colleagues are enthusiastic about the possibilities offered by vaccine trials. They recognise, however, the ethical problems.

One of the most controversial questions is about conducting "clade B" vaccine trials in South Africa. To understand this controversy, one has to know a little more about HIV.

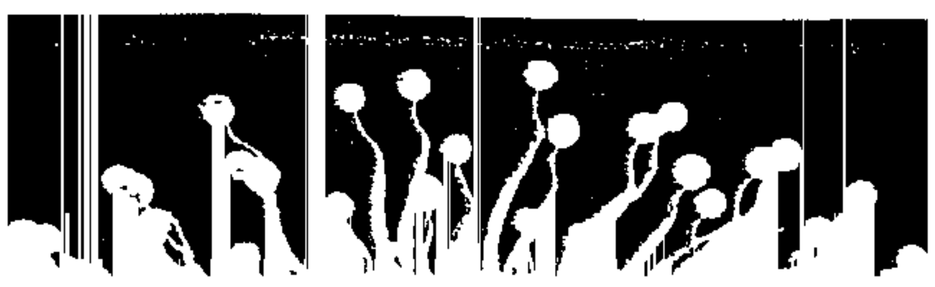
There are different types of the virus, known as clades. Clade B is found mainly in the United States and Europe and is transmitted through homosexual contact or infected blood.

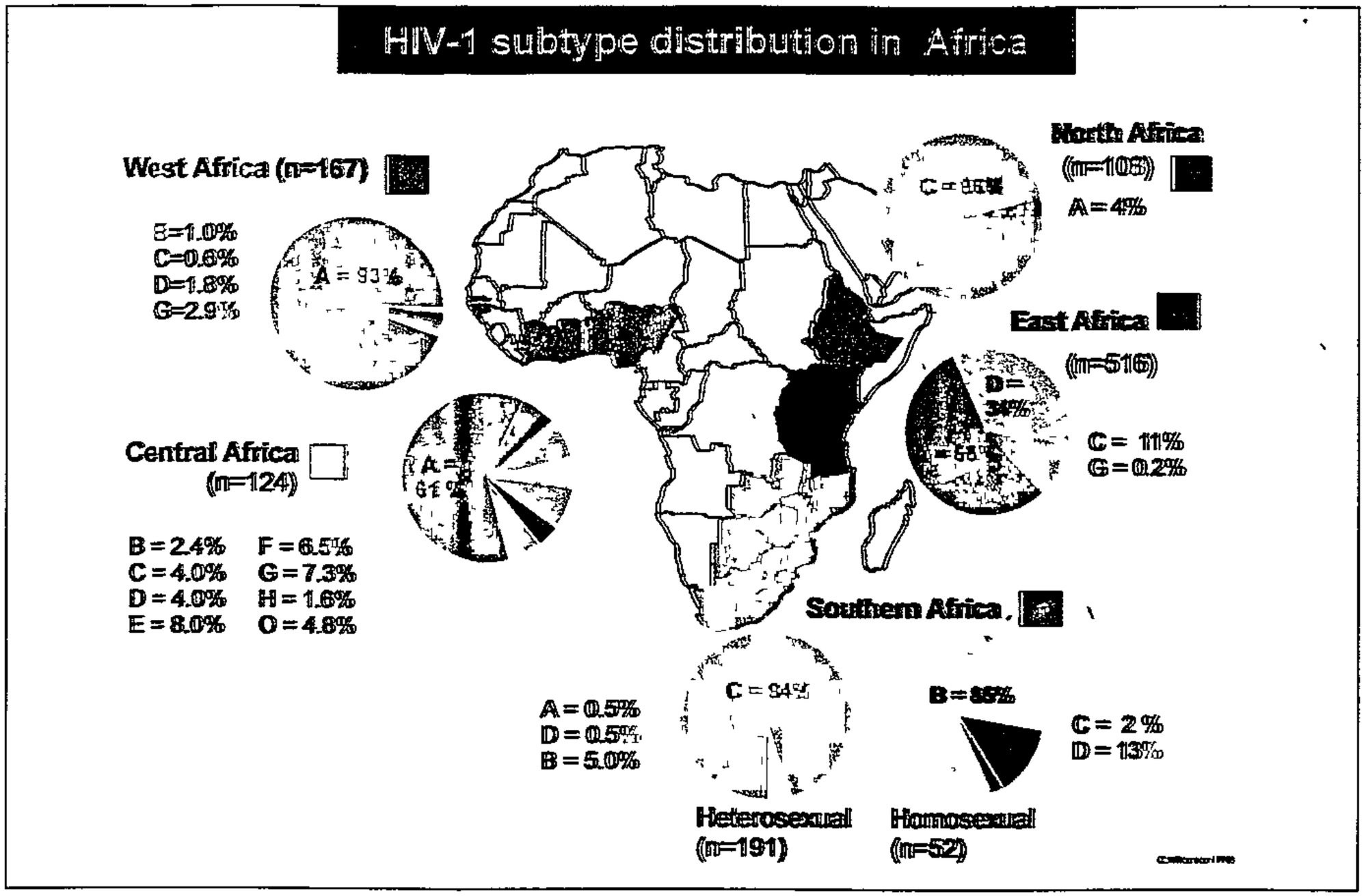
Clade C is found predominantly in Southern Africa and is passed on by heterosexual contact. Ninety five percent of South Africa's HIV is clade C.

All the vaccines that have been developed so far have, predictably, been based on clade B HIV. This doesn't necessarily mean they will only be effective for that clade, although it does mean that [illegible] doing, which is developing a clade C vaccine."

● Maybe, said MRC president-elect William Malegapuru Makgoba. "We [illegible] the nature of scientific research.

● The difficulties of explaining the risks and benefits involved when scientists are unsure of these themselves.





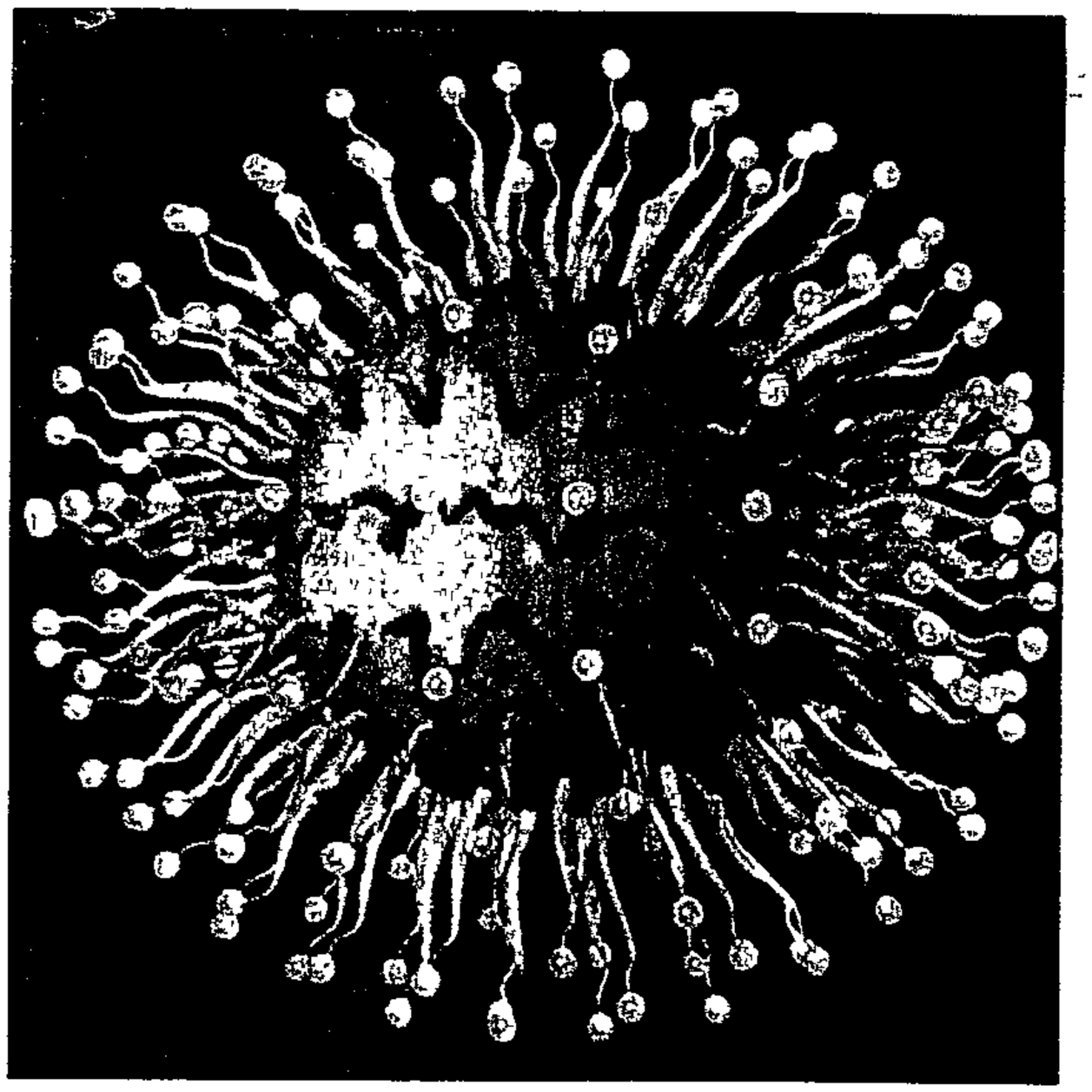
STRANDS. Different sub-types or clades of HIV are found in different parts of the world. Most of the people living with Aids in Europe and North America have clade B HIV, which is passed primarily through homosexual contact. Even in Africa the clades differ between regions. Southern Africa has 95% clade C and 5% clade B. HIV spread through homosexual contact in southern Africa is predominantly clade B. North Africa also has 96% clade C. HIV East, west and central Africa have large clade A epidemics, alongside other strands. All the vaccines developed thus far are based on clade B HIV and scientists do not know how effective they will be in combating other clades.

GRAPHIC: CAROLYN WILLIAMSON, UCT

MORE WORK: William Malegapuru Makgoba, president-elect of the MRC

OWNERSHIP: Seth Berkley, president of the Aids Vaccine Initiative

LEADER: Slim Abdool Karim, head of SA's HIV prevention research team



UNEQUALLED A model of the human immune virus (HIV), that can lead to full-blown Aids

tact or infected blood.

Clade C is found predominantly in Southern Africa and is passed on by heterosexual contact. Ninety-five percent of South Africa's HIV is clade C.

All the vaccines that have been developed so far have, predictably, been based on clade B HIV. This doesn't necessarily mean they will only be effective for that clade, although it does mean that they are more likely to prevent the spread of clade B HIV. The truth is that scientists just don't know. If South Africa were to start trials now, it would have to be of clade B vaccines, as there aren't any others.

Is this worthwhile?

● Yes, says UCT virologist Carolyn Williamson. "There are many scientific reasons for going ahead. We don't know enough about cross-reactivity (effectiveness of vaccines) between clades and it could well be that clade B vaccines help prevent the spread of clade C HIV. There is some strong evidence to suggest that they would.

"We would learn a lot from doing this kind of work, so why not go ahead? It will take time to develop a clade C vaccine and time isn't something we have a lot of right now."

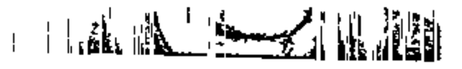
● No, said Des Martin, the head of the National Institute for Virology.

"I'm not convinced that cross-clade responses are large enough. Testing clade B vaccines would absorb a lot of human and financial resources that we just don't have.

"Also there is a negative public perception. People say these are not our vaccines, they are not our viruses, we are just being used as guinea pigs. For the trials to work we need both political and public co-operation, which we are unlikely to get for clade B trials.

"I believe this would create a diversion from what we should really be doing, which is developing a clade C vaccine."

MORE WORK. William Malegapuru Makgoba, president-elect of the MRC



OWNERSHIP Seth Berkley, president of the Aids Vaccine Initiative

LEADER: Slim Abdool Karim, head of SA's HIV prevention research team

● Maybe, said MRC president-elect William Malegapuru Makgoba. "We need to distinguish national objectives from individual inquiries. Nationally we should be working on clade C, not clade B, but individuals can do more work to get preliminary data on the effectiveness of clade B vaccines on a clade C epidemic.

"I'm surprised we haven't done more of this already. No amount of urgency can substitute for good science or good ethics."

If the scientists are still out on whether clade B trials will be useful, who will make the final ruling?

"Well, a decision will only be made when there is a concrete proposal," said Abdool Karim.

"No one has come forward yet and asked us to test a product or offered to sponsor a trial. When this happens we will draw up a protocol and submit it to the Medical Control Council (MCC) for a decision.

"It is unlikely the MCC will make that decision on their own, they will probably refer it to the Minister of Health for high level authorisation because it is such a controversial issue."

Unfortunately no one from the national health department was at the workshop.

Cross-clade research wasn't the only issue without an answer. Two days of intense discussion focused on, but did not solve:

● How to get "informed consent" from people who often know little about the nature of scientific research.

● The difficulties of explaining the risks and benefits involved when scientists are unsure of these themselves.

● What to do about the likelihood that people will believe they are protected from HIV because they are on the trial and not take necessary sexual precautions.

● What do you do with people who volunteer for the trial but are found to be HIV-positive in the beginning?

● People who are injected with the vaccine will test HIV-positive in normal Aids tests because anti-bodies to the virus will have developed in their blood. How do you resolve the implications for those people when it comes to applying for a new job, insurance, bonds etc?

● Internationally-accepted ethical principles state that anyone who participates in research should be given the "best known" care if they get a trial-related illness. Following this principle means people becoming HIV positive during the trial would be given access to expensive antiretroviral Aids drugs.

Some — mainly the scientists — said doing this would make the trials too expensive and provide "undue inducements" for people to volunteer as it was the only way they would get treatment. (Giving anti-Aids drugs also interferes with the research, as you can't tell the effects of the vaccine on the progression of the disease, but no one was pushing that point.)

Others — mainly the activists — said breaking this principle opened the way for abuse of trials in developing countries that don't have the same ethical requirements as the countries that sponsor the research. In other words, it provides a way of avoiding responsibility to the participants — the people who take the risks.

SCIENTIFIC REASONS Carolyn Williamson, UCT virologist.

There are no answers to these dilemmas. But with the kind of money being promised by the NIH, the World Bank, the European Union and other funding agencies, it seems HIV vaccines, or for now talk of such vaccines, are here to stay.

It will be a long process — even if a vaccine is found that is suitable for phase III clinical trials it will take between six and eight years for it to be widely available to those who need it.

Despite the ethical intricacies and dangers, for the sake of the 1 500 South Africans that are infected with HIV every day, let's hope it turns out to be more than talk.

Research needed to 'fast-track' process

ESEARCHERS have been working on .an Aids vaccine for over 12 years ev admit that they haven't got very far his time.

"There was a lot of optimism in the inning," said Peggy Johnston of the ernational Aids Vaccine Initiative.

"But since then a lot of the results ve been disappointing."

It's because of this disappointment it groups like the International Aids ccine Initiative are trying to get as ny people and countries to work on Aids vaccine as possible, so as to "fast- k" the process.

"There are many promising designs gering in laboratories because there is private sector support to move them phase I," said Johnston. "We want to inge this."

The urgency is obvious. All efforts at vention in the last decade have done le to stem the increase in HIV infec ns. It's become clear that prevention ogrammes, although important, just en't enough.

"A vaccine is our only realistic hope of ending this epidemic," said Vaccine Initiative president Seth Berkley, "especially in developing countries where the costs of treatment are prohibitive."

Vaccines, like all drugs, have to pass through strin gent tests before they can be widely used. Candidate drugs are developed in the laboratory and then must pass through three phases of human testing:

● Phase I. The drug is tested on a few human subjects, mainly to establish whether it is safe in humans and to find the appropriate dose.

● Phase II. A larger sample is used and again the safety and side-effects are tested. Phase II trials also give an indication of the effects and benefits of the drug, although they can't provide proof of these effects.

● Phase III trials are the ones that take the most time and money as they are designed to test the drug under practical conditions.

In these trials participants are randomly divided into different groups that will receive either the drug to be tested or a placebo without any active ingredients. If more than one drug is to be tested at the same time, participants will be assigned to more than one active group. The people receiving the placebo are known as the control group.

Researchers say that each group would need to have over 2 000 people in it for a South African trial to be able to prove that a vaccine is effective.

How would a trial like this work?

● A geographical area would be chosen for the trial and researchers would ask people if they were willing to participate. Those who volunteer would be tested for HIV.

● If they are HIV negative they will be randomly assigned to one of the groups.

● They will receive an injection, but neither the participant nor the researcher will know if this is the active vaccine or the placebo.

● Participants will be regularly tested to monitor their HIV-status.

● At the end of the trial the number of people who have become HIV-positive in the control group will be compared with the number of people in the vaccine group/s.

● Crudely put, if significantly more people remain HIV-negative in the vaccine group/s, the vaccine will be considered effective.

● A trial like this would have run for at least six years to prove an effect.

NO CURE. A person with HIV lives with the knowledge that there is no cure. Expensive treatments allow people to live longer and be healthier, but they remain HIV-positive and able to transmit the disease to others. PICTURE: AP

Boost given to research into HIV prevention

CT 4/9/98 (92)

JUDITH SOAL
HEALTH WRITER

THE Medical Research Council (MRC) has been given about R6 million by US funders to do research into HIV prevention, with promises of much more to come over five years This amount will go up to about R19m if the country takes part in large-scale trials of HIV vaccines

The question is, should South Africans participate in the trials? Would we benefit or would our citizens be used as guinea pigs in the fight against Aids?

Many of the country's top Aids experts gathered at a workshop in Durban this week to discuss these and other questions on the ethics of conducting vaccine trials in South Africa

There is widespread agreement that a vaccine is the only way to stop the population being devoured by the virus, but the vaccines that are being developed at the moment are based on a strand of HIV that is not common here Although scientists say these vaccines might be effective against the type of HIV found here, they admit the vaccines are more likely to work against the type of HIV they were based on

Should South Africa rather focus on developing its own vaccine?

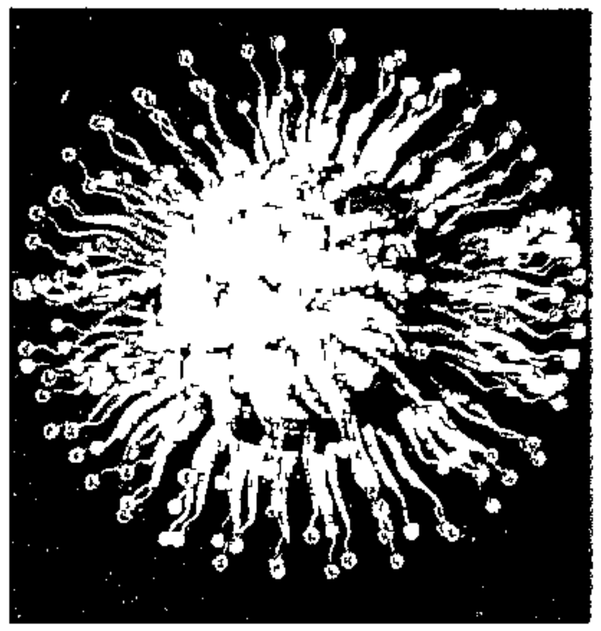
The type of trials being envisaged can't be done in countries like the US This is partly because the incidence of HIV is not high enough and extraordinarily large samples would be needed to determine whether or not a vaccine was effective, but also because of the ethical standards that are enforced in those countries

Some scientists believe those standards are a form of "US dictation" which hampers research efforts in developing countries

Others feel that breaking the standards in developing countries amounts to the abuse of those who participate

What do you think?

● See Insight Page 17



UNRIVALLED: A model of the HIV virus

No charges yet over pastor's controversial clinic

By FEMIDA CASSIM (92)

Pastor Shawn Stewart, the man involved in running the controversial oxytherapy clinic for people with Aids and HIV in Johannesburg, which was closed down by the Medicines Control Council five weeks ago, has still not been charged with an offence.

Stewart said he had no idea what had happened to the oxytherapy equipment or to the extensive documentation seized in the raid

"I have heard nothing from the MCC or the police I want the equipment back. Already three people have died without it. As we waste more time, we lose more lives," said Stewart

He claimed that suggestions that he had raked in more than R3-million from patients he had treated, and that he might therefore be guilty of tax evasion, were "absolute rubbish"

"It's strange, but my accountants believe that the taxman may owe me money," he added He said he had copies of his business books and receipts to back up his claim

He was disturbed that the treatment had been condemned out of hand by the MCC when it was showing success in putting people with Aids and HIV into remission.

He said South Africa is considered to have one of the fastest growing HIV epidemics in the world with close to 50 000 people being infected every month.

"HIV/Aids is a lawless, faceless killer that will continue to silently creep into our communities, our families, our homes and ultimately into our beds. While we sit and decide who may or may not take up the fight against this silent, faceless murderer, we lovingly refer to as Aids," said Stewart.

"People should be allowed to decide what treatment they have administered to their own bodies. What right does the MCC have to take away hope?"

Attempts to get comment from the MCC were fruitless

Star 5/9/98

SOWETAN Tuesday September 8 1998

VIPs hope to address Aids crisis

By Mokgadi Pela

AN UNPRECEDENTED meeting of eminent persons is to take place at the presidential guest house in Pretoria on Friday to focus on the spiralling Aids epidemic in South Africa

The meeting, to be addressed by Deputy President Thabo Mbeki, will try to launch several key partnerships in the battle against HIV and Aids

The event will be a forerunner of a major public awareness campaign to be launched next month involving leaders from all sectors of society

Expected to attend the Friday meeting are several Cabinet ministers, Aids experts, celebrities, businessmen and businesswomen, religious leaders, artists and people living with Aids

Among the proposals Government is considering is to try to get each sector to identify key areas in which raised awareness and the provision of care could be effected

Latest figures show that over three million South Africans are infected and living with the disease, with an estimated 15 000 new infections occuring each day

Even more alarming is that 60 percent of these infections occur in people aged between 15 and 25 years old

Experts believe if nothing is done, HIV has the potential to devastate the economic and social reforms made in South Africa since 1994

Equal partners

Addressing the World Economic Forum in Davos in 1997, President Nelson Mandela said "All sectors and all spheres of society have to be involved as equal partners

"We have to join hands to develop programmes and share information and research that will halt the spread of this disease and help develop support networks for those who are affected"

Suit against newspaper fails

THE Johannesburg High Court yesterday dismissed with costs the R7 million libel suit brought by Liberian politician Emanuel Shaw II against the *Mail and Guardian* newspaper

Deputy Judge President Monis Fleming ordered Shaw to pay the newspaper's costs, expected to exceed R60 000, editor Phillip van Niekerk said yesterday

Van Niekerk described the judgment as a vindication of his newspaper's reporting on Shaw, who objected to being characterised as one of Africa's most notorious rogues

Neither Shaw nor his legal team arrived at the court yesterday

"Shaw did not pitch up in court because he knows the reporting, mainly by Mungo Soggot, was on the mark," Van Niekerk said

Shaw sued the newspaper for a series of articles describing how he obtained a R3 million job at the Central Energy Fund from his friend and former CEF chairman Don Mkhwanazi, said Van Niekerk.

He said Mkhwanazi was forced to resign because of the scandal surrounding Shaw's appointment, which triggered a commission of inquiry

"What our investigations revealed is an obscene waste of taxpayers' money It is an indictment of this Government that some of its senior officials formed close -ties with such a crooked and unsavoury individual," said the editor, adding that his newspaper had also reported Shaw's "corrupt practices" while finance minister in the 1980s under the regime of Liberian despot Samuel Doe – *Sapa*

Aids epidemic draws Govt crisis reaction

Star 11/9/98 (9a)

The race is on to identify activities aimed at raising awareness of disease

By Anso Thom
Health Reporter

The Government takes the first step towards making the Aids epidemic a national priority today with a crisis summit between Deputy President Thabo Mbeki and more than 200 sector leaders

Mbeki, who will chair the Aids summit, was expected to be joined by a cross-section of leaders from sectors including the media, religious bodies, the arts community, education, sport and recreation, business and labour, community leaders, NGOs and the Government at the Presidential Guest House in Pretoria from 2 30pm.

Joel Netshitenzhe, of the Government Communications and Information System, said the key message of the summit was that Aids was no longer just a health problem, but the country's most serious crisis ever, with the potential to devastate economic and social reforms

More than 3 million South Africans were infected, with an estimated 1 500 new infections taking place every day, about 60% of them among people between the ages of 15 and 25.

"Aids has emerged as a challenge with requires that we mount a national offensive for our own survival," Mbeki said

"This requires a new, focused initiative that builds on the work being done currently at various levels, but that can also make the maximum impact on stemming the tide of the epidemic," he added

The partnership, dubbed Action Against Aids, will be officially launched next month, with today's summit serving as a briefing about the extent of the epidemic and current trends.

The nature of the launch and the ensuing programmes will be determined from these consultations.

Among the proposals being considered is to get each sector to identify two or three key practical activities aimed at raising awareness, preventing Aids/HIV or providing care and support to those infected and affected

Examples of activities to be considered at the summit are the adoption of a visible leadership role on the issue, HIV-related commercial, social investment or philanthropic initiatives within the environment in which the sectors operate, pooling complementary resources and deploying them in community-based initiatives; and activities to mark World Aids Day on December 1

Ministers expected to attend include Education Minister Sibusiso Bengu and Transport Minister Mac Maharaj.

Mbeki mounts Aids offensive

CT 11/9/98 (92)

ANSO THOM

THE government takes the first step towards making the Aids epidemic a national priority today with a crisis summit between Deputy President Thabo Mbeki and more than 200 sector leaders

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15% of our civil servants have HIV

By ADELE BALETA and AURELIA DYANTI

Star 12/9/98

About 150 000 of South Africa's 1 million civil servants are HIV positive, according to shock statistics released at an Aids crisis summit in Pretoria.

The grim spectre of HIV/Aids was described yesterday by Deputy President Thabo Mbeki as the most serious crisis yet to face South Africa. He announced that the Government has set aside R80-million for the campaign of Aids awareness.

The Government has summoned 200 leaders to Pretoria to set about tackling the Aids epidemic on all fronts. The key message was that Aids was no longer only a health problem, but had the potential to devastate economic and social reforms and had to be tackled on all fronts.

Delegates heard that of every seven civil servants, one was infected with the deadly virus. The disease was expected to have a devastating impact on employee benefits, absenteeism, productivity, recruitment and training costs.

Economists from the University of Natal (Durban) have estimated that there are already up to 100 000 "Aids orphans" in KwaZulu Natal alone, and that this figure will rise to 250 000 by 2000 and a million by 2005.

South Africa's youthful leaders and job-seekers are most at risk, with 60% of HIV infections occurring in the 15-25 year age group. More than 3 million South Africans have the disease, with an estimated 1 500 new infections daily.

Mark Heywood of the Aids Law Project said the state had so far "failed horribly" to address HIV/Aids at every level. The Government had been "terribly negligent" in allowing the infection rate to escalate by 2 million in four years, he said.

Minister of Social Welfare Geraldine Fraser-Moleketi said Aids was a "silent disease threatening the vision of the African Renaissance."

150 000 civil servants have HIV

(92) ARG 12/9/98

ADELE BALETA

About 150 000 of South Africa's one million civil servants – about one in seven – are currently HIV positive, according to statistics released at an unprecedented AIDS crisis summit in Pretoria

The grim spectre of HIV/AIDS, described by Deputy President Thabo Mbeki as the most serious crisis to face South Africa, is threatening to cripple the economy and to damage the delicate fabric of society

Mr Mbeki chaired yesterday's summit, which, said some delegates, was "long overdue" and "too little too late"

The key message was that AIDS was no longer just a health problem, but had the potential to devastate economic and social reforms

Delegates heard that about 150 000 civil servants are infected with the deadly virus and AIDS is expected to have a devastating impact on employee benefits, absenteeism, productivity and recruitment and training costs

Economists from the University of Natal have estimated that there are already up to 100 000 "AIDS orphans" in KwaZulu Natal and this figure will rise to 250 000 by the turn of the century By 2005 South Africa is expected to have about a million AIDS orphans

South Africa's youth are most at risk, with 60% of HIV infections occurring in the 15 to 25 age group

More than three million South Africans are infected and living with the disease, with about 1 500 new infections every day

Government ministers and representatives from the media, business and labour, religious bodies, the arts community, education, sport and recreation, community leaders and non-governmental organisations were briefed about the extent of the epidemic

To date, the Government's AIDS programmes and strategies have been criticised for failing to stem the rising tide of HIV infections

While there has been a collective sigh of relief that the Government is now apparently taking the AIDS crisis seriously, NGOs remain cautious

Mark Heywood, of the AIDS Law Project, said the Government had been "terribly negligent" in allowing the infection rate to escalate by two million in four years

R80-m drive to combat Aids

Sowetan 14/9/98

By Mokgadi Pela

SOUTH AFRICA has resolved to embark on sustained campaigns to combat the rapid spread of HIV This announcement was made on Friday by leading political figures, business groups and sports and non-governmental organisations at the presidential guest house in Pretoria

In his opening address Deputy President Thabo Mbeki said "It's time we move decisively to raise the level of understanding and create the possibility to act in a manner that will help arrest the disease"

Mbeki said the Government would commit R80 million to the campaign and hoped to get more from other stakeholders

He said Government effort alone was not enough "We should act together in a sustained approach," Mbeki said

Health Minister Dr Nkosazana Zuma said a follow-up to the Friday meeting would see President Nelson Mandela addressing the nation on Aids on October 9 on national television

Welfare Minister Ms Geraldine Fraser-Moleketi painted a gloomy picture of the epidemic in sub-Saharan Africa and South Africa in particular

"This pandemic is threatening the vision of the African Renaissance Of every 10 men infected, six are in sub-Saharan Africa Of every 10 women infected, eight are in sub-Saharan Africa," she said

Fraser-Moleketi said more than 1 500 infections were taking place in South Africa everyday She added that over 3 million South Africans were HIV positive

Aids activist Mrs Mercy Makgalemele appealed to women's groups to take up issues related to HIV and Aids

"I also call for urgent measures to be introduced by the health sector to reduce transmission of the virus from pregnant mothers to their children I further urge pharmaceutical companies to reduce the cost of drugs so that they are affordable," Makgalemele said

● See page 10.

Make silence about AIDS and HIV a crime, says IFP

LAURICE TAITZ (92)

THE Inkatha Freedom Party has proposed legislation to make it a crime for a person with HIV or AIDS not to tell their sexual partner of their infection

IFP spokeswoman Dr Ruth Rabinowitz, whose party has a majority in KwaZulu-Natal — the province most affected by the disease — called for a drastic rethink of South Africa's AIDS policy to promote openness and responsibility

Rabinowitz was responding to issues raised at an AIDS briefing hosted by Deputy President Thabo Mbeki in Pretoria on Friday

At the briefing, Mbeki outlined the government's plan for a concerted and co-ordinated response to the AIDS epidemic, calling for partnerships with, among others, non-governmental organisations, churches, business and people living with AIDS to work to combat the spread of the virus

Mbeki said "We are facing a very serious crisis The epidemic is spreading fast and we will have to take decisive action We are clearly a number of years behind other countries in dealing with AIDS, even some African countries "

Mbeki said R80-million had been set aside for the launch of a massive public awareness campaign

At the briefing the Minister of Welfare, Geraldine Fraser-Moleketi, said the silence surrounding the virus had led to discrimination against those who were living with the disease and an increase in the spread of the virus

Fraser-Moleketi said a United Nations AIDS report compiled in June had given South Africa the dubious honour of having the fastest-growing rate of infection in the world

Statistics reveal that in South Africa

- Almost 10 percent of the world's 16 000 new infections occurring daily occur here,
- There are three million people with AIDS;
- The majority of people being infected are between the ages of 20 and 29, a major part of our economically active population,
- There are 200 000 children who have been orphaned by the disease, and
- The highest prevalence of AIDS is in Kwazulu-Natal, where one in every four pregnant women are testing positive for HIV

Some delegates at the briefing commended the government's efforts to tackle the problem, but were dissatisfied with its approach

Mark Heywood, of the AIDS Law Project at Wits University, asked if the government's plan was a "turning point or a flash in the pan"

He said the state had "failed horribly" to tackle HIV and AIDS and had been negligent in allowing the rate of infection to escalate by two million in four years

In response to the minister's emphasis on there being no cure and that life-prolonging drugs were cost prohibitive, he said it was a problem that "You don't talk about AIDS treatment You talk about care for the dying rather than about prolonging the life of the living "

Rabinowitz said a recent study had shown there were affordable ways of reducing mother-to-child transmission of the disease, but the Health Department had no protocol for treating infected pregnant women nor for treating health workers who might be infected from needlestick injuries

ST 13/9/98

SA workforce threatened by Aids

(92)

Primarashni Pillay

BD 14/9/98

SA has the fastest growing Aids epidemic in the world, with about 1 500 new HIV infections in the country every day . By 2000 more than 20% of SA's workforce will be HIV positive

This emerged at a Partnerships Against Aids Conference in Pretoria on Friday, which was chaired by Deputy President Thabo Mbeki

The conference, attracting political, business, medical and labour leaders, was aimed at alerting participants to the seriousness of the Aids problem in SA and to strategise on nationwide Aids Awareness Campaigns

The HIV/ Aids epidemic posed one of the greatest challenges to business development in SA. HIV-related absenteeism, loss of productivity and the cost of replacing workers lost to Aids threatened the survival of businesses and industrial sectors.

Welfare Minister Geraldine Fraser Moleketi said about 4,5-million adults would be HIV positive by 2005. By the end of 1997 it was estimated that 3-million people were infected.

She said SA had about 200 000 orphans who had lost their parents to Aids and this figure could go up to 1-million in a few years

Meanwhile, Health Minister Nkosazana Zuma said that with such a high number of young, economically active people being HIV infected, SA's market base would shrink and "it was important for business out of economic reasons to get involved" to promote Aids awareness.

Zuma said Aids was not a health department issue but a government issue and that "this was not a time for political parties to score points".

Aids: Mbeki calls for national effort

(92) CT 14/9/98

PRETORIA A government-initiated campaign aimed at involving all sectors of society in the fight against Aids was launched here on Friday

Opening the event, attended by prominent members of the government, business, churches, the media and other fields, Deputy President Thabo Mbeki said Aids was spreading at an alarming rate.

"We are facing a serious crisis. Clearly, it is time to move decisively," he said

Mbeki said South Africa was behind many countries, including some African states, in its approach to curtailing the spread of the disease.

The national effort would start with a massive awareness campaign, for which R80 million had been budgeted. The drive should be coupled with a national programme involving the active support of all sectors of society. Health Minister Nkosazana Zuma said President Nelson Mandela would deliver an address on October 9 to highlight the Aids problem and to urge the involvement of all South Africans in fighting the disease

"After that we will have different sectors pledging their support for the campaign, at different dates," she said

Welfare and Population Minister Geraldine Fraser-Moleketi said South Africa had the fastest-growing Aids epidemic in the world. It was estimated that 1 500 new infections occurred daily.

Causes included disruption of family life that resulted from the migrant labour system of the apartheid era

Resistance to the use of condoms and acceptance of an individual's having more than one sexual partner had also contributed to the spread of Aids, Fraser-Moleketi said.

More than three million South Africans were infected by the end of 1997, she said. Experts predicted that this figure would rise to 4,5 million by the year 2005

They estimated that 78 000 to 100 000 children had been orphaned by Aids fatalities in KwaZulu-Natal alone In the country as a whole, the number of Aids orphans could be close to one million by the year 2005. — Sapa

Government seeks to change Aids perception

Star 17/9/98 (92)

By Anso Thom
Health Reporter

Government hopes to change the Aids epidemic, from being perceived as a Government or Health Department problem, to a fatal disease to be fought by all sectors in South Africa.

Sectors who have committed themselves to Partnership Against Aids believe the campaign launched last week could make a difference, especially because Government had taken the initiative.

Rose Smart, director of the Health Department's National Aids Programme explained that the key concept emanating from the meeting was the partnerships which needed to be formed between Government and these sectors.

She said early indications were that the sectors which attended were willing to commit whatever was necessary.

"They were all there, people from sport, the entertainment industry and bishops by the dozen," she said.

Partnership Against Aids got underway in Pretoria on Friday when Deputy President Thabo Mbeki chaired a crisis summit attended by the religious sector, media, education sector, business, government, non-governmental and community organisations.

Partnership Against Aids will be officially launched on October 9 when President Nelson Mandela addresses the nation for 10 minutes.

The sectors will also announce pledges that will peak on World Aids Day, December 1.

Smart pointed out that World Aids Day would not end up being the end but a huge focus.

"This campaign is not just about public awareness," Smart said.

There would be activities across the board which would deal with, among others, prevention, groups at increased risk, counselling, care, testing and trials.

Mark Heywood of the Aids Law Project said the partnership was a big step forward.

"What is important is the formulation of an action plan. Awareness alone doesn't change behaviour," Heywood said.

He said he had highlighted the need for a national Aids commission, but stressed it should not become a bureaucratic body.

Aids: The Inyanga Option!

(92) CR 20/9/98

IBA confused on e-TV launch

By JIMMY SEEPE

THERE HAVE been behind-the-scenes negotiations between Midi TV and the Independent Broadcasting Authority to clear the air regarding e-TV's launch date, City Press can reveal today.

According to public expectations, e-TV is geared to beam as from October 1, a date regarded by many as the official launch day. But it appears this will only be a test period, with the full e-TV package only on offer as from December 1.

This has thrown the whole process into confusion, with the IBA demanding clarity on e-TV's actual launch date

City Press is in possession of a leaked letter from the IBA addressed to Midi-TV, the owners of e-TV, demanding clarity on the issue It reads in part, "The authority is of the view that you cannot provide a full service by October 1, 1998 This date can then only be regarded as the beginning of your test programming period."

The IBA letter to Midi further states that "the authority is not in a position to furnish you with your licence conditions precisely because of the start date issue We have been requesting this from

☐ A 24-hour service,
☐ News – 30 minutes per day during prime time and 1,5 hours outside of prime time everyday
☐ 30 percent original local programming instead of 27 percent, as indicated by Midi.

"The IBA reminds Midi, "We would like to remind you that the council, at the time of deliberations after the hearing and when comparing with other applicants, had the 30 percent figure in mind and not 27 percent by the end of the first year."

The provisions of the IBA's regulations on local content include:
☐ 19 hours a week information programming;
☐ 14,5 hours a week on children's programming;
☐ Two hours of news and information programming in Zulu, Xhosa, Sesotho and SeTswana, as well as four hours of programming other than news and information programming in the same languages, and
☐ 60 percent population coverage

Midi spokesperson, San Reddy, said the television station was still going on with plans to launch on October 1 with a phased in programming

"There is no test programming as such. We hope to be running a

Victims dump medical doctors

By PERCY MAKHARAMEDZHA

THOUSANDS of desperate HIV infected victims in KwaZulu Natal are flocking to traditional healers for a miracle cure, in the belief that western medicine has failed to save them from inevitable death from AIDS

But the province's health MEC, Zweli Mkhize, is not impressed and sent out a stern warning this week to the traditional healers not to raise the hopes of victims with HIV

"Until there is scientific evidence, no claims can be made. It is harmful to the community to claim that there is a cure that is not based on scientific evidence," Mkhize said.

He challenged traditional leaders and anyone claiming to have a cure for AIDS to contact his department so that their methods could be tested scientificially

Dr Mkhize was supported by the KwaZulu-Natal head of the National Association of People Living with HIV/AIDS (Napwa), Mercy Makhalamele who condemned the traditional healers' claims

"I am challenging traditional healers to prove that what they are saying is true by showing us a person who was HIV positive who they treated and become HIV negative," she said.

Makhalemele, who lost her husband and young daughter to AIDS and has lived with the disease for the past five years, suggested traditional healers should work hand in-hand with Napwa and medical doctors

But as the controversy became more heated in the province, traditional healers were adamant that they have the cure for HIV and AIDS

Traditional healers who seem to have brought some hope for a miracle AIDS cure include the famous Midlands inyanga Sosobala Mbatha.

KwaZulu-Natal is the province most affected by AIDS, and the authorities have found that 27% of women who attended ante-natal clinics in the province last year tested HIV positive

The KwaZulu-Natal AIDS miracle cure controversy comes at a bad time for South Africa.

Sapa reported yesterday that a major indicator of the severe impact of South Africa's AIDS epidemic was that the average life expectancy was expected to fall from 60 to 40 years by 2010, HIV expert Anthony Kinghorn said

And it has emerged that the reason for KwaZulu-Natal's residents flocking to traditional healers is the cost of treatment – expensive western medicine versus affordable traditional healers' fees.

The traditional healers' claim to cure AIDS is echoed by the president of research organisation AACO, Sipho Malinga, who says his organisation has conducted a nine-year AIDS research project in the organisation's Newcastle head office to find out whether traditional healers can really cure the disease.

Malinga claimed that 158 medical doctors have confirmed that Mbatha can cure AIDS This was after his organisation conducted research by sending people who are HIV positive to Mbatha for a three-month treatment and then sending them back to medical doctors to be re-tested, said Malinga.

He said the AACO research used medical doctors from all over South Africa, mostly from private practices

The Aids Foundation of South

■ To Page 2☛

National surveys of women attending ante-natal clinics of public health services in South Africa, 1996-1997.

1997 % HIV+	1996 % HIV+
South Africa 16 01	14 17
Province Western Cape 6 29	3,09
Eastern Cape 12 61	8,10
Northern Cape 8 63	6,47
Free State 19 57	17 49
KwaZulu-Natal 26,92	19,90
Mpumalanga 22,55	15,77
Northern Province 8,20	7,96
Gauteng 17 10	15,49
North West 18 10	25,13

WARNING... Health MEC Dr Zweli Mkhize has issued a warning to traditional healers

AIDS HEALER... Well-known KwaZulu-Natal traditional healer Sosobala Mbatha.

'Virgin cure' myth is debunked

By PETER DICKSON

POLICE and AIDS-relief workers in Port Elizabeth's sprawling townships, still reeling from last weekend's shack rape of two little girls, face a new horror

The Eastern Cape's health MEC Dr Trudy Thomas is very worried about her province's skyrocketing AIDS figures.

"There exists an awful myth that AIDS can be cured when a carrier has sexual intercourse with a young virgin. We see this in a very serious light," she said.

Port Elizabeth's police spokesman Capt Johan Buys said it seemed belief in the myth was widespread among Xhosa-speaking males.

Municipal AIDS adviser Allman Mazosiwe said while the myth existed, there was no proof that it encouraged child rape.

Thomas said there were many factors that played a role in the increase in abuse of South Africa's children.

She said the myth of the "virgin cure" was not restricted to Xhosa-speaking males, but was widespread in many countries

She added that her department's AIDS information campaign had already made considerable progress in debunking the myth.

The girls, aged four and five, who survived the rape in a shack in Govan Mbeki settlement are still being treated in the city's Dora Nginza hospital.

— ECN Weekend Service

P.T.O.

The fight to prevent Aids spreading

Dr **NKOSAZANA ZUMA** Health Minister outlines the objectives of the recently launched Partnership Against Aids

(92)
CP 20/9/98

The recently launched Partnership Against Aids (PAA) represents the turning point in this country's "new phase of the struggle"

While it was not government's intention to announce a Damascene conversion on the question of Aids, the September 11 conference represents a major milestone in this country's fight against Aids This was no exercise in symbolism As one journalist noted, the statements made by People Living with Aids were the most powerful he had ever heard

Government had three objectives in calling up the conference The first was to ensure that we all shared the same degree of concern about the Aids pandemic I trust that there is no need to repeat the figures reported in the media but I would like people daily remind themselves of two 1 500 and 200 000 That is, the current rate of infection in South Africa is 1 500 per day and that there are currently 200 000 orphans – children infected with HIV and whose parents have died because of Aids

Government's second objective was to get feedback on the notion of the Partnership Against Aids I believe I am speaking on behalf of Aids activists when I say that the response was overwhelmingly positive The conference represented a cross section which included trade unions, business, a number of religious strands, the education sector, sporting bodies, the media, youth, women and political organisations, and NGO's There was general agreement that no one sector can deal with this issue on their own – there had to be a broad front

As a follow up to this conference the different organisations are being encourgaed to meet and develop strategies and action plan for their sectors One of the delegates suggested that there should be a National Council on Aids. This will have to be considered Sectors will also have to consider a declaration representative of this PAA

The third objective was to mobilise for the October 9 "stand-still" The aim here is to get all South Africans to stop and watch TV or listen to the radio when the President reads out the declaration on behalf of the Partnership It is hoped that his rendition can be followed by pledges from those sectors who have met and developed concrete action plans

For far too long the efforts against Aids of well meaning souls have remain atomised, and alienated from each other There have been some weaknesses in the past but the thrust of the PAA is to build on what has been achieved

Some of the achievements that we can all be proud of include

- The training of over 10 000 secondary school teachers and the launch of the lifeskills programme across the country,
- The appointment of traditional consultants to train traditional healers in STD and HIV management,
- The distribution of 140 million condoms in 1997 alone and
- The establishment of an Inter-Ministeral Committee on Aids chaired by Deputy President Thabo Mbeki responsible for the September 11 conference

There are a number of issues which the PAA needs to work through At times the different sectors have been at loggerheads reflecting the very core issues which Aids brings to the fore The positions taken by some of the religious community, for example, has not pleased a number of other activists – especially those who wished to emphasise the constitutional right to sexual preference At times there were tensions around the question of People living with Aids notifying employers, partners and so forth of their HIV status

The debate revolved around the question of the human rights of People living with Aids (PWA), the fact a person could become HIV infected the day after notifying an employer about his/her status and so forth There is consesus about disclosing one's status, and the PWA's who did this at the conference are to be applauded.

An adequate response needs to be developed to the "Aids orphans" Given the restrains placed on government resources, our response can only be one of a societal partnership committed to resolving this huge challenge, a challenge which will make even the commulative effects of apartheid child's play.

Dr Rolf Brosenbrock, a German professor of Public Health Policy, pointed out that "Policy designated how Aids prevention is concretely organised". On the other hand "Politics designates the process in which the relevant actors reach agreement on what is to be done about Aids and how that is to be organised"

The fight against Aids challenges all sectors of society to step out of their traditional role and become, in the words of Brosenbrock, "receptive to a new perception of the problem as well as to new responsibilities and co-operation. In this connection, the customary ways in which people pursue their own interests must take a backseat to the higher-ranking interests of Aids prevention"

The PAA is the South African way of arriving at sufficient consensus on "what is to be done about Aids and how that is to be organised".

The conference was not a case of the government suddenly waking up to the proportions of the problem It is not my intention to list the very many steps taken by government These include efforts within government departments such as Education, Correctional Services and the South African Police Services aimed not only at the public service but at students, workers, prisoners and other parts of the South African Public

Last year government decided to take on a new tack – one which has become to be referred to as the Beyond Awareness Campaign After an assessment of the work that had been done to date and the lessons thereof, it was decided to focus on consolidating the efforts of leading organisations and the resources they produce, and linking these with affected and infected people

The first phase of the campaign could thus be referred to as the marshalling of our forces Beyond Awareness Campaign will begin in earnest in the New Year and a major component of this is a public awareness campaign aimed at changing lifestyles

The R80 million from government which Deputy President Mbeki referred to at the conference has been committed for improvements to the public health sector so that a variety of services can be rendered to HIV infected people, and to contribute to the public awareness campaign

While the conference may have been called up by government, the aim is to ensure that the responses our country develops to Aids is through a bottom up process which involves all sectors of society What is required of each sector – and each school, factory, organisation, religious congregation, sporting activity, musical strand, and so on – is to work out and implement a few effective, simple and practical things that each one of us can do to prevent the epidemic from spreading.

For example our spiritual leaders could remind their congregations, on every occasion possible of the epidemic and what they could do about it Our sporting heroes and entertainment celebrities should target the most vulnerable group – the youth – with messages on safe sex Each one of us has a role to play – no matter how small the contribution.

'Partnership' shows new determination to defeat Aids

(92) Star 21/9/98

By Dr Nkosazana Zuma
Minister of Health

Major milestone .. (Left) Minister of Health, Nkosazana Zuma. (Right) these two children were orphaned after their parents died of Aids.

The recently launched Partnership Against Aids represents the turning point in this country's "new phase of the struggle"

Whilst it was not Government's intention to announce a Damascene conversion on the question of Aids, the September 11 conference represents a major milestone in this country's fight against Aids. This was no exercise in symbolism.

As one member of the hard-nosed journalism fraternity noted, the statements made by People Living with Aids were the most powerful he had ever heard.

Government had three objectives in calling up the conference. The first was to ensure that we all shared the same degree of concern about the Aids pandemic. I trust that there is no need to repeat the figures reported in the media but I would like people to daily remind themselves of two 1 500 and 200 000 That is, the current rate of infection in South Africa is 1 500 per day and that there are currently 200 000 orphans children infected with HIV and whose parents have died because of Aids.

Government's second objective was to get feedback on the notion of the Partnership Against Aids I believe I am speaking on behalf of all Aids activists when I say that the response was overwhelmingly positive The conference represented trade unions, business, a number of religious strands, the education sector, sporting bodies, the media, youth, women and political organisations, and NGOs.

There was general agreement that no one sector can deal with this issue on their own – there had to be a broad front.

As a follow up to this conference the different organisations are being encouraged to meet and develop strategies and action plans for their sectors. One of the delegates suggested that there should be a National Council on Aids

This will have to be considered Sectors will also have to consider a declaration representative of this Partnership Against Aids.

The third objective was to mobilise for the October 9 "stand-still" The aim here is to get all South Africans to stop and watch TV or listen to the radio when the president reads out the declaration on behalf of the Partnership

It is hoped that his rendition can be followed by pledges from those sectors that have met and developed concrete action plans.

For far too long the efforts against Aids, of well meaning souls, have remained atomised, and alienated from each other. There have been some weaknesses in the past but the thrust of the Partnership Against Aids is to build on what has been achieved.

Some of the achievements that we can all be proud of include the training of over 10 000 secondary school teachers and the launch of the lifeskills programme across the country; the appointment of traditional consultants to train traditional healers in STD and HIV management; the distribution of 140 million condoms in 1997 alone, the establishment of an Inter-Ministerial Committee on Aids chaired by Deputy President Thabo Mbeki, responsible for the conference.

There are a number of issues which the Partnership Against Aids needs to work through. At times the different sectors have been at loggerheads reflecting the very core issues which Aids brings to the fore. The positions taken by some of the religious community, for example, has not pleased a number of other activists – especially those who wished to emphasise the constitutional right to sexual preference. At times there were tensions around the question of People living With Aids notifying employers, partners and so forth of their HIV status.

The debate revolved around the question of the human rights of

THYS DULLAART

Memorial ... a candle flickers for the victims.

People Living with Aids (PWA), the fact that a person could become HIV infected the day after notifying an employer about his/her status and so forth. There is consensus about disclosing one's status, and the PWAs who did this at the conference are to be applauded.

An adequate response needs to be developed to the "Aids orphans" Given the restraint placed on government resources, our response can only be one of a societal partnership committed to resolving this huge challenge, a challenge which will make even the cumulative effects of apartheid child's play.

Dr Rolf Brosenbrock, a German professor of public health policy, pointed out that "policy designated how Aids prevention is concretely organised" On the other hand "politics designates the process in which the relevant actors reach agreement on what is to be done about Aids and how that is to be organised"

The fight against Aids challenges all sectors of society to step out of their traditional roles and become, in the words of Brosenbrock, "receptive to a new perception of the problem as well as to new responsibilities and co-operation"

In this connection, the customary ways in which people pursue their own interests must take a backseat to the higher-ranking interests of Aids prevention."

The Partnership Against Aids is the South African way of arriving at sufficient consensus on "what is to be done about Aids and how that is to be organised"

The conference held on September 11 was not a case of the Government suddenly waking up to the proportions of the problem. It is not my intention to list the very many steps taken by Government. These include efforts within government departments such as Education, Correctional Services and the Police Services aimed not only at the public service but at students, workers, prisoners and other parts of the South African public.

Last year Government decided to take on a new tack – one which has come to be referred to as the Beyond Awareness Campaign After an assessment of the work that had been done to date and the lessons thereof it was decided to focus on consolidating the efforts of leading organisations and the resources they produce, and linking these with affected and infected people.

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For example our spiritual leaders could remind their congregations on every occasion possible of the epidemic and what they could do about it. Our sporting heroes and entertainment celebrities should target the most vulnerable group – the youth – with messages on safe sex.

Each one of us has a role to play – no matter how small the contribution.

Health unit summons for all involved in 'Sarafina 2' case

BY RYAN CRESSWELL

The Health Special Investigations Unit is to compel several people – understood to be Ministers, state officials – to appear in front of the Lomani Tribunal in an effort to get several witnesses play Sarafina 2 in the Ajeena and Nigeria AIDS-awareness play.

Rio's-million used to stage the RIO's-million used to stage the Government Lal Singh, Mbongeni Ngema and Ajeena Zuma "as a witness", it was said.

Ministers could be asked to appear "as a witness", it was said.

Nkosazana Zuma, Health Minister, was subpoenaed to be questioned by the Tribunal in East London but that they would be those who would appear before the Tribunal, it was said.

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Life expectancy in SA 'to plummet'

(92)

Primarashni Pillay

BD 21/9/98

LIFE expectancy in SA is likely to fall from 60 years to 40 years by the year 2010 as a consequence of the AIDS epidemic, say experts commissioned by the health department to assess the effects of the disease.

The group consists of about 20 experts from different sectors who attended a two-day workshop in Johannesburg last week. Their report on the impact of AIDS in SA will be released in about six weeks.

SA has the second largest number of people in the world living with the HIV virus. About 1 500 South Africans are believed to be infected each day.

One of the experts, Alan Whiteside, told a media briefing on Friday that about 250 000 SA school pupils and between 30 000 and 40 000 teachers were infected with HIV.

Whiteside, who is acting director of the health economics and HIV/AIDS research division at the University of Natal, said government had not done enough in the past, but was now playing a bigger role in monitoring the progress of the disease.

Dr Anthony Kinghorn, a consultant with HIV Management Services, said AIDS threatened to undermine development gains achieved over decades. It was essential to continue with prevention, as it was anticipated that the number of people with AIDS would climb over the next few years, he said.

MAIL & GUARDIAN
September 25 to October 1 1998

New hope in war against Aids

M+G 25/9-1/10/98 (92)

Howard Barrell

A group of leading South African scientists is putting together a R50-million project to develop a vaccine to fight what Deputy President Thabo Mbeki and others have called the country's gravest threat, the HIV/Aids epidemic

The scientists believe South Africa has a window of opportunity in which to develop a vaccine which can win the war against the strain of the virus currently devastating Africa.

The Department of Health, various science councils and research bodies in South Africa and abroad, life assurance companies like Old Mutual, and several other local companies have expressed an interest and are evaluating the project and how it can best be supported

One of the driving forces behind the campaign to get the project off the ground, Dr Walter Prozesky, told the *Mail & Guardian* that insufficient attention had been paid in the past to developing an Aids vaccine

"Traditional prevention efforts can slow the spread of HIV/Aids, but only an accessible vaccine can bring an end to the epidemic Yet vaccine development remains a low political and social priority We are now changing that," said Prozesky, one of South Africa's leading virologists who steps down as president of the Medical Research Council at the end of the year.

"I plan to give the project all my time and enthusiasm after my retirement," he said. "We in this country have the expertise to deal with every stage of development of an HIV/Aids vaccine We have the epidemiologists, the virologists, the molecular biologists, the immunologists and the clinicians," he added

The health department has set up a task group to evaluate the initiative and it plans to establish a bigger body soon to liaise with those involved The scientists are now awaiting decisive input from the government before they can move to get the project up and running properly

Prozesky and 50-odd medical and scientific colleagues who have been discussing the initiative at meetings around the country in recent weeks estimate the project will cost about R10-million a year over five years

They are now looking to raise the necessary funds from the health department, various research bodies, private companies and other sources The scientists argue the R50-million being asked for is a drop in the ocean compared to the benefits a vaccine could bring in terms of lives saved and reduction of medical and welfare costs

The latest statistics for South Africa show that, on average, 1 500 people a day are being infected That means one South African is contracting the disease each minute of each day

Eskom, the electricity generator, is one South African business that is concerned about the effect the epidemic will have on it. It is one of the more enthusiastic backers of the South African Aids Vaccine Initiative, as the project is called

Eskom estimates that if the current rate of spread of HIV/Aids continues between now and the year 2012, the sickness, absenteeism and other disruptions that will result will cost the company R4,8-billion

Prozesky says scientific advances have "created a sense of optimism within the scientific community that a vaccine can indeed be developed"

He and his colleagues are in close contact with efforts in the United States and elsewhere to develop HIV vaccines These include HIVNet, the international network committed to testing HIV vaccines which has two test centres in South Africa

"South Africa must improve its efforts to prevent the disease and to make people aware of it, as well as to mitigate the consequences of infection But at the end of the day, South Africa needs an HIV vaccine if it is to have any hope of ending the epidemic," he says

"Yet there is currently no effort specifically to develop appropriate vaccines for South Africa, where we have a different strain of HIV from what we find in the US and Europe We can do it But it requires commitment to a major national effort

"There is no other country in sub-Saharan Africa that has the scientific and industrial capacity to make a vaccine for Africa "

He said he and his colleagues were looking to the government to provide overall strategic direction and support But the best way to take the initiative forward would be to form an independent, non-profit-making company with a single mandate to develop a vaccine, of which the chair should probably be President Nelson Mandela

Dr Walter Prozesky: 'I plan to give the project all my time after my retirement'

Plan to raise AIDS/HIV awareness

Primarashni Pillay (92)

THE education and health departments are to raise awareness about the HIV/AIDS virus among primary school children by piloting life skills programmes at some schools in Gauteng, the North West, Northern Province and the Free State next year

The move follows government's commitment to raise awareness about the HIV/AIDS epidemic in an attempt to halt its spread

It was announced recently that SA had the fastest-growing AIDS epidemic in the world A group of AIDS experts said that 250 000 school pupils and between 30 000 and 40 000 teachers were infected with HIV.

BD 25/9/98

Dr Kenau Swart, a consultant to the health department's life-skills programme, said this week the pilot programmes would be incorporated into the primary school curriculum and would focus on basic issues such as problem solving, communication, self assertiveness and gender issues. In the age groups of 11 to 13, the focus would include AIDS awareness.

Teachers will be trained on how to implement the programmes which will be run over a limited period next year. Thereafter, the programmes will be assessed and adapted with a view to extending them nationally.

About 10 000 teachers had been trained to implement a similar programme since last year, Swart said

25% in SA not worried about Aids

SMW 28/9/98 (92)

One out of four South Africans has admitted to not being concerned about contracting or spreading Aids/HIV despite an increased awareness of the disease across all age groups, the Durex Global Sex Survey revealed.

This is further compounded with knowledge about sexually transmitted diseases being alarmingly low, with 7% of the respondents having never heard of herpes and 27% expressing no concern about being infected

According to the survey, South Africa was the place to lose your virginity, with four out of 10 South Africans finding their first sexual experience better than they expected

Youths were also waiting a little longer (17,3 years) than the global average before their first sexual experience, despite pressure from friends and influence from television

The survey also highlighted the need for parents to take a more active role in educating teenagers about sex.

Friends were identified as the most common source of information, with over a third of SA teenagers learning about sex from their friends, with fathers (1%) playing the most inactive role

Globally there was almost unanimous support for sex education in schools However, there were divided opinions on the best age for sex education

South Africans supported the idea of sex education before the age or 12

The annual sex survey measures attitudes and sexual behaviour among 10 000 adults in 14 countries – Health Reporter

sharply overnight from R6,8000 to nil yet unaccounted, that banks would ... $500 and $510.

Nafcoc 'irregularities' plague executive

Patrick Wadula BD 2/10/98

EXECUTIVE members of the National African Federated Chamber of Commerce could be implicated in alleged financial irregularities and the unconstitutional election of the executive council that has led to the recent resignation of the organisation's general secretary, David Mokoena.

Nafcoc president Steven Skhosana said yesterday that the allegations would be discussed in an urgent council meeting tomorrow.

Other issues to be raised included operational plans of the new executive and the organisation's budget.

Mokoena handed in his resignation after alleging that the organisation had been riddled with financial mismanagement for the past two years, coupled with an unconstitutionally elected executive and unconstitutional conduct by executive members.

"Maybe he (Mokoena) knows something that we others are not aware of because he was a signatory to the cheques written out by the organisation," Skhosana said.

Mokoena also alleged that there had been differences between himself and former president Joe Hlongwane.

"David has been part of the executive for the past four years, so he surely should know what he is talking about," said Skhosana.

He said Nafcoc's lawyers would be brought in to advise on the legalities involved.

One Nafcoc member, who preferred to remain anonymous, said some of the allegations were discussed at Nafcoc's recent 34th annual conference, but certain executive members did not take them seriously.

It was claimed at the time that some of the executive members chosen for the new council board were not fully paid up members.

Another allegation was that some executive members did not represent any constituency, region or sector in the economy as was the policy for electing someone to the Nafcoc board.

A disgruntled member said government was to blame for what was happening in Nafcoc. He said Nafcoc had lobbied government on issues such as taxation, but government up until now had done little to help black business.

He said Nafcoc was a lobbying body for black development, but when government came up with the National Small Business Council to represent small business at national level, "it became a duplication of roles"

US AIDS drug to be tested on SA subjects

Simon Barber BD 2/10/98 (92)

WASHINGTON — Government has given a US company approval to test the safety and efficacy of a potentially revolutionary new AIDS drug on 40 SA volunteers infected with the HIV virus.

Developed by San Diego-based Hollis-Eden Pharmaceuticals, the drug, which has not yet been approved for human trials by the US Food and Drug Administration (FDA), has been shown in laboratory testing to prevent replication of the AIDS virus.

The SA clinical trials are being conducted by the Medical University of SA and Clindepharm, which was SA's largest contract research organisation until it was acquired for $18,6m last September by Quintiles Transnational, a fast-growing US pharmaceutical testing firm based in North Carolina's research triangle.

The initial trials of the new drug, called HE2000, are expected to last three months. A second round using more than 80 HIV patients is planned.

Hollis-Eden president Terren Peizer said the company intended to seek FDA approval for clinical trials in the US before the end of the year.

The company calls HE2000 a "monotherapy", meaning that it should work independently of other drugs, unlike the current, extremely expensive "cocktails" which are prescribed in the US but are beyond the means of most in the developing world.

Patrick Prendergast, Hollis-Eden's founding scientist, said: "With the commencement of our clinical trials I envision the day is approaching when a cost-effective monotherapy will challenge the virus successfully"

The company believes HE2000 works by preventing cells infected with HIV from producing chemicals that act as the energy source for replication.

The SA trials are only using HIV-patients who have not taken any other anti-HIV drug. Peizer acknowledged that critics might say South Africans were being used as guinea pigs as it was easier to get studies approved in SA. "We do not view it that way because we plan to put HE2000 into US individuals."

Business Day Online ..... Johannesburg

randum to minister Nick Koornhof.

Survey finds race still rules in the workplace

(122) (126) ARG 9/10/98

Johannesburg – South Africa's workforce remains skewed along racial lines, according to a report by the national statistics office.

The report for 1997 puts official unemployment, which includes those actively seeking work, at 2,24-million people, or 23% of the economically active population, at the end of last year, compared with 20% in 1994.

The report subdivides the unemployed into blacks, coloureds, Indians and whites, and shows the incidence of unemployment highest among blacks.

The report released yesterday puts the overall unemployment rate for women at 28% and for men at 19% of the economically active population, but most acute amongst blacks.

According to the report: "In 1997, official unemployment rates were highest for black people (29%), followed by coloured people (16%), Indians (10%) and whites (4%)." – Reuters

Flags at half-mast for AIDS

President Mandela had ordered that the national flag today be flown at half mast on all Government buildings and foreign missions, in memory of those who died of AIDS, said presidential spokesman Parks Mankahlana

All businesses with South African flags had been urged to do the same.

Deputy President Thabo Mbeki was to launch the Partnership Against AIDS initiative in Johannesburg today.

He would read a declaration on behalf of Mr Mandela.

Mr Mbeki's declaration was to be broadcast live on SABC television channels and radio stations, said a statement issued by the Government's communication service. – Sapa

HIV hits SA police force

ARG 9/10/98 (92)

Pretoria – About a quarter of South Africa's police officers had AIDS, the SA Police Union said here.

This amounted to about 33 000 members of the service, it said in a statement yesterday.

"We are perturbed that the SA Police Service is the only Government department that has no clear policy or strategy around AIDS and HIV awareness," it said.

The union said it had initiated its own awareness campaign and called on its members to take note of the Government's Partnership Against AIDS initiative to be launched by Deputy President Thabo Mbeki in Johannesburg today. – Sapa

Business threatened by spread of Aids

CT(BR) 9/10/98

ADELE SHEVEL (92)

Johannesburg — The industries most vulnerable to HIV infection and Aids were those in which employees spent a significant amount of time away from home, Charles Harebottle, a business strategist, said yesterday

This trend was especially prevalent in trucking, hospitality and sales travel, he said Those involved in migrant labour were particularly susceptible to infection, and about 20 percent of that workforce had been infected with the virus in this country, he said

"The effect of HIV infection on business varies dramatically from industry to industry," he said

Harebottle spoke ahead of the expected public announcement today by President Nelson Mandela that infection by the Aids and HIV viruses was the biggest threat the country faced, ahead of crime and violence.

He said preventative measures by business could reduce and even halve the threat of infection "Quite a few businesses are doing a lot, and there are a lot of businesses doing nothing," said Harebottle

"Industry needs to formulate its bottom-line response to the Aids threat as an immediate priority," said Penny Mead, the marketing manager of Occupation Care South Africa "We estimate one in eight South African workers is already HIV-positive"

Man rapes child to 'cleanse himself' (92)

A MAN infected with the HIV virus told a packed KaNyamazane magistrate's court in Mpumalanga this week that he raped an eight-year-old girl to cleanse himself of the disease, writes **PHILLIP NKOSI.**

Elias Mashele, 44, who is charged with rape, and a 17-year-old girl charged as an accomplice to the rape, were not asked to plead.

The girl was allegedly raped on October 1 while playing at the home of the teenager, who allegedly persuaded her to sleep with Mashele in return for money. Mashele told the magistrate that he wanted to cleanse his blood by sleeping with a virgin

Mashele and the girl were granted R3 000 and R1 500 bail respectively, which neither could afford to pay They were remanded into custody and their case was postponed to October 19.

● A spaza owner was arrested this week for allegedly raping four girls, aged between seven and nine He will appear in the KaNyamazane magistrate's court on Monday

Drugs slow AIDS deaths

AIDS deaths in the US plunged by an unprecedented 47 percent between 1996 and 1997, according to government statistics released here this week, writes **CHARMAIN NAIDOO in New York.**

The fall in the death rate has been attributed to the use of new drugs, but there has been no similar dip in the 40 000 new HIV infections reported annually.

Medical experts believe the epidemic is still raging out of control Researchers say there are signs of an increase in unsafe sexual practices among gay men

Decision against drug treatment puts thousands of infants at risk

CAROL PATON

DOCTORS are begging Health Minister Nkosazana Zuma to reverse a policy decision that has cut a potential lifeline to thousands of unborn babies whose mother's are HIV positive

Last week, Zuma and the nine provincial health ministers decided that the government would not provide pregnant women who are HIV positive with the drug AZT, which can cut the transmission rate of HIV to babies by half

As a result, pilot projects at four clinics and a hospital in Gauteng, which were due to start this month, have been indefinitely postponed

A consequence of the decision is that as many as 200 babies a day will continue to be born with HIV Many are abandoned by their parents who are unable to look after them.

If the drug — officially known as zidovudine — was given to pregnant women in the ninth month of their pregnancy, 100 of these babies would be saved.

Zuma, who made the announcement on Friday at the launch of an R80-million AIDS awareness campaign by Deputy President Thabo Mbeki, said that the government had chosen to concentrate its resources on raising public awareness

"It [the drug treatment] is not cost-effective because we don't have the money," said Zuma.

"What we are focusing on is trying to get the prevention message across, because what will work is when people take precautions and babies are saved because men and women are using condoms "

But doctors treating HIV-positive mothers and children strongly disagree that the drug is not cost-effective, arguing that it is far cheaper to treat the mothers than it is to treat HIV-positive children.

Glenda Gray, director of the Perinatal HIV Research Unit at Chris Hani Baragwanath Hospital and one of the doctors who designed the scuttled pilot study, said that AZT was one of the few concrete steps that could be taken against AIDS

"Here's a real way we can prevent transmission and the government is not intervening They prefer incoherent campaigns instead of things that will really turn the tide against AIDS," said Gray

Doctors at hospitals in Johannesburg said a month-long course of the drug would cost between R368 and R750

However, the treatment needs to be accompanied by HIV testing and counselling, and by formula or replacement feeding for babies, to prevent transmission via breast milk, which would add to the cost

"But it makes good business sense Whatever money you put in, you get out, in terms of the costs of treating HIV-positive babies," said Gray.

It would cost about R80-million to provide a short course of AZT to pregnant women with AIDS, she said

One Johannesburg hospital, which does not want to be named because of fear of an influx of new patients, feels so strongly that AZT therapy should be used that it is supplying the drug free to all HIV-positive expectant mothers

Dr Arthur Manning, the superintendent of the hospital, said the obstetrics department had made budget cuts in other areas to afford the treatment

But in the light of the government's decision, Manning said the hospital may have to review its policy

"There is a debate and we are on the one side and the department is on the other We are hoping that we can prove to them that it works "

Doctors say the consequences of being unable to provide the drug free are disastrous

Dr Trudy Smith, a consultant in the obstetrics department at Johannesburg Hospital said that while more than 30 percent of women attending the antenatal clinic were HIV positive, women had to pay for their own AZT — so only five patients were using it

"For these people, it is a considerable amount of money that they have to pay and, as a result, a minuscule number are using AZT," said Smith

Sandra Anderson, UN AIDS care and support adviser for Africa, said "It is something concrete that can be done As a public health intervention it shows a lot of promise "

Zuma is also sceptical of the value of the programme because she says a relatively large number of women have to be treated to save a relatively small number of babies

In South Africa, between 38 and 46 percent of HIV-positive women transmit the virus to their babies

But all HIV-positive mothers would have to be treated as it is impossible to predict who will transmit the disease

Of those who do, AZT provides a 50 percent success rate of blocking the transmission

"If you take all that into account and compare it to the benefit you would get from prevention [through greater awareness] then we really have to deal with prevention," said Zuma

Dr Ralph Mgijima, superintendent-general of Health in Gauteng, said that the pilot studies would have been too expensive

"The whole thing is unaffordable as far as we can tell. Not only do you have to provide the AZT, you also need breast milk substitutes," he said

● See page 9

Save our babies - Dr Zuma

(42) ST. 11/08/98

AIDS CRISIS: An HIV-positive mother feeds her baby (left) and Dr Nkosazana Zuma and Deputy President Thabo Mbeki at the AIDS Awareness Launch Pictures: ELIZABETH SEJAKE

Every week at a mine hospital in a dusty Free State town, the AIDS epidemic claims another two or three lives. But ignorance, shame, and the government's fumbling in the face of the epidemic conspire still to stop the message getting through: that unprotected sex kills. LAURICE TAITZ reports

Here sex is cheap, but may cost a life (97)

ST 11/10/98

THE last time the Free State mining town of Virginia made headlines was in February 1994, when the Merriespruit slimes dam wall collapsed, taking 80 homes and 14 people with it At the time, residents of Merriespruit said they thought the world had ended

Now Virginia established in the '50s after the discovery of the Free State goldfields, faces another disaster — being swept away by the AIDS epidemic

Dr Tony de Coita the manager of health services at Harmony mine hospital, says people are dying regularly "Here at the hospital we have two to three people dying every week."

Twenty percent of the 12 000 people at Harmony mine are HIV-positive, according to De Coita. The provincial figure for HIV infection is 14 percent

Most of the mine's workers are migrant labourers from Lesotho The second largest group is Xhosa-speaking and the third is Mozambican

"Most choose to stay here and die because of the poor health facilities back home," says De Coita. "They also don't want their families to see them like this "

Another doctor at Harmony, Dr Jana Viljoen, says "The families come to collect the bodies and take them back home We try to look after the patients, and we have a system We put them on the 'DI' list — it stands for 'dangerously ill' — and then we notify the family 'Your husband is dying '

"It all makes me so cross, the fact that this disease is kept so secret I know a man in town found to be positive He refuses to tell his wife and children, and the doctor can't tell them without his consent How do I sleep knowing there is a woman who is going to be killed and there is nothing we can do?"

De Coita says the financial impact on the mining industry will be huge

"A person with HIV will cost a lot, particularly in the last two years of his life. A conservative estimate, taking into account hospitalisation compensation for TB, medical repatriation, labour turnover and decreased productivity is R35 000 for each infected person "

Thousands of condoms are handed out each month in the mining hostels but the message doesn't always get across, says De Coita.

"We have always battled with a high rate of sexually transmitted diseases, and studies have shown that this is the reason Africa has such a high rate of AIDS We need to be able to reach those people who have had sexual contact with the infected person But sex on the mines is casual or commercial "

Local lore has it that sex in Virginia is cheap With not much else to do, it is also a popular form of recreation

Says Tina Fidler, who works at a doctor's practice "Most domestic workers earn R200 a month, which is not a living wage They supplement their salaries in the back rooms of suburbia I've heard sometimes they do it for a bottle of beer That's the price."

Dr Vuyelwa Manzana, who runs a private practice and works at the local township clinic, says "I sit here counselling patients about using condoms and I can see they can't wait until I am finished Then there are those who have told me they want flesh on flesh "

Dr Rhett Kahn, a family practitioner, blames the migrant labour system "The mines employ a lot of foreign workers, and they come here without their wives and families "

Doctors in the town say another problem is that sex workers don't see state hospital services as serving them De Coita says state health care workers have judgmental attitudes, a major stumbling block in preventing the spread of infection

"In Virginia, the mines are working together on the problem We believe we are at the forefront of a preventative policy But we need action at the highest levels of government "

Kahn is not convinced, however, that the mines are offering infected workers a place to die, saying he has seen many sick workers retrenched or dismissed and has fought many battles for workers' compensation

He says official figures from an antenatal survey done in Welkom and Virginia in 1996 showed a 22 percent HIV infection rate, but "my personal estimate is that a third of the sexually active population is infected"

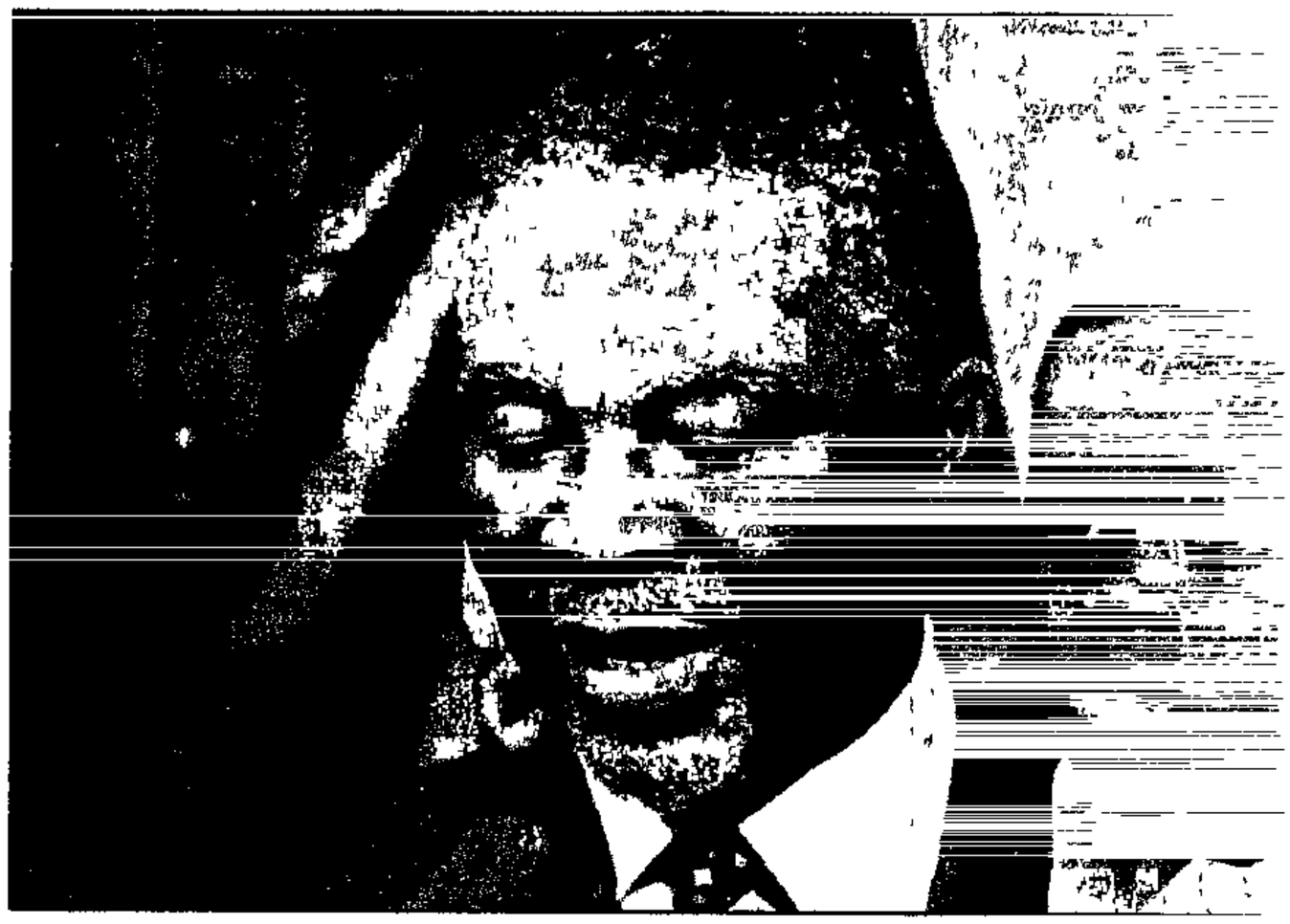
The "bottom line", he says, is that a lot of patients are not getting treatment

"We could be screening pregnant women at a cost of R17 a test, but it is not being done The attitude is that there is nothing we can do People are being written off But the disease is treatable Our energy needs to be put into delaying the progression of HIV to AIDS

"There is a 60 percent chance of an infected mother giving birth to a baby with the disease We have 200 000 infected pregnant women For less than R500 for a once-off treatment of AZT we could be saving thousands of babies

"If you have TB, the progression to AIDS is much faster But you can treat TB for 10c a day If you add in zinc, vitamin A and C, it makes a big difference If you are malnourished, full-blown AIDS happens much faster

"There are interventions that can be made, but the government is doing nothing to improve the quality of life of people with AIDS The *Sarafina* budget alone could have saved about 4 000 babies "



SUFFER THE INNOCENTS: Deputy President Thabo Mbeki is embraced by an aban Ethembeni, the Salvation Army home for babies with HIV/AIDS, in Doornfontein, Johannes of the Partnership Against Aids Mbeki urged the nation to be sexually responsible

WOMAN WITH A MISSION Florence Ngobeni who is determined to bring the truth about AIDS out into the open Picture JON HRUSA

Taking her shameful secret to the grave

SOPHIE Nkosi is a typical AIDS patient She knows she is dying but is too afraid to tell anyone what she is dying of, writes **NICOLA KOZ.**

She will take four dark secrets with her to her grave. her family thinks she has tuberculosis, not AIDS They think her baby's death in April last year was from pneumonia, not from an AIDS-related illness They do not know that her other son is HIV positive She also suspects her husband is infected with the disease, but is too afraid to tell him to have a blood test

Every day Nkosi (not her real name) lives with her lies And every night she sleeps next to her husband in their tiny one-bedroomed house in Alexandra

He thinks the medicines lining the shelf next to their bed are for the diarrhoea she regularly suffers from

Nkosi, like many others with AIDS, is too afraid to disclose to her loved ones and the community that she has the disease, for fear of being ostracised

"People will throw me out to die on the streets I am securing my marriage If I tell my husband, he will leave me I have to die with my secret."

The only people who are aware of Nkosi's HIV status are members of the local Friends for Life — a peer support organisation for people with AIDS

The organisation's Lulama Setluma also suspects Nkosi's husband may be HIV positive, and has tried to contact him to offer help

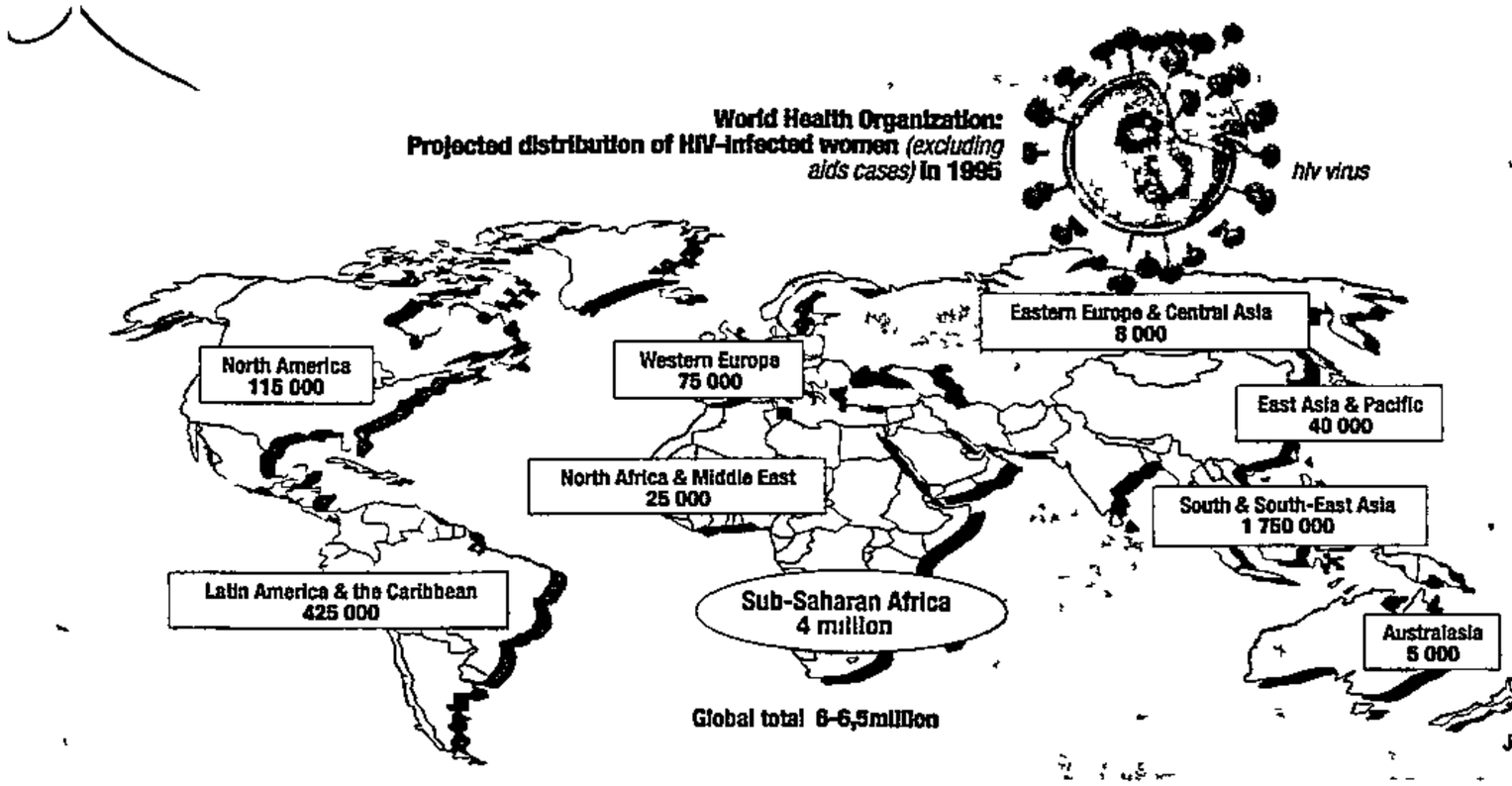
"I dare not tell him his wife is HIV positive because of our strict confidentiality agreement with clients We counsel many people with HIV who live in fear of their community learning the full truth of their illness," she says

Florence Ngobeni, 25, stands apart in her effort to destigmatise the disease She works for the Perinatal HIV research unit at Chris Hani Baragwanath Hospital in Soweto, where she counsels pregnant women with HIV She too has HIV

Ngobeni was infected by a former lover She did not know she was HIV positive when she gave birth to their daughter, who became ill and died at three months

"The pain I felt after my baby died drives me every day to help other women," she says

"People are sitting on top of HIV and saying it does not exist — well, I'm here to say that it does, and it's big "



HIV POSITIVE: Aids counsellor Joyce Malope (right) is a rape survivor

GRAPHIC: JIGNASA DIAR PHOTOGRAPH: DEBBIE YAZBEK

Women's fight against sex-transmitted diseases

Millions in Africa are HIV positive

GLENDA DANIELS
ARGUS CORRESPONDENT

Johannesburg – Microbicides may prove to be women's greatest weapons against sexually-transmitted diseases (STDs) – including HIV and AIDS

Research shows that the most vulnerable group, women, are being infected by HIV and other STDs at a greater rate than men.

There are about 6,5-million women globally who are infected with HIV, according to Word Health Organisation statistics And the largest proportion is in sub Saharan Africa, where a phenomenal four million women are infected with HIV

Women's vulnerability to HIV/AIDS and STDs is due both to physiological factors and to their social and economic positions, research shows

Women controlled methods of disease prevention, for instance microbicides (chemical barriers) are needed to help women take more control. This was the general view at a seminar organised by the Women's Health Project in Johannesburg.

This does not absolve men of responsibility but takes into account that most women have little power within their sexual relationships to insist on condom usage.

Empirical evidence in 17 centres around the world shows that non consensual sex, the fear of domestic violence or economic abandonment and difficulties in initiating or sustaining discussions concerning condom use, greatly limit many women's prevention methods.

Female-controlled prevention methods refer to methods intended primarily for vaginal use, and include products that can be used with or without a partner's knowledge, Chris Elias from the Population Council in Thailand said in his presentation.

Microbicides is the latest method under scrutiny and pilot studies are being conducted in some parts of the world, including South Africa.

Microbicides, hailed as products of the future, are designed for use by women to reduce their risk of HIV and other STDs

They are chemical barriers which can take the form of a gel, foam, suppository or cream similar to available spermicides

No microbicide is yet available anywhere in the world However, research is taking place to develop one which has as few negative side-effects as possible

One substance that is under investigation as a microbicide is Nonoxynol (N9), the active ingredient in most spermicides

The substance works by killing viruses, including HIV Unfortunately, however, during research on women, it was found to irritate the lining of the vagina. But according to health workers, this could be due to the high concentrations used by sex workers who were part of the experimental study

So far efficacy tests have proved inconclusive Now tests are being done on substances that could possibly line the vagina to prevent irritation One such substance is carrageenan, which occurs naturally in seaweed.

Research into its use, regarding its ability to prevent HIV and sexually transmitted diseases, is just about to be completed.

The ideal microbicide would be 100% effective, the same way the condom is It would also be affordable, have no side effects be accessible in primary health care centres or over the counter, acceptable to women worldwide, be tasteless, odourless, colourless, stable in most climates and most of all be non-toxic.

There is a progressive trend towards women's advocacy groups being involved in the development of such new products.

This is a break with the past, when the traditionally majority male health fraternity decided on products "good" for women.

But while "women control" is important to take the product forward, it should be borne in mind that many women put complete faith in their doctors and accept products that are not fully investigated and efficacious, nor without side-effects, according to Fatima Hassan of the AIDS Law Project, in her address to the seminar

Most at risk are women from low economic backgrounds, said Ms Hassan The lack of education and literacy made women more vulnerable to being used in research without having all the facts available.

South Africa could learn from a study in Thailand – where the combined use of a female product (female condom) plus the male condom was shown to significantly reduce the spread of HIV and STDs.

Aids – youth warned

(92) Sowetan 12/10/98

By Justice Mohale

SOUTH African youth should, at an early age, either abstain from sexual activity altogether, or use condoms This in an effort to combat the rapid spread of HIV-Aids

Speaking at the official launch of a national campaign against Aids at Ethembeni Children's Home in Johannesburg at the weekend, Deputy President Thabo Mbeki appealed not only to the youth, but to men and women to remain faithful to their partners and thereby stop the transmission of the deadly epidemic

He made his impassioned appeal in a 10-minute address to the nation, broadcast live on all SABC television channels on Friday afternoon

"Aids walks and travels with us wherever we go It is there when we play sport, sing and dance because it is carried and transmitted by human beings

"To date we have thousands of children orphaned by the killer disease Sometimes we did not know that we were burying the victims of Aids At times we knew but chose to remain silent – but now it is time to break the silence," Mbeki said

He said the spread of Aids could be prevented if all people formed partnerships to help disseminate information about the dangers of Aids

He said the Government would cooperate tirelessly with other anti-Aids organisations to curb transmission of the disease to unborn children

"We will make the resources available to help Aids awareness agencies effectively disseminate the message of the prevention of this epidemic and to offer support to those infected and affected by it

"We will also try to destigmatise Aids and continue with our search for a medical solution," Mbeki said

Minister of Health Dr Nkosazana Zuma said at a media briefing at the weekend that the Government's intention was to prevent the further spread of Aids "Aids exists but we will try our utmost to issue precautionary measures to help combat it," she said

Zuma appealed to all South Africans not to discriminate against Aids victims in either the public or private spheres

'Half police union deaths AIDS-related'

Stephané Bothma

PRETORIA — Close to 50% of all deaths of SA Police Union members over the past year were HIV/AIDS related, union spokesman Shamira Huluman said yesterday

The figures were released by the union after the SA Police Service (SAPS) management strongly denied claims that about 33 000 of the 130 000 SAPS members in the country suffered from AIDS or were HIV positive.

SAPS deputy head of human resources, commissioner Gert Swart, said the only figures at the disposal of the SAPS at present were that of 50 members who were currently under a treatment programme. He could therefore not understand how the union had arrived at the figure of 33 000

Snr Supt Strini Govender, SAPS spokesman, said "If we had 33 000 HIV-positive members in the service, Polmed (the police medical aid scheme) would pay out about R3m per month and we would know about it"

The union said its figure was based on statistics provided by the health department, showing that between 20% and 30% of SAPS members were affected by HIV/AIDS

Govender said the SAPS had embarked on a study to evaluate the extent of the problem and identify strategies which would have the most impact

BD 15/10/98 (92)

MAIL & GUARDIAN
October 16 to 22 1998

Zuma defends AZT policy

M+G 16-22/10/98 (92)

Howard Barrell and Stuart Hess

Minister of Health Nkosazana Zuma has vigorously defended her decision not to allow the state to pay for pregnant HIV-positive women to be treated with AZT, an expensive drug that could reduce the risk of their children being born with the virus

The decision by Zuma and the nine provincial health MECs to stop administering AZT to pregnant mothers was greeted with anger by doctors and HIV-positive people

Zuma told the *Mail & Guardian* her decision had been a difficult one, fraught with ethical issues But, as health minister, she had to take the wider picture into account and ensure that the limited resources at her disposal were spent to the best effect

Making AZT generally available to HIV-positive pregnant women would prove expensive and did not amount to an optimal use of resources to fight the disease

"It is good that the issue is now out in the public domain because we need to debate it," she added

It would cost about R8-million to treat all mothers known to be HIV-positive, she said. But, desirable as it was to save any life under threat, the success rate would be comparatively small

She said that 100 HIV-positive pregnant mothers would produce about 30 children who were HIV-positive at birth If they were all treated with AZT during pregancy, the same 100 mothers would produce about 15 HIV-positive children AZT treatment would thus reduce the HIV transmission rate from mother to child from 30% to 15%

She could understand how any medical researcher or parent of a child who might be HIV-positive at birth would want a different policy

"But I have to look at the whole picture If you have limited resources, you may decide to put your resources into preventing mothers getting infected in the first place. These are difficult issues we have to face."

Zuma said she "really wanted to encourage" a serious proposal being developed by a group of South African medical researchers and scientists around Dr Walter Prozesky, a prominent virologist who steps down as president of the Medical Research Council later this year, to develop a vaccine to counteract one of the strains of the virus more prevalent in Africa

Meanwhile, the pharmaceutical company Glaxo Wellcome said this week it was willing to cut the prices of drugs such as AZT and 3TC to bring them into line with the economic circumstances of poorer countries

The company has already reduced the price of AZT by more than 70% of the world average, which would enable mothers to be treated for under R400 over a period of weeks

Glaxo Wellcome's medical adviser, Brett Haumann, believes the AZT treatment should be part of a multi-faceted approach to treating the disease

A study conducted in Thailand showed that adminstering AZT during the last four weeks of pregnancy reduced the chances of mother-to-child transmission by 51%

The Thai tests occurred in a population where milk formula feeding was prevalent However, in communities like rural South Africa where breastfeeding is still the norm, even if AZT was administered, 33% of babies would still be infected with the virus

Haumann believes rural mothers who are HIV-positive need to be educated about the benefits of formula feeding after birth

"The problem with formula feeding is that people will see women feeding formula to their babies and assume she has Aids," said Haumann

A study conducted in the United States earlier this year showed that administering AZT during the third month of pregnancy reduces the rate of transmission by 67%

Haumann said this study used intravenous AZT, which significantly pushed up the price of treatment and was far too expensive to administer in South Africa

Tough choice: Nkosazana Zuma

A Department of Health survey in 1997 showed that more than 16% of pregnant women tested at state-funded antenatal clinics were HIV-positive This was an increase of nearly 2% on the previous year KwaZulu-Natal had the highest number of HIV-positive mothers

According to Glaxo Wellcome, mother-to-child transmission rates are between 25 and 35% in Africa

The president of the South African Society of Obstetrics and Gynaecology, Fred Hayward, believes the state is correct in emphasising prevention "The chances that a baby could die in spite of treatment is still too high and therefore it's logical that the department place importance on prevention," said Hayward.

Can we afford not to use AZT?

Zuma's move sparks disbelief

(92) ARG 16/10/98

JENNY VIALL
HEALTH REPORTER

If you give the drug AZT to pregnant women with HIV, the chances of their babies being infected with the virus drop by about half.

On the surface it seems like a simple solution give women AZT and prevent thousands of babies being infected with HIV But as with most HIV/AIDS issues, it's not simple finances, ethics and practical problems all play a part.

Trials in Thailand have shown, without doubt, that doctors can reduce by half the transmission of the HIV virus from a pregnant mother to her baby, if the mother is given AZT for the final month of her pregnancy and during labour The mother would not be able to breastfeed, as the virus can be transmitted in her milk.

But last week Health Minister Nkosazana Zuma announced that an AZT programme for HIV-positive pregnant women would not be implemented in South Africa because the country couldn't afford it.

Estimates of the cost of an AZT programme for these women, based on trials in Thailand and South Africa, total R18-million Pilot projects to determine the feasibility of the programme, set to start soon in Gauteng and the Western Cape, have now been put on hold.

Dr Zuma's decision has been met with disbelief by doctors and researchers who say they cannot understand why or how the decision was made

Vincent Hlongwane, Dr Zuma's spokesman, says the Government doesn't have the money to sustain an AZT programme for every pregnant woman in South Africa, and it would be unfair to give it to a selected few

According to a survey done about a year ago, about 16,1% of all pregnant South Africans are HIV positive The practicalities of a national AZT programme are enormous

To begin with, every pregnant woman in South Africa would have to be tested People have to be counselled before and after an HIV-test is done and those found to be infected with HIV need a second test All infected women would have to be given AZT, an expensive drug, and follow up support after the birth.

This would have to include formula milk, because there is a risk that mothers can infect their babies through breastfeeding

One problem is the stigma of HIV/AIDS, which means most people keep their HIV status secret.

Women may be reluctant to be seen to be bottle-feeding as it could identify them as HIV-positive

Another problem is that staff at clinics are already working to capacity and new people would have to be employed to counsel women, or volunteers would have to be found.

Babies also need follow-up testing to determine their real HIV status (see box)

Says Mr Hlongwane "(The Government) would rather spend money on campaigns to prevent the spread of infection, to raise people's awareness of HIV/AIDS " He said this was also an ethical issue "And what happens to the woman after the baby is born? Is it okay to give a woman a drug which makes her feel better and then after her baby is born you withdraw it, saying you are only concerned with the baby?"

Dr Zuma's announcement has taken many people by surprise Glenda Grey, co-director of the Perinatal HIV Research Unit at Chris Hani Baragwanath Hospital in Soweto has been working on drug trials to prevent transmission for many years

HANNES THIART

Cutting costs: Nkosazana Zuma

"I'm surpised at this decision. I'm also sad We've evaluated the economic side and it's quite clearly of benefit."

The National AIDS Convention of South Africa and the AIDS Consortium are still formulating a response

Questions are being asked as to how the decision was made and who was consulted Although it's acknowleged that there are problems, doctors and researchers say you cannot just look at the costs of an AZT programme – you also have to look at its benefits in the longer term.

Already HIV-babies are being cared for in hospitals at twice the cost of other children. Because babies will be protected from being infected with HIV, provinces will save on health costs

Robin Wood, head of the HIV Unit at Somerset Hospital, agrees that an AZT programme is potentially cost-effective By preventing infection, you get a lifelong benefit "No one questions treating people with high blood pressure or cardiac failure, which costs more than this This is one of the cheaper interventions "

The next rational step is to do a pilot project to see if it is feasible, Dr Wood says He doesn't believe there is an ethical issue involved.

"Do we carry on spending the health rand ignoring HIV or do we divert resources to it? If we have something to offer, we have to go ahead and try it."

ANDREW INGRAM

Counting the cost: the AZT programme could prevent thousands of babies – like this one at Nazareth House – from being born with HIV

The facts and figures

- Without AZT, of 100 HIV-infected pregnant women, about 75 will have HIV-negative babies About 25 will have HIV-positive babies
- With AZT, about half the infected babies would be born HIV-negative – about 12 (Some estimates are higher as transmission rates vary less with improved obstetrics practices, such as not using forceps)
- If mothers are given AZT and they breastfeed, three or four of these 12 will be infected. If they feed their babies milk formula, their babies stay uninfected.

Costs involved in an AZT programme:

- All pregnant women have to be tested for HIV An HIV test costs R23 in a state hospital or clinic If a woman tests positive, she must be retested to be absolutely certain.
- Counselling is needed both before and after a test (cost variable)
- AZT costs anything from R300 to R500 for a month long course
- Formula for babies costs R80 to R100 a month.
- Women need follow-up support and counselling after the birth.
- Babies need to be monitored after birth. All babies born to HIV-mothers test positive to begin with because they're carrying their mother's antibodies A true test of infection can only be done when the baby is about 15 months old

Some benefits

- The costs of medical care for HIV-positive infants is double that of other children in hospital For 750 babies with HIV, hospital care at a secondary hospital (average stay a child is 10 days) is R16-million a year If those 750 babies had been prevented from getting HIV, that R16-million would be saved.
- Babies orphaned by mothers are more likely to be adopted if they are not HIV-positive The Government saves on costs of caring for HIV orphans

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second opinion

NKOSAZANA ZUMA

Awareness is the only cure for the spread of AIDS

ST 18/10/98 (92)

IT GLADDENS me to find the Sunday Times speaking out on behalf of "the poorest and most vulnerable" as it did in its editorial "Don't turn your back when lives are at stake" (October 11)

Such a pity, then, that it had to be on an issue like that of mother-to-child transmission of HIV and the efficacy of using the drug AZT, because facts were hugely distorted

As such, the Sunday Times missed a crucial opportunity to take forward what has emerged as a national campaign based on national consensus It failed to reflect in any meaningful way on the Partnership Against AIDS launched two days earlier

The main thrust of the government's strategy is prevention through better education and information The implications of a treatment (AZT) which allows for the possible reduction in the transmission of HIV from mother to child is being investigated by the Health Department alongside other alternatives Related to this are ethical issues to be confronted when taking this route

Let us start with some of the basic facts

First, as I put it to your reporter, the government's strategy is focused on the prevention of the spread of the virus, care for those who are affected and no discrimination against people living with AIDS

While our starting point is that there is no cure for AIDS, we are encouraging initiatives leading us in that direction

As Deputy President Thabo Mbeki said in his address to the nation on October 9, there is no cure for HIV or AIDS The only cure is to prevent the infection in the first place.

For this reason, we have a public-health responsibility to focus on raising awareness and getting people to take responsibility for their behaviour This will have to be done within the limited health budget at our disposal

This is what the R80-million is earmarked for — to give effect to that strategy

The key aspects of the National AIDS Programme include

- The spread of life-skills programmes aimed at the youth,
- Improved management of people with sexually transmitted diseases,
- Improved access to barrier methods,
- Appropriate care, counselling and support for people infected and affected, and
- Engaging in public awareness campaigns

These include setting up partnerships, engaging in advocacy work and mobilising the various sectors

In implementing this programme, the government last year

- Trained more than 10 000 secondary school teachers and launched the life-skills programme,
- Initiated the first phase of the Beyond Awareness Campaign, which served to link affected people with the available resources,
- Appointed three traditional healer consultants to train traditional healers in the management of STD and HIV,
- Distributed 140 million condoms and began developing an introductory strategy for the female condom, and
- Initiated lay counselling and mentorship programmes to strengthen counselling services

The October 9 event was aimed not only at signalling the political authorities' commitment but at initiating a partnership of various sectors against AIDS Second, the possibility of an AZT-related programme has not been dismissed

It has been proven that about 20 percent of pregnant, affected mothers pass on the HIV infection to their children during late pregnancy or during delivery, while another 14 percent do so through breast-feeding Thus the overall risk is that about one third of expectant women could pass on the virus

The AZT treatment will have a limited effect on the epidemic, as we are targeting individuals already infected

The Sunday Times report is silent on how that one third is to be identified We have arrived at a figure of R80-million on the assumption that it is administered to all HIV-infected pregnant women Trials in Thailand have shown that a 51 percent reduction in mother-to-child transmission is possible when the mother is treated with AZT during the last four weeks of pregnancy and she is not breast-feeding Thus the R80-million will be used to solve one part of the epidemic — it'll certainly not be putting an end to the spread of HIV

The third point to be made is that research into AZT is being carried out here The R80-million includes the cost of the drug, counselling, testing and providing mothers with formula milk for babies

As your editorial correctly points out, it is the poorest who need this treatment most — and they are the ones who would otherwise have been entirely dependent on breast-feeding

Thus the state will have to provide the alternative formula feed for at least the first six months of the child's life to reduce transmission

The fourth point which the government will have to weigh is that of the ethical, legal and constitutional issues which arise if we commit our country to the AZT path

While a successful intervention can possibly save a baby, it is not going to help the mother infected by HIV

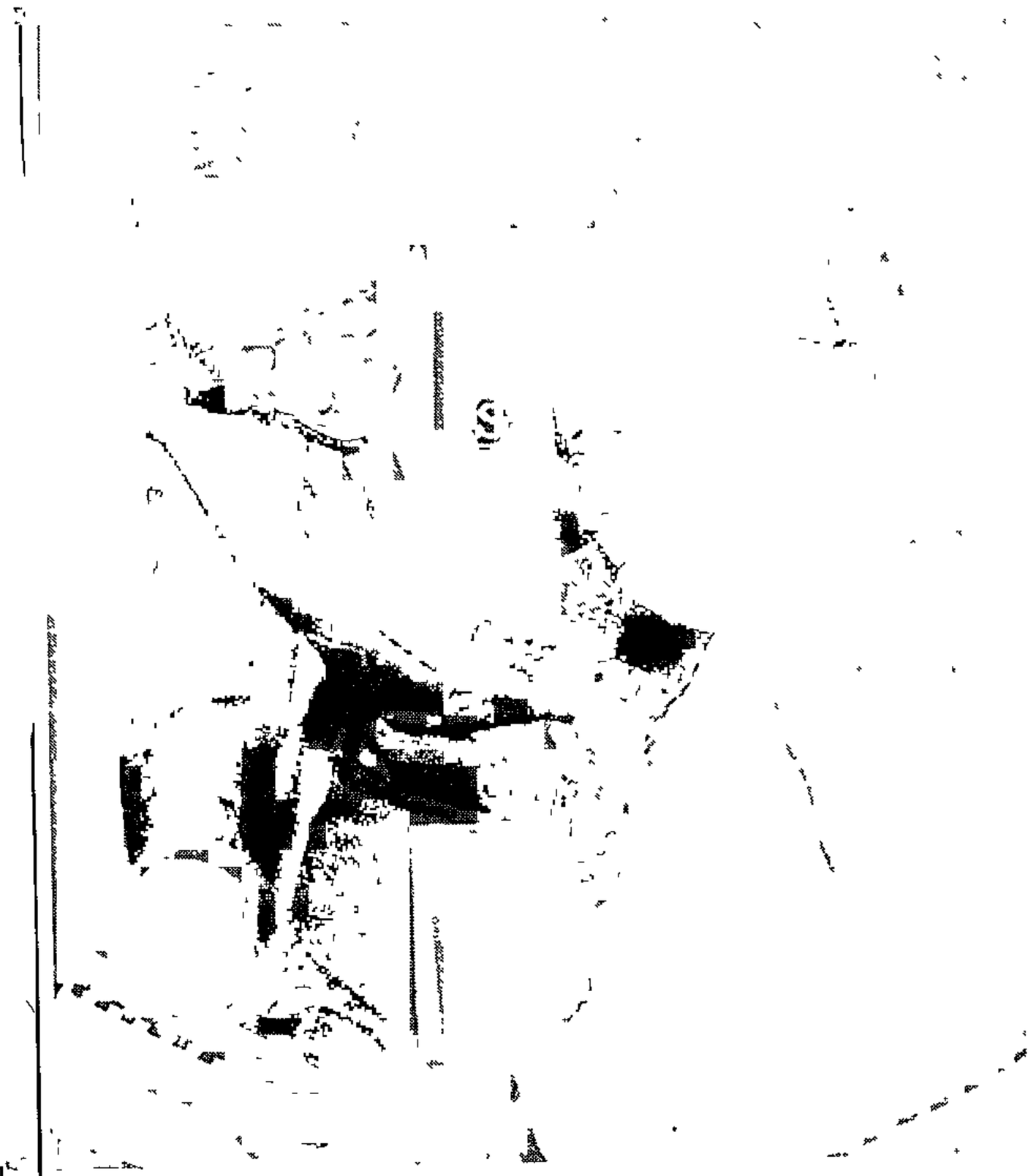
We need to plan and acquire resources for additions to the already 200 000-strong population of "AIDS orphans"

This burden, which will also require a societal response, costs more than the R80-million touted in your editorial

Because of the above reasons, the Department of Health has decided against implementing the short-course AZT regimen It will continuously evaluate the decision as new scientific information on cost-effective interventions appropriate to our situation in South Africa become available

We hope that the Sunday Times, like all other major newspapers, will, in time, play a meaningful role in the Partnership Against AIDS

● *Nkosazana Zuma is the Minister of Health*



Health Minister Nkosazana Zuma, right, and Salvation Army commissioner Paul du Plessis at a conference on AIDS in Midrand yesterday. Picture ROBERT BOTHA

Call to religious groups for example on AIDS

Taryn Lamberti

HEALTH Minister Nkosazana Zuma yesterday called on religious groups to take the lead in creating awareness of the growing AIDS epidemic and caring for HIV sufferers.

She was speaking at the opening of the Salvation Army's National AIDS Conference in Midrand

Zuma said 1 500 people were infected in SA daily and the greatest challenge in the fight against AIDS was the "sheer magnitude" of the epidemic

The role of the church in looking after AIDS sufferers was very important "When it comes to caring we expect religious people to lead by example"

Delegates at the conference included Salvation Army representatives from around SA and members of international AIDS agencies

The UK Hope 10/10 project, which was represented at the conference, pledged R1,6m for the rebuilding of the Salvation Army's Bethesda House for abandoned babies with HIV and AIDS

Zuma quoted statistics provided by University of Natal economist Alan Whiteside, who said 250 000 children would be orphaned through Aids in Kwazulu-Natal by 2000

AIDS was a silent epidemic and "if it had not been so silent, a state of emergency would probably have been declared" by now

One of the most important steps in the fight against the epidemic was to "break the silence" surrounding HIV and AIDS and to encourage sufferers to speak openly about their condition.

Because there was no cure, prevention was the best way to combat it Zuma told delegates they had to mobilise the population "with total commitment and unwavering dedication"

Asked about the increasing opposition to several of her proposed bills, she said she never expected her job to be easy "There are many groups in health with different interests My guide has been to ask if what I am doing is helpful to the majority of people"

(98) of 20/10/98

Break silence on Aids, Zuma urges

JOHANNESBURG: The conspiracy of silence surrounding Aids made it impossible to determine the extent of the epidemic, Health Minister Nkosazana Zuma said yesterday.

"If it were not a silent epidemic, we would probably have declared a state of emergency by now," Zuma told an international gathering of Aids agencies at the opening of a five-day conference in Midrand, hosted by the Salvation Army

Delegates include representatives from Worldvision, the Australian Aids organisation Ausaid, the Department of Health and Welfare, the South African Council of Churches, the SA Institute of Medical Research, hospitals and churches

Zuma said delegates needed to break the silence surrounding HIV/Aids through education and by setting a positive example when relating to people with HIV/Aids

"Let's all talk openly about HIV/Aids in the family, community and congregation"

People with HIV/Aids were unlikely to come forward as they feared losing their jobs or being rejected by their family, community or church

"So many suffer painful, lonely deaths Sometimes families do not even know that their loved one had Aids, and partners who do know are unlikely to tell anyone in case they are ostracised"

Zuma said it was an indictment against South Africa, which prided itself on democracy and human rights, that people with HIV/Aids were shunned and discriminated against

She said people caring for those with HIV/Aids also needed support

"When health care workers talk about homebased care, meaning that people with HIV/Aids go home to be cared for by the community, it is often a euphemism for saying we are sending these people home to be cared for by the women," said Zuma

She said these women, who are left to deal with the impact of HIV/Aids, were also suffering

Twenty million people had HIV/Aids in sub-Saharan Africa Two million of these lived in South Africa

Zuma said delegates would have to set up a system which included volunteers when looking at how to address HIV/Aids in the future

She said the government and private organisations would be unable to cope on their own The system would have to provide support and counselling for volunteers

Salvation Army spokesperson Len Millar said the conference was the result of a call by Deputy President Thabo Mbeki on October 9 for a partnership against Aids by the government and relevant organisations

"The aim of the conference is to examine the HIV/Aids situation and plan for the future," said Millar

"Experience will be shared between the Salvation Army and other national and international agencies involved with people, families and communities affected by HIV/Aids in South Africa" — Sapa

HIV in 60 pc of mortuary bodies

Sowetan 20/10/98 (92)

By Mokgadi Pela

HIV AND AIDS are to feature high on the list of priorities at the fourth national congress of the A union Workers Union in Durban at the weekend

"With the increasing spread of the epidemic, especially in KwaZulu-Natal, we plan to use this event to develop acceptable workplace policies that will ensure that people with Aids are not discriminated against," Azanian Workers Union (Azawu) general secretary Mr Patrick Mkhize said yesterday.

He said KwaZulu-Natal was already "feeling the pinch"

"In mortuaries, we are told, up to 60 percent of the bodies are HIV positive," Mkhize said "We also know that five out of every 10 patients admitted to medical wards have Aids-related conditions With the situation worsening, how can the labour movement stand on the sideline?"

Azawu would work with other trade unions, the Government and non-governmental organisations to ensure that "we have workplace policies that are sensitive and do not discriminate against workers"

Vigorous campaign

He called on trade unions countrywide to educate their members about Aids

The move will form part of Azawu's vigorous campaign to raise awareness about the scourge of HIV and Aids

On May 1 the union launched a public awareness campaign at a rally attended by more than 1 500 people in the Durban city centre

The congress, to be held at the ML Sultan Technikon, will take place on Saturday and Sunday About 1 000 delegates are expected to attend

Mkhize said Azawu had also started "distributing condoms and calls upon the public to heed Aids messages from the Ministry of Health and Aids experts"

The congress would also announce plans for the union's World Aids Day rallies due to be held in the Hlabisa district and the Greater Durban Transitional Local Council area

Mkhize said "It's public knowledge that we are doing this as part of the build-up towards the international Aids conference due to be held in 2000 in Durban

Teachers support HIV-Aids campaign

(92) Sowetan 20/10/98

By Mokgadi Pela

THE National Professional Teachers Organisation of South Africa has thrown its weight behind the campaign against HIV and Aids

In a statement released yesterday, National Professional Teachers Organisation (Naptosa) president Mr Leepile Taunyane said his organisation's executive committee had decided to "unanimously pledge to the Ministry of Health that we will take part in the fight against Aids"

This Naptosa will do through the

- Dissemination of relevant information,
- Training of teachers to provide their pupils with the necessary guidance,
- Promotion of moral values, and
- Professionalisation of the teaching profession

Taunyane also promised to distribute circulars on Aids prevention to its affiliates and campaign to ensure that as a basic component of their training, "all student teachers are adequately equipped to give their pupils the necessary guidance on the prevention of Aids"

"By proclaiming the importance of high moral values among its members, Naptosa will promote a lifestyle aimed at preventing the spread of Aids Through continued promotion of professionalism among educators, and by setting an example and maintaining a moderate lifestyle, Naptosa will contribute actively towards the fight against HIV and Aids," Taunyane said

Naptosa's pledge comes at a time when over 1 500 South Africans are infected with HIV daily Thousands of people have already died since the first case of the virus in the country in 1982

Meanwhile, the Ministry of Health has announced the appointment of Mr Mtholephi Mtimkhulu as campaign manager of the Government's Aids action plan

Mtimkhulu is a founder member of the Media Workers Association of South Africa as well as the South African National Editors Forum

The babies who are just waiting to die

Sowetan 23/10/98

By Charity Bhengu

THE sight of HIV-positive babies playing in the waiting room at Chris Hani Baragwanath Hospital's paediatric unit moves one to tears

The little babies do not know that their chances of reaching their first birthday are zero

Although Baragwanath's management tries to make the babies' lives pleasant by showering them with colourful toys, their mothers seem to be cut off from their surroundings

With their eyes brimming with tears, they watch their babies intensely, as if trying not to miss a single moment of their lives

Meanwhile, Dr Glenda Gray of the hospital's reproductive research Unit has more than enough on her plate – to wipe crying babies' eyes and to console their mothers

During a visit by a *Sowetan* team, it seemed like a busy morning with about 17 babies waiting to be attended to However, health workers said on busy days they attended about 50 HIV-positive babies

Gray explained that the HIV epidemic among babies was a time bomb at Baragwanath, with about one out of three babies admitted testing HIV-positive

"We have three paediatric wards and we have admitted about 160 HIV-positive babies who are destined to die," Gray said

About 1 200 babies born at Baragwanath this year have been infected by their HIV-positive mothers

Said Gray "If the child is born without intervention with the AZT drug and presented as young as three months at the hospital with pneumonia, they will continue to have recurring hospitalisation until they die by the time they are two years

"Some are presented a little later and would be a burden to the hospital until the age of about three when they die," she said

A baby's hospitalisation costs the Government about R450 a day and R2 250 if the child is admitted for five days during its life span of 12 months

In total, the Government spends about R2,7 million to treat 1 200 children at the hospital during their first year and about R16 million if they live until the age of six

"There is, however, a preventive treatment to save unborn children from being infected by HIV-positive mothers"

She said by administering the AZT drug to 100 women during pregnancy and asking them not to breastfeed, 91 children can be saved from being infected

The AZT drug is given to mothers during pregnancy to reduce the risk of children being born with the virus

Too expensive

"Basically, by administering AZT to pregnant women, we would be reducing the the chances of the babies being infected by half almost instantly"

Gray estimated that it would cost the Government R80 million, (0,5 percent of the total national health budget) to treat all known HIV-positive mothers

She said the Government should take advantage of the pharmaceutical company Glaxo Wellcome's decision to reduce the cost of AZT drug by as much as 75 percent

The National Health Department said AZT was too expensive and would continue with Aids awareness programmes as a form of intervention

Bara's Reproductive Research Unit director Dr James McIntyre said he was looking forward to an opportunity to present their cost-effective findings on the AZT drug to the Minister of Health, Dr Nkosazana Zuma

The unit has conducted a research project on 500 HIV-positive pregnant women, giving them AZT drugs over a period of weeks

The results will be ready by January

Wasted lives

(92) Sowetan 23/10/98

One in three babies born in hospitals have HIV

By Charity Bhengu and Mbulelo Baloyi

THE HIV epidemic among babies at the Chris Hani Baragwanath Hospital in Soweto has become a health nightmare The hospital has delivered 1 200 infected babies since January

This shocking disclosure was made yesterday by Dr Glenda Gray, who heads the hospital's reproductive research unit.

Gray said about 4 000 pregnant women who had attended the ante-natal clinic this year tested HIV-positive and 30 percent of the babies born were infected with the virus

Out of 12 babies born daily at the hospital, four are HIV-positive.

According to statistics, mother-to-child transmission is responsible for about 10 percent of all new HIV infections in developing countries, with more than 500 000 children being infected each year.

In South Africa mother-to-child HIV transmission is the highest form of the virus is spread after heterosexual sex

Last year's figures show that 16 percent of pregnant women who visited ante-natal clinics were HIV-positive. This means that around eight percent (or three million) of the population were living with the HIV virus last year.

It is estimated that by the end of this year, 3,5 million people will be HIV-positive in South Africa.

According to the Ministry of Health, the levels of HIV infection have increased in eight of the nine provinces, the exception being North West, where an insignificant decrease was recorded last year. KwaZulu-Natal director of the Aids-HIV and sexually transmitted disease section in the health department, Mrs Wanda Mthembu, said the HIV prevalence among pregnant mothers stood at 30,02 percent between January and June.

The province's health MEC, Dr Zweli Mkhize, said 53 percent of people in medical wards of the King Edward VIII Hospital in Durban were HIV-positive. About 39 percent of all admissions to the hospital were infected.

In 1990 the number of infected pregnant women attending ante-natal clinics was 1,61 percent but has risen to 26,86 percent.

The caring touch of a doctor is what this two-month-old HIV-infected baby needs most. PIC. CLEMENT LEKANYANE

By 2000 there will be more than 250 000 Aids orphans in KwaZulu-Natal.

Sowetan visited Baragwanath's ante-natal unit yesterday There were about 17 mothers with their HIV-positive babies. On a busy day, the unit attends to about 40 to 50 infected babies.

Of all paediatric admissions to the hospital this year, 10 out of 30 are HIV-related, resulting in about 160 babies a month being hospitalised.

Gray said one of the best ways of saving unborn babies from the infection was giving their mothers the anti-Aids drug AZT, which is given to pregnant mothers to reduce the risk of their babies being born with the virus.

"By giving AZT to 100 women and asking them not to breastfeed, only nine children will become infected and 91 are saved."

She said in the United States women were put on between one or three drugs during pregnancy and before they went into labour they had an electric caesarean. They do not breastfeed. As a result only two babies out of 100 are infected.

Gray estimated that it would cost the Government R80 million to treat all known HIV-positive mothers. She said pharmaceutical company Glaxo Wellcome planned to reduce the cost of AZT by 75 percent so that mothers can afford the R400 treatment over four weeks.

Zuma's spokesman, Mr Vincent Hlongwane, said making AZT available to all HIV-positive pregnant women would be too costly

● See page 2.

One in three HIV-pos in Natal

Drugs no answer

SHARDA NAIDOO

Of the population of 8,4 million in the province of KwaZulu Natal more than 2,5 million (30%) are HIV-positive

We are sitting on a time-bomb. If people continue to keep it a secret, it will spread like wildfire and explode.

This describes the worsening situation in the province where the number of people being infected with HIV is increasing every minute, explained provincial health ministry spokesman Dave McGlew.

"If people, especially those in the workforce, don't expose their illness, we will never be able to help them and prevent the spread of the dangerous HIV infection," said Mr McGlew.

He said between 60% and 70% of patients frequenting KwaZulu Natal hospitals were also infected with the HIV virus.

"It's even more astounding that 90% of the patients being treated for tuberculosis also have to deal with being HIV-positive because of their low immunity resistance," said Mr McGlew

Determined to curb these galloping figures, Health Minster Nkosazana Zuma has made headway in driving the Government's "Partnership Against AIDS Programme" into full gear in KwaZulu Natal

She met church leaders and politicians this week to discuss ways to enforce the AIDS programme, which was launched by Deputy President Thabo Mbeki two weeks ago

Despite cuts to the health department and various AIDS organisations, Dr Zuma is steaming ahead with the programme using whatever resources that are available

"The people in KwaZulu Natal have huge potential in fighting the HIV virus and AIDS without spending too much," she said

The issue of the new AZT drug, which is apparently successful in reducing the transmission of the deadly virus from pregnant HIV-positive mothers to their infants, was a sensitive one, said Mr McGlew

He said the decision of whether to continue administering the drug was very difficult because of legal and financial problems.

"If we give mothers the drug during pregnancy and it reduces the advancement of AIDS, then we cannot just stop the supply after they have given birth This will create legal problems and because the drug is so expensive, it will cripple us Also there is the chance of babies getting infected when they are breast-fed and the vicious circle will continue "

Saving one person through awareness talks and workshops, on the other hand, could save the economy millions of rands, he said

There may now be more infected people than ratepayers . . .

With young corpses being buried daily, alarm bells ring as the level of HIV infection rises far above the levels projected 10 years ago.

AIDS wreaks havoc in E Cape

Army bases linked to rapid HIV spread

(92) CP 25/10/98

By RITA LARISMA and MIKE LOEWE

A HIGHLY respected demographer has linked the sudden increase in HIV/AIDS in certain areas of the Eastern Cape to nearby army camps and the police service.

Director of Rhodes University's Population Research Unit in East London Dr Rob Shell said his research showed that in some Eastern Cape streets there were likely to be "more HIV positive people than ratepayers".

He said. "There appears to be an association between army bases and areas of highest infection."

He said Walmer township in Port Elizabeth and certain areas of Grahamstown – both of which are close to army bases – could be in the grip of an AIDS epidemic, except that no one had ever properly analysed the viral epidemic there.

He said. "There is a human tragedy unfolding here and historians will record it with the same respect as they did the great plagues."

He said his research indicated that when cadres in the South African liberation armies returned home from various parts of Africa and were incorporated into the SANDF, many were infected with HIV/AIDS.

He said other factors which had exacerbated the tragedy were:

- ☐ Army bases had gender ratios of 500 men to 100 women;
- ☐ Soldiers earned salaries and had status in the poverty-stricken Eastern Cape communities, and
- ☐ Troops enjoyed socialising on weekends with the aim of interacting sexually with women.

Other experts said this week that HIV levels in the western region of the Eastern Cape had risen significantly over a 10-year period.

They said graveyards in the Port Elizabeth area were filling up rapidly as more AIDS victims died.

The problem was aired on TV recently when a Special Assignment programme linked the growing number of AIDS-related deaths to the increase in the number of burials every month.

Port Elizabeth Health Director Dr Koko du Plesis said that in 1997 alone Port Elizabeth and its surrounds registered 5 234 new HIV cases and they knew of 414 AIDS-related deaths in 1998.

Du Plessis said. "This shows a steady increase on previous years."

However, PE economist Dr Neal Bruton said the rate of infection for PE were no worse than other areas.

"It's the growth rate that is significant. The level of HIV is far higher than was projected 10 years ago," he said.

Of particular concern are areas such as Walmer township, bordered by an army base on one side and the Port Elizabeth Airport on the other.

Walmer graveyard minder, William Mtati, told Special Assignment that up to 18 people were being buried every month now as compared to about four a month a year ago.

"Too many of them are young." – ECN Weekend

Dr Rob Shell:

On the spread of the virus:

"There is a human tragedy unfolding here and historians will record it with the same respect as they did the great plagues."

Aids will slash SA population

By Mokgadi Pela

LATEST projections of HIV show that the disease will have reduced South Africa's total population by eight percent by 2010

The estimates by Southern Life risk management consultancy senior manager Ms Janina Slawski are that the epidemic will peak between 2005 and 2010

Estimates further show that during that period, about six million people will be infected with the virus while a further 600 000 will develop full-blown Aids

The virus, according to the 1997-8 survey released by the South African Institute of Race Relations, will have the greatest effect on the 30 to 40-year age group and will multiply the national mortality rate by five or six times

Up to a third of children born to mothers infected with HIV will be infected at birth, while more will become infected through breastfeeding

Slawski says Aids could slash the average life expectancy in South Africa from 62 to 40 years by 2010 In addition, it could reduce the rise in gross domestic product by about two percentage points between 1998 and 2005

According to a director of Medscheme an estimated one in five medical aid members will be HIV positive in 10 years

The Ministry of Health says some 2,5 million people were HIV positive by the end of 1996 However, the ministry also points out that the reported number of Aids cases "seriously underesumates the true picture of the manifestation of HIV infection",

The ministry says HIV prevalence rates have increased since 1995 in all age groups under 45 Women in their 20s had the highest rate of HIV infection in 1997 Of those 20 percent in the 20- to 24-year-old group and 18 percent in the 25- to 29-year-old group were infected

The ministry is "particularly concerned" about the high prevalence of HIV among pregnant women under 20 This group reflects the most recent infections as it represents the age at which sexual activity starts A slowdown of infection in this group will be one of the first indicators that the incidence rate of new HIV infection is dropping

SOWETAN Monday October 26 1998

Zulu king speaks out on HIV-Aids

By McKeed Kotlolo

KING Goodwill Zwelithini has expressed his concern at the high rate of deaths among black South Africans as result of HIV-Aids

The Zulu king was addressing the staff, including the institution's rector Professor Denis van Rensburg, and students at the Pretoria Technikon on Friday

During his motivational talk, the king said transformation of the education system would unleash the full potential of the people and improve South Africa's economy

He spent much time on the subject of HIV-Aids, which he said continued to wipe out the nation, particularly black people

The king believes that a cure for the dreaded disease will come from the African continent

He urged medical students to conduct research into the causes of the killer disease

He advised them not to consult inyangas and sangomas in their search for a cure because "sangomas are not healers but fortune tellers"

King Goodwill, who cited KwaZulu-Natal as one of the areas worst hit by HIV-Aids, urged residents there to "seek advice from herbalists".

He further said South African women, who were renowned for their leadership qualities, held the key to bringing the spread of the disease to an end.

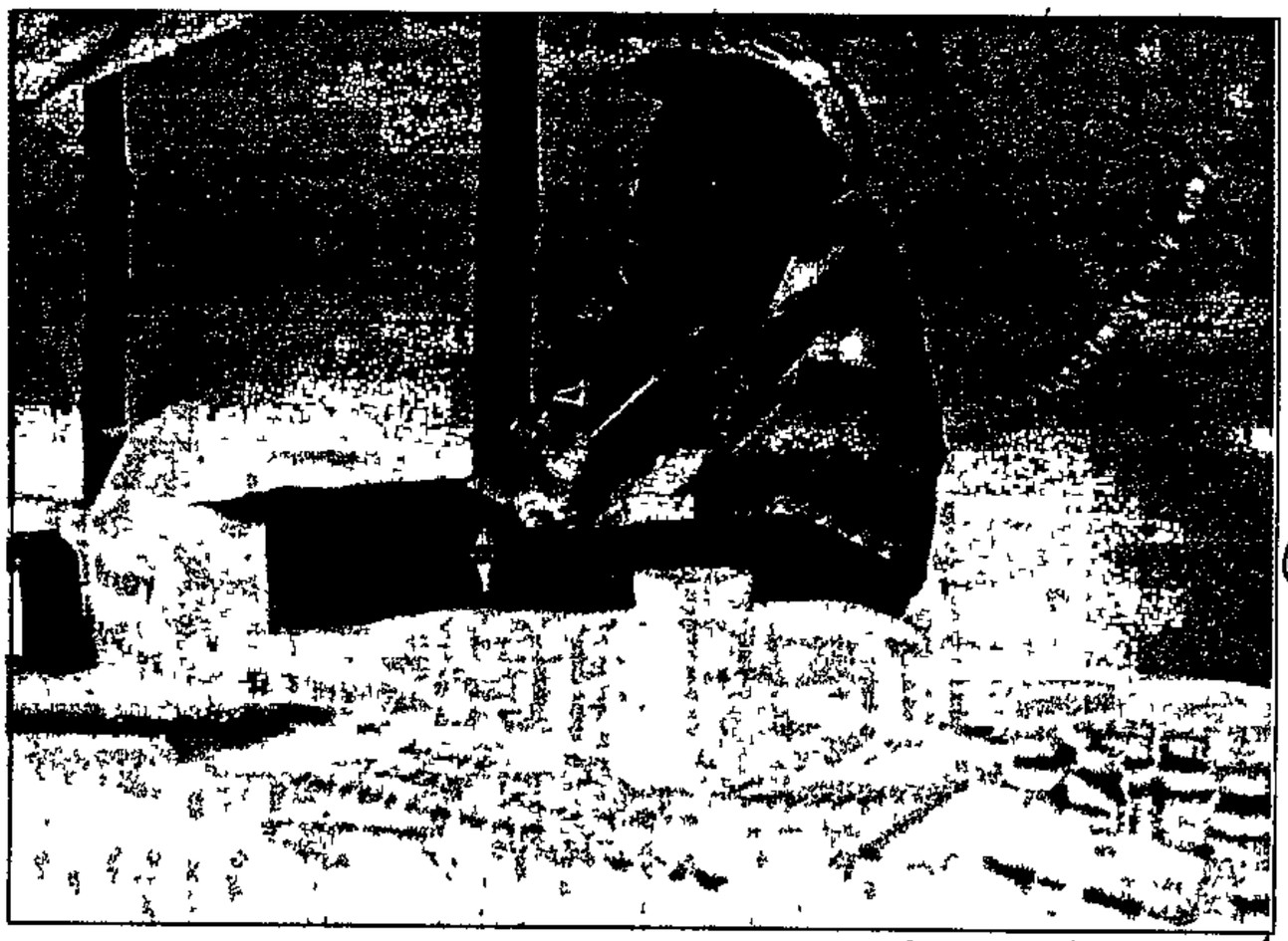
"I know you can do it You can put on your chastity belts and throw away the key," said the king, whose quip elicited giggles and laughs from the audience

He also appealed to men and women to change their sexual behaviour in order to reduce the deaths caused by the disease

He drew more laughs and applause from the audience when he said KwaZulu-Natal maidens had volunteered to undergo medical examination to prove they were still virgins.

Uganda leads way in beating Aids

Postponing sex and 'zero grazing' are just some of the ways in which Ugandans are coping with HIV/Aids, writes **Mercedes Sayagues**



Traditional healing: Mrs Dumba says there is no need for a condom with her vaccine, Alisasira 43 NN — 'as shown by radionia computer to fight Aids, malaria and infuluenza [sic]'. PHOTOGRAPH: MERCEDES SAYAGUES

Sophia Mukasa Monico (38) is a smart, elegant, strong willed Ugandan lawyer As we sip a cold drink one steamy Sunday afternoon in Kampala, she tells me a story.

Seven years ago, her sister died of Aids, at age 35 Her sister's husband was a wealthy businessman, president of the Chamber of Commerce He had four wives and several girl friends Between 1991 and 1995, the man, his wives and six of their children died of Aids.

Twenty-one children survive The family put them in a big house and shared the financial and parental responsibilities This worked until last year, when the children were placed with family members

Mukasa took in four — in addition to her own two children Her Italian husband died of cancer three months after the youngest was born "I try to treat all the children equally but it is not easy Sometimes I am resentful," she sighs

Not one to linger in self-pity, she pulls herself together "I am not unique This is the story of Uganda "

As director of the Aids Support Organisation (Taso), Mukasa hears similar stories every day Taso offers testing, counselling, outpatient clinical care and homecare for infected people, and awareness courses for health staff, politicians and village workers The Taso at Kampala's Mulago hospital sees 100 to 120 people daily

Since 1987, 48 000 people with HIV or Aids have sought Taso Of these, 11 000 have died Currently, Taso has 28 000 active clients (defined as those who visit at least twice every year)

The staff has grown from 16 to 250 Reversing the early strategy of setting up its own centres, Taso trains counsellors within existing institutions, such as health units, clubs or youth groups.

Counsellors work one-to-one and with the family, advising on good nutrition, hygiene, Aids prevention and dealing with grief

"Whereas cancer strikes an individual, Aids hits the family group in a chain effect," explains Mukasa "Children know their parents and siblings may die Sometimes children spot the symptoms before adults accept they are sick."

Funded by Danida, USAid, the Elton John Foundation and other donor organisations, Taso's budget for the next year is US$3,5-million — one-third more than what South Africa spent on the botched *Sarafina II* Aids play

"Taso was a ground breaking model. A lot of the earliest information on counselling needs came from it," says Helen Jackson, director of the Harare-based Southern Africa Aids Information Dissemination Service

Taso is one of many creative grassroots schemes Uganda developed early on Coupled with the government's open, pro active policy, they helped Uganda cope with the pandemic, and possibly curb infection rates

HIV prevalence among pregnant women, especially among young women, has declined in five sites since 1991 At clinics for sexually transmitted diseases in Kampala, Aids infection rates have declined from 44% in 1989 to 30% in 1997

Researchers say that these figures more than likely reflect fewer new infections, although the death of infected people and lower fertility among infected women may be a contributing factor

"There seems to be some room for optimism, but one must be cautious and not feel there is any room for complacency," says Jackson

"Infection rates are still very high," warns the Uganda Ministry of Health Ten per cent, or 1,5-million, of Uganda's 19-million population, are infected Half a million people have died of Aids since it was detected

It began as a gradual wasting away, called "Slim" disease, along the shores of Lake Victoria in the mid 1970s The first diagnosis took place in 1984

President Yoweri Museveni acknowledged the problem soon after coming into power in 1986 A national committee for Aids prevention was set up that same year This is all the more remarkable since Uganda was emerging from 15 years of brutal civil war, its infrastructure and health services shattered.

"Museveni took a leadership role early on and that had a tremendous impact," says Jackson

In 1991, the government adopted a multisectoral approach The strategy included intensive education campaigns, condom distribution, voluntary HIV testing, pop songs, billboards, drama groups, counselling and support services.

Even the army was dragged in by its flamboyant Major Rubaramira HIV positive since the late 1980s, he embarked on a public crusade for Aids prevention. A founding member of Taso, the major openly discusses condoms, safe sex and retroviral therapy

Surveys have shown that 98% of Ugandans know how Aids is transmitted. "Still, they do not discount witchcraft," warns Mukasa

Taso is going for peer pressure, using 'the most effective information tool': young seropositive people who pass the message through drama, song and dance

Population surveys by the Ministry of Health in Kampala, Jinja, Kabale, Lira and Soroti districts reveal promising signs of change in sexual behaviour Over the past five years, many Ugandans say they have adopted safer sexual practices

More adolescents are postponing sex Compared to five years ago, the age of first sexual relations has risen. Less than half of boys and girls aged 15 to 19 reported sexual activity, compared to 71% in 1989 Among the same age group, the number who engage in casual sex decreased from 37% to 21% in the same years.

A good number of unmarried adults practise abstinence as their defence against infection Smaller numbers say they have sex with non regular partners Among those involved in non regular sex, 60% have only one sexual partner In 1989, the majority reported multiple sexual partners Among married people, more say they are faithful to their spouses

This is in line with the messages "no sex before marriage" and "zero grazing" (only one sexual partner) promoted by sexually transmitted diseases Aids control programmes

More men and women of all ages report using condoms

Among the 15 to 19 group, 36% of boys and 25% of girls report using condoms, compared to 15% and 7% respectively in 1989 The figures are similar for the 20 to 24 age group

For the 25 to 39 age, 31% of men and 19% of women use condoms, compared to 11% and 3% in 1989 Data suggests that people are more likely to use condoms as protection with a non regular sexual partner, but not with a spouse

"Declining trends in HIV infection and reported sexual behaviour changes are success stories that give us good hope but there is a need to intensify the present prevention and control strategies," says the Uganda Aids Commission

The next strategy targets adolescents. "The weak link so far," says Mukasa. Uganda first focused on infected adults and groups at risk like prostitutes Then children Teenagers were taught Aids prevention, but in a drab way

Taso is going for peer pressure, using what Mukasa deems "the biggest agent of change, the most effective information tool" young seropositive people who pass the message through drama, song and dance in schools, sports clubs and villages

Owing to civil war and Aids, Uganda has an estimated two million orphans (defined as children under 18 who have lost one or both parents)

Government policy is to discourage orphanages, considered alien to Ugandan culture, and to support community based care

But even the most generous communities are stretched by demand Orphan headed households are becoming common Fearing inheritance disputes, clan elders may not want the children to leave the land Or there are no adults left to take them in

Local support systems are springing up to care for orphans The NGO coalition Uganda Community Based Association for Child Welfare gives loans

Drive through Rakai and Masaka, the worst hit districts along Lake Victoria, and the effects of the pandemic are obvious abandoned banana groves, overgrown fields, empty, closed houses, fresh graves next to homes, coffin making shops and funeral processions

Along the road, the signs tell the story— Drugshop deals in human and spiritual drugs, Asthma and Aids solutions, Dr Wamunge Aids trial clinic, honey pills, red syrup, Trust the Lord Drug Store

At a country fair in Bugala island on Lake Victoria, Dr Dumba and Sons Research Unit displays its Aids vaccine For 5 000 Ugandan shillings (US$4), Mrs Dumba will sell you "Alisasira 43 NN, as shown by radionia computer, to fight Aids, malaria and infuluenza [sic] Three drops on the tongue twice a day of this medicine with homeopathic and magnetic ingredients "

A group of young men study the vials I ask one "Would you try it?" "Yes," he says. "Would you still use a condom?" One says no, two say yes Mrs Dumba smiles sweetly and says there is no need for a condom with her vaccine

Since 90% of Ugandans go to healers, Taso works with them through the Traditional Healers Effort Against Aids Healers learn Aids prevention and how to treat opportunistic diseases

Some traditional herbs work well for Aids related ailments For example, essential oils treat herpes zoster and skin rashes more effectively and faster than modern medicines

One development not yet fully understood is that seropositive people are living longer and more healthily Since 1994, Taso counsellors see that patients, instead of lying emaciated for months, live longer after diagnosis

Not only sexual behaviour is changing. Burial rites require farming to stop for three to seven days, and the corpse is only buried on the third day after death These practices are becoming shorter Only the closest kin will follow the full mourning ritual

"Otherwise, you end up not farming for a whole month because of successive deaths in the village," says Stella Neema, from the Institute for Social Research at Makerere University, author of a study on the impact of Aids on agriculture

Traditional self help groups set up to weed and harvest collectively take on new tasks Ekibina clubs buy big pots and plastic dishes to be shared at funerals In the central areas, Munomukabi (a friend in need) organises funerals and comforts grieving relatives

In mountainous Kabala in the south west, and in Mbale, in the east, members of burial associations take turns in a relay system to carry sick people to health centres

Increasingly, these groups may arbitrate in heritance disputes and organise orphan care

Another practice slowly eroded by fear of contracting Aids is inheritance of the brother's widow However, it still goes on "It must be fatalism, otherwise how can you explain it?" says Mukasa.

An Aids vaccine is the only solution, she says Retroviral therapy is too expensive "Even if the price was reduced from US$ 10 to US$100 a month, how can people here have it when they cannot afford malaria tablets?"

Information, prevention and solidarity are Uganda's best response to the HIV/Aids pandemic

HEALTH & DISEASE - HIV

1998

Nov - Dec

Putting SA on the road to health

It's never say die for Zuma's mission

INSIDE STORY

South Africa's health system is not just a political, theoretical matter for Nkosazana Zuma, according to Health Writer **JENNY VIALL**

Love her or hate her, Health Minister Nkosazana Zuma is tackling her job to change South Africa's health system with a passion

It's a passion which comes from the practical experience of working with sick children and carries her through the barrage of criticism she has faced in her four years as minister

One highlight of these years is the introduction of free primary health care for children under six and pregnant women

"Part of what influences me is that I have worked among children. I worked in Swaziland for five years – a developing country which has very big problems in health.

"And I don't know how many imes I've sat and cried with mothers and fathers whose children have ied – some of whom could have been aved if the parents had not first had o sell a chicken or do something else o get the child to hospital.

"So to me it's not just a theoreti-al, political thing I just can't stand child dying If a child dies, how do ou explain to the parent? What do ou say?"

Dr Zuma has agreed to a rare nterview We're in her office on a old, wet evening It's very different lking to her away from the usual tting of the press conference

Her public image is often austere but it's not long fore she relax-, revealing a de of herself ich is warm d caring

There is no ubt South Af-a's health sys-n needs trans-ming

A glaring ex-ple of past inequalities is the ternal death rate for white men this is three in 100 000, for oured women and Africans 58 in

tory takes long to tell, sometimes it doesn't take too long But also I look for the reaction from among the people who are supposed to receive that service And I must say that up till now they have not failed me What I've learned is that no matter what change you want to introduce, the first reaction is 'oh, no'

"When we introduced free primary health care it was as though the skies were going to fall and South Africa was going to sink to the deep levels of the sea

"But now people are proud It's important to remember that, otherwise you'll probably never do anything"

She says people cannot criticise in a vacuum and she is the focus of criticism for changes in health. Equally, however, she is praised for what she is doing

'I've tried hard not to let criticism affect me, and I get a lot of support from people in the streets'

Much of what she is doing is in the ANC's blueprint for the Reconstruction and Development Programme – "like termination of pregnancy It's in black and white in the RDP document

"[illegible] se

priate use of hospitals and in-patient stays are shorter than before

"All of which tells me the shift is happening"

Dr Zuma acknowledges that there are problems at some clinics

There had been a slow shift of personnel to primary institutions, particularly in the rural areas Sometimes provinces ran out of money to staff the clinics

"In KwaZulu-Natal I'm told that the clinics not yet open will be functioning within four to six months But it's not the majority of clinics that have these problems."

Dr Zuma believes she has had some success in making sure that health promotion and healthy lifestyle is something people think about.

"We started with smoking and we will have other campaigns, for example around alcohol.

"We're working with sports people to encourage exercise and recreation because we think it very important that prevention, lifestyle and immunisation go hand in hand with delivery of services"

AIDS remains a pressing issue and South Africa had far to go, she said.

"The important thing is that we're honest. It's critical not to cover up, to say we're in control Not enough people are talking about HIV.

"We still have to create an environment, not only among the leaders of society but in the communities, about this

"That is beginning to happen I was in the Free State last week, and some youths said to me they wanted to learn more about AIDS – and could I sponsor a workshop?

"And in March I was in Meadowlands (Soweto) and people wanted to inform the community that they were HIV positive and talk about discrimination"

Dr Zuma was asked to be there for support.

"It's these small initiatives that will make the difference in the epidemic."

Our time is almost over

Dr Zuma wants to set the record

AIDS cuts average SA life expectancy to 56

(92) BD 2/11/98

Pandemic has slashed population growth in Africa, says report

Simon Barber

WASHINGTON — Because of the AIDS pandemic, the average South African — who might otherwise have had an even chance of living to 65 — will be beating the odds to celebrate his or her 56th birthday, according to figures the US Census Bureau plans to release later this year as part of its regular world population survey

By these calculations, AIDS has already shorn nearly a million people off what the SA population would be today without the disease The population of the 21 most severely affected African countries, including SA, is 16-million people smaller than it would have been.

The virus has done this both directly, by killing its victims, and indirectly, by carrying off parents before they produced their expected complement of children The statistics could become less grim if infection rates decline as they have in Uganda There, in default of affordable treatment, let alone vaccines, concerted AIDS prevention programmes are having an impact Since 1993, the ratio of expecting mothers infected with HIV in Kampala has fallen from 30% to 15%

If such trends hold, the Census Bureau projects that life expectancy in Uganda will rise from 42,6 now to 47,6 in 2010 Tempering any consolation that improvement might offer is the sobering statistic that were it not for AIDS, current Ugandan life expectancy would be 54,1, rising to 59,5 over the coming decade

Even so, the Ugandan experience offers hope that "changes in behaviour, both spontaneous and induced, may help to create an early plateau in some epidemics and ultimately may result in declines in HIV infection levels", wrote Census Bureau analyst Peter Way

Echoing calculations released by the UN last week, the Census Bureau reports that AIDS has slashed population growth rates in much of southern Africa

Without AIDS, the population of Zimbabwe could have been expected to grow by 2,5% this year, but will instead grow by 1,1% AIDS has slowed the growth of Botswana's population to 1,1% this year from 2,4% projected without AIDS

For Namibia, the growth rate is 1,1% instead of 2,4%, for Malawi 1,7% instead of 2,7%, for Zambia 2,1% instead of 3,3%, for SA 1,4% rather 1,9% "AIDS will not overcome the momentum of population growth in most affected countries, particularly in sub-Saharan Africa," Way said "The region's current high fertility rate ensures that the population will continue to increase "

The death toll is still astonishing Without AIDS, there would have been 7,8 deaths per 1 000 people — the crude mortality rate — this year in SA and even fewer, 6,2, in Zimbabwe Instead the actual figures are put at 12,3 and 20,1 for SA and Zimbabwe respectively

Response may be too late: Page 12

AIDS response may be too little, too late

Zimbabwe, along with Botswana and Swaziland, has one of the fastest growing AIDS infection rates in the world. Features editor Dianna Games, who recently visited the country, takes a look behind the horrifying statistics

THE graveyard business in Zimbabwe is booming Coffins are for sale along the side of a main road into Harare, gravestone outlets are mushrooming and in a central Harare park, a roaring trade is being done in ready-made wreaths

The country's mortuaries are to be expanded to help accommodate the increasing numbers of dead bodies arising mainly from AIDS Predictions are that by 2005, two-thirds of all hospital beds will be occupied by AIDS patients

Much of the AIDS debate is characterised by statistics which, though horrifying in analysis, cloak the more tangible permeation of the pandemic into the community and economy

Rene Loewenson of the Training and Research Support Centre in Harare, summed up the situation in a recent speech to the Zimbabwe National Chamber of Commerce

"Fifteen years ago, if one had called business, labour, government and nongovernment representatives together to discuss how to deal with the AIDS epidemic, most would not have even had more than a fleeting idea of what it was, let alone why they should discuss it. Today, companies have lost top managers and workers have lost colleagues," Loewenson said

"Whole families have collapsed Huge amounts of time and resources are taken up with illness and loss "

The country's citizens are dying of AIDS at the rate of 700 a day officially, although unofficially this is probably much higher as it is still not the norm to identify it as the cause of death.

Southern Africa generally is now the fastest-growing area of AIDS infection with Zimbabwe, Botswana and Swaziland the worst.

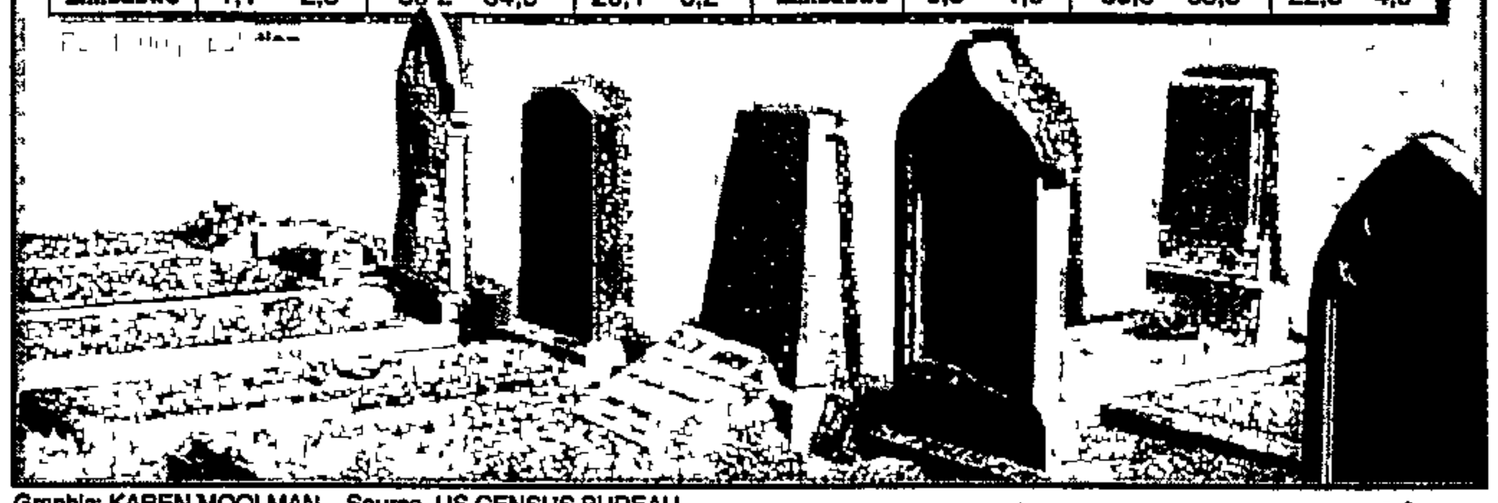
A new report by the US Census Bureau says Zimbabwe's life expectancy is expected to decline to a low of 38,8 years by 2010 with AIDS factored in, down from 69,5 without it. Up to 25% of urban blacks are estimated to be infected with the virus and 10% of the overall population.

Political leaders — besides Health Minister Timothy Stamps — have waited until recently to intervene, a move apparently only in reaction to a situation already out of control.

AIDS: the future for southern Africa

Country	Growth rate: with Aids	Growth rate: without Aids	Life expectancy: with Aids	Life expectancy: without Aids	*Death rate: with Aids	*Death rate: without Aids
1998						
Botswana	1,1	2,4	40,1	61,6	20,9	8,6
Lesotho	1,9	2,3	54,0	62,0	12,8	9,2
Malawi	1,7	2,7	36,6	51,1	23,7	14,4
Namibia	1,6	2,9	41,5	65,3	19,8	7,5
SA	1,4	1,9	55,7	65,4	12,3	7,8
Swaziland	2,0	3,2	38,5	58,1	21,1	10,1
Tanzania	2,1	2,6	46,4	55,2	16,7	12,1
Zambia	2,1	3,3	37,1	56,2	22,5	11,4
Zimbabwe	1,1	2,5	39 2	64,9	20,1	6,2

Country	Growth rate: with Aids	Growth rate: without Aids	Life expectancy: with Aids	Life expectancy: without Aids	*Death rate: with Aids	*Death rate: without Aids
2010 prediction						
Botswana	0,2	1,9	37,8	66,3	23,8	8,4
Lesotho	0,8	1,9	44,7	65,9	18,7	7,4
Malawi	0,7	2,2	34,8	56,8	25,3	10,4
Namibia	1,2	2,8	38,9	70,1	21,9	5,2
SA	0,4	1,4	48,0	68,2	17,8	7,1
Swaziland	1,1	3,1	37,1	58,2	22,6	7,5
Tanzania	1,8	2,6	48,1	60,7	16,3	8,9
Zambia	2,0	3,1	37,8	60,1	21,5	9,0
Zimbabwe	0,3	1,9	38,8	69,5	22,5	4,9



Graphic: KAREN MOOLMAN Source US CENSUS BUREAU

Unions and employers reacted quickly in drawing up a code of employment rights relating to HIV which is now law in Zimbabwe. Some businesses have introduced awareness campaigns and other initiatives but others have done nothing and current efforts are unco-ordinated. The code has forced industrial relations structures to play a greater role, and the chamber of commerce, the Commercial Farmers' Union and the transport sector have also been active. However, there is still a big gap at the all-important informal sector level

A report released in July by the Zimbabwe Ministry of Health and Child Welfare says that more than 1-million p eople are expected to die of AIDS between 1995 and 2005 and 1,6-million are already infected This is within a total population of about 12-million.

The population was expected to grow to 15-million by 2005 but latest estimates are that it will only reach 13,2-million by then. Even the fertility rate is set to drop from 34 children per 1 000 population to 30 by 2005

The government report says the epidemic will be most severe among adults in the prime working ages and among children under five. One of the social dislocations that is projected is the number of orphans produced by HIV-infected mothers.

The government report says there will be nearly 1-million orphans in Zimbabwe by 2005

It predicts that by 2005, 138 000 people in the 15-49 age group will have died. Should this be even nearly accurate, it will have severe implications for the country's economic and social development.

Already, last year, formal sector companies surveyed reported a 38% absenteeism rate due to HIV/AIDS

The epidemic is also increasing the level of other related illnesses such as tuberculosis which has shown a 750% increase between 1986 and last year

The government estimates than in seven years from now, 60% of the entire health budget will be required just to meet the needs of AIDS patients

Loewenson says the costs of medical treatment per worker in the region are estimated to be anything from $20 to $200 per worker, depending on type of employment, activity etc while that of prevention is around $6 per worker She says existing comprehensive workplace programmes have been found to avert about 30% to 40% of new cases of infection although AIDS levels will continue to rise into the next century even if infection rates begin to drop now

Economic impacts include the cost of job replacement and training; benefits, lost work time, a severe erosion of an already inadequate savings situation as people divert their money into caring for the sick and dying, coping with funeral expenses, and compensating for lost labour and income.

Medical aid companies in Zimbabwe have estimated that meeting all the claims of just 1% of HIV-infected members could result in a 31% increase in insurance premiums, most of which would have to be paid by employers.

The report cites several examples as to the seriousness of the situation elsewhere in Africa. A petroleum refinery in Zambia is said to have spent more on AIDS-related costs for its workers in 1994 than its declared profits for that year; a large bus company in Zimbabwe, with 3 400 of its 11 500 workers infected with AIDS, estimated that the total cost of AIDS to the company was equal to about 20% of its profit.

Uganda was one of the worst-hit countries for many years but early statistics show that it has finally turned around the situation by, among other things, sustained government-backed intervention for more than a decade. But nevertheless, more than half a million of its citizens have already died from AIDS and two-million more are infected.

SA is one of the least affected cases in southern Africa but its figures are high despite awareness initiatives.

AIDS experts say the disease has yet to run its course in any developing country; the full picture will only be clear between 50 and 75 years down the track.

African countries, where the infection figures are as high as the rest of the world combined, have taken their AIDS problems seriously only when the situation has become too severe to ignore. But, for most, that response is already too little too late.

Zuma faces court fight over AZT stand

AIDS groups slate decision not to help pregnant women

(92) ARG 2/11/98

GLYNNIS UNDERHILL
SPECIAL CORRESPONDENT

The AIDS law project at the University of the Witwatersrand is to take Health Minister Nkosazana Zuma's department to court to challenge its decision not to give the AZT drug to HIV-positive pregnant women

The use of asidothymidine, commonly known as AZT, in the ninth month of pregnancy can cut the transmission rate of HIV to babies by half.

But the Department of Health recently stopped a pilot project, which would have tested its success, saying it would cost R80-million to give short courses of AZT to pregnant women with HIV

Instead, the department decided to go ahead with an R80-million AIDS awareness campaign – a decision which has been criticised by AIDS activists as short-sighted.

Attorney Fatima Hassan at the AIDS law project said legal action would focus on the decision not to implement the Gauteng pilot project, which would have studied the success of AZT in HIV-positive pregnant women.

It would also look at the national decision not to provide any intervention to women with HIV

It would fight for babies' right to health care, which would include free infant milk formula when HIV-positive mothers, who could not breastfeed, could not afford it.

"We will be pursuing legal action. We are not making a big announcement about it, but we will take the matter to court," said Ms Hassan.

Between 17% and 20% of pregnant women in South Africa are estimated to have HIV/AIDS

AZT for the intervention treatment of an HIV-positive pregnant woman in her ninth month of pregnancy, and milk formula for the baby, would cost the state R500 or less, said Glenda Gray, director of the perinatal HIV research unit at Baragwanath Hospital in Johannesburg

The cost-saving of this method of treatment far outweighed the expensive long-term treatment of a baby with HIV/AIDS, which could run into thousands of rands, she said.

"Why has the Government not got the courage to show its costing on the issue? We don't believe the Government had good counsel on the costing and affordability of AZT"

National AIDS consortium spokeswoman Morna Cornell said "We would like answers as to how they came to this decision, with which we can't agree There is a real concern that the interministerial committee was not given the full picture"

Tough task: HIV-positive Anne Lebethe will hold workshops for pregnant women with HIV who will not be able to receive AZT

LEON MULLER

Support increasing for Mbeki's campaign

SPECIAL CORRESPONDENT

The national campaign manager for the Government's AIDS Action Plan, Mtholephi Mthimkhulu, is inspired by the call for the mass mobilisation of all sectors of society.

As the man overseeing the Government's commitment to partnership with other sectors in the fight against the epidemic, he faces an enormous challenge.

While many people with HIV/AIDS say they feel let down by the Government's lack of action, Mr Mthimkhulu believes this campaign will make a difference.

"All sectors are becoming involved and pledging their commitment to the campaign. We have had a tremendous response," he said.

There have been responses from the religious sector, arts and culture and labour since Deputy President Thabo Mbeki launched the project last month.

"This Government plan is putting in place back-up to ensure that people living with HIV/AIDS are not discriminated against."

Mr Mthimkhulu said he had encountered enormous ignorance about the disease at grassroots level and this had to be rectified.

On the question of funding, Mr Mthimkhulu said he did not yet know what would be spent.

"It has not been worked out yet We are still to discuss exactly how much will be allocated," he said.

Funding is under the spotlight after the Government decided to stop a pilot project to test whether the AZT drug should be given to pregnant women with HIV/AIDS

Asked how many people were working on the campaign, Mr Mthimkhulu said his "support structure" was the Department of Health's HIV/AIDS directorate

"But this is not only a health department matter, it is a Government issue I report directly to Thabo Mbeki's interministerial committee on AIDS," he said.

Government's decision to withdraw drug angers those with AIDS

(92)

GLYNNIS UNDERHILL
SPECIAL CORRESPONDENT

Pat Hlongwane is one of a growing number of people infected with HIV/AIDS who believes the Government has turned its back on them.

His anger rose when Deputy President Thabo Mbeki and his interministerial committee on AIDS announced that they backed the health department's controversial decision not to supply the drug, AZT, to HIV-positive pregnant women because of the cost ARG 2/11/98

"How can the Government spend R80-million on an AIDS awareness campaign when they could be spending those millions on saving lives? People who are living with HIV/AIDS are not going to benefit from this at all We all need AZT to prolong our lives," said Mr Hlongwane, 35.

His concern is echoed by Anne Lebethe, 30, of Cape Town who found she was HIV-positive in 1995.

Her family is still coming to terms with the fact she has the virus, but she is helping others with AIDS to embrace life

As the newly-appointed regional co-ordinator for the National Association for People Living with HIV/AIDS, she believes the Government has already spent enough on AIDS awareness and now is the time for action to help those already living with the virus

Ms Lebethe said she was "flabbergasted" at the decision to suspend the use of the drug, which had shown remarkable results when given to affected women in their ninth month of pregnancy

"The withdrawal of AZT for pregnant women raises so many issues How can the Government withhold a drug that gives hope to them?" she asked Ms Lebethe would also jump at the chance to use AZT, but she cannot afford it.

"Of course I would like to take it, especially as it may prolong my life," she said

As an epileptic, Ms Lebethe cannot go on drug trials, the only way to get life-prolonging drugs for free.

"I feel the Government is using those of us with HIV/AIDS as tokens in the Partnership Against AIDS campaign They invited us to the launch of the project and gave us hope, then trampled on us with this announcement about AZT," she said

The Department of Health said a detailed study had shown that the introduction of AZT in South Africa would cost about R80-million, resulting in a further strain on an already limited health budget

Mr Hlongwane, who works for the National Association for People Living with HIV/AIDS in KwaZulu Natal, said the launch of an R80-million AIDS awareness campaign made a mockery of the savings

"I think the Government really is not serious about fighting AIDS and is ignoring the fact that many women, especially pregnant mothers, deserve AZT to reduce the risk of passing the virus on to their unborn children," he said

Mr Hlongwane said as a person living with HIV, he knew how it felt to be let down by the Government.

"I work as a volunteer I am not employed and have not been for the past two years. I would like to see an involvement of people with HIV/AIDS in the workplace, especially in the government sector

"To live with HIV/AIDS is very difficult in this country," said Mr Hlongwane

'SA faces crisis' on orphans and HIV-positive children

(92) CT 3/11/98

JOHANNESBURG: South Africa will be faced with the care of 1,8 million orphaned children by the year 2000 and this will have a resounding financial impact on the state and the taxpayer, SA National Council of Child Welfare director Andre Kalis said yesterday

In an announcement here, Kalis said it had been estimated that there would be a 75% increase in orphaned children by the end of 1999. The cost to maintain facilities for them was extensive

The National Council of Child Welfare and other organisations hoped to raise R1,5m on the 72nd Our Children's Day on Saturday to fund projects to help communities share the burden of caring for orphans

"HIV/Aids is a major contribution factor in the growing number of orphaned children," said Kalis An estimated 1 500 infections were reported daily in South Africa

"Babies with HIV are abandoned every day Mothers who die because of HIV/Aids leave their young ones homeless," he said

"Families simply can't or won't care for babies who might be HIV positive "

Kalis said the existing child-care infrastructure was ill-suited to cope with the growing number of orphans and HIV-positive children "Not enough families are prepared to provide homes for children affected by Aids "

Long-term options such as adoption would be extremely slow and the correct ratio of staff to children would be impossible to maintain

"The needs of these children are a priority To ignore their plight will mean that South Africa is on the road to producing another lost generation," Kalis said. — Sapa

Child prostitutes face big Aids risk

By Charity Bhengu

A GROUP of children who should be at school are sitting at a street corner in Hillbrow, Johannesburg, nonchalantly minding their own business

But, at the sight of a posh car, they are suddenly on their feet – the young girls, aged between 13 and 16, are prostitutes

And, what makes this even more horrifying, is that the girls are increasingly becoming part of the shocking Aids statistics of South Africa's prostitutes

About 70 percent of the country's sex workers are infected with HIV Among them are children, recruited every day by pimps in the streets of Hillbrow, Durban and Cape Town.

The Commission on Gender Equality (CGE) – which is pressing for the decriminalisation of sex work – estimates that seven out of every 10 sex workers are HIV positive, and three out of 10 potential carriers of the virus are sex workers

Prostitution is criminalised by the Sexual Offences Act in South Africa, which makes it illegal to have "carnal knowledge with any other person for reward"

However, internationally, the trend has been towards an understanding of prostitution as a human rights issue, rather than as a moral or religious one

Earlier this year, a process to decriminalise sex work in Gauteng – which began in 1996 – was halted

CGE lawyer Liesl Gernholtz says. "The views on the matter are polarised and heated, as issues of morality and religion collide with those of human rights and the need to intervene in a growing HIV-Aids epidemic"

She said the commission supported the decriminalisation of sex work on the basis that it would empower prostitutes, not presently afforded legal protection

"Research indicates that sex workers are raped, beaten and abused by clients and pimps They are also victimised and harassed by the police and deprived of the most basic rights," says Gernholtz

The child sex workers – found in many cities around the country, and most of them black – are exposed to drugs, violence and criminal activities Some of them are as young as eight years old

Adhiel du Plessis from The House, a Johannesburg project that provides shelter for former child prostitutes, says: "We have children as young as eight years who used to be prostitutes in our care.

Not normal job

"Theirs (prostitutes') is not a normal job – it is a violent, degrading, humiliating trade in which many get raped four to five times a day They live a life of hell. They are assaulted with very little recourse""

Prostitution not only threatens the physical safety and health of children, says Du Plessis, but also seriously damages their emotional development because of the prison-like conditions in which they live

The Aids Consortium says the decriminalisation of sex work will improve the working conditions of sex workers as they will be able to get health insurance, workers' compensation, social security and disability grants

Dr Liz Floyd of the Gauteng health department says sex workers are vulnerable and sometimes not in a position to insist on clients using condoms because they did not have any other options to secure work

She says the department has a significant budget to control the spread of Aids and points out that new Aids projects are being set up to support sex workers

Floyd points out that schoolgirls who have more than one partner for material gain even though they do not consider themselves prostitutes are also considered potential victims of Aids

Poverty, migrant labour and an increase in sex tourism contribute to the sexual exploitation of children In fact, child sex tourism is organised specifically to facilitate a commercial sexual relationship with a child.

Prostitution is also rife around the mines and hostels, especially in places like Khutsong in Carletonville, where lonely migrant labourers are willing to pay for sex

On the other hand, university students are joining the sex trade as well to pay their tuition fees, while others "moonlight" to be able to afford expensive cars, designer clothes and cellular phones.

Last week *Sowetan* visited the notorious Quartz Street in Hillbrow, Johannesburg, and found street-wise teenagers hanging around on street corners, clad in skimpy outfits that left nothing to the imagination

They occupy filthy hotels, flats and even office blocks which serve illegally as brothels Starry-eyed and in awe of the glamour and glitter that abounds in Johannesburg, they end up being involved in drug and alcohol abuse

Some are unable to stop selling their bodies once they become reliant on the money and drugs Others are so traumatised by their experiences that they cannot quit or go back home

Young sex workers on a street corner in Hillbrow, Johannesburg, last week. PIC PAT SEBOKO

Doctors warn of TB, HIV disaster

By Mokgadi Pela

LEADING researchers have called on South Africa to redouble its efforts to control the spread of tuberculosis and HIV to avoid a disaster befalling the country.

Dr K Weyer and Dr B Fourie of the Medical Research Council (MRC) tuberculosis research programme said if no improvement took place in controlling HIV and TB, there would be an estimated 638 000 new cases of TB by 2005

"Some 71 percent of all cases will be HIV-positive and the TB incidence rate per 100 000 of the population will reach 1 285," they said

According to the Ministry of Health, about 160 000 people contract TB every year, while 10 000 die of it.

Weyer said the number of TB cases averaged 362 per 100 000 of the population, which was more than double the rates observed in other developing countries, and as much as 60 times higher than those currently in the United States and Europe

In 1996, the average TB notification rate per 100 000 people was 154.

The highest rates were found in the Northern Cape (589), followed by the Western Cape (569), Free State (268) and Gauteng (170).

The notification rate in all the other provinces was below 100 per 100 000 of the population.

According to the latest survey by the South African Institute of Race Relations, there are also significant disparities between the races.

Coloured people had a notification rate of 530 and Africans 137.

The rate for Indians is 50 and for whites 14.

The ministry says the notification rate for coloured people doubled from 330 per 100 000 in 1970 to 671 in 1995.

In Africans, it halved from 361 to 179 over the same period, and in the case of Indians, it dropped from 152 to 69.

However, Fourie and Weyer said if the ministry succeeded in reducing the smear positive incidence rate by 50 percent and prevented 20 percent of new HIV infections by 2005, there would be 133 000 new cases by that year

Fight on against Aids

By Mokgadi Pela

HEALTH workers attached to the Orlando health department are to conduct a series of one-on-one sessions with the public in the run-up to World Aids Day (WAD)

The sessions, aimed at raising awareness about HIV and Aids, will be held between 9am and 2pm

"We hope to talk to people about the epidemic and what to do to prevent its spread, especially the young who are most at risk," said senior professional nurse and Aids counsellor Ms Nobantu Ntlemeza in an interview with *Sowetan* yesterday

Chief professional HIV and Aids counsellor at the Orlando Community Clinic Ms Hilda Phakoe said "We will use the occasion to promote home-based care This flows from the fact that hospitals are full and the community should be empowered to look after people with Aids"

At the same time, Phakoe and Ntlemeza said the Northern Metropolitan Local Council would form partnerships with other sectors in the fight against HIV and Aids

Traditional healers

The alliance will involve people with Aids, traditional healers, civic bodies non governmental organisations

Venues where stalls will be erected are Nomzamo Camp in Orlando East on November 23, BP Garage on November 24, Ritz Shop on November 25, Manaka Shop on November 26 and Orlando Station on November 27

The rally to celebrate WAD will be held in Orlando on December 1

"We want to promote compassion and care as well as to alert the public to the ravaging effects of the epidemic in South Africa," Ntlemeza and Phakoe said

The campaign comes at a time when more than 1 500 South Africans contract the HIV-virus daily

According to the department of health, more than three million people are HIV-positive, with thousands having died since the first such case was diagnosed in the country in 1982

Latest hospital admissions show that four in 10 people admitted to medical wards are HIV-positive

Sarafina: Heath wants Zuma to pay up

ARG 14/11/98 (92)

MARCO GRANELLI

Pretoria – The Heath special investigation unit has decided to start civil proceedings against Health Minister Nkosazana Zuma and four others in an attempt to recover R10-million spent on the controversial *Sarafina 2* AIDS play

A representative of the Heath unit – headed by Judge Willem Heath and tasked by the Government to recover misappropriated government funds – said it was issuing Rule 5 notices on five defendants but would only confirm Dr Zuma's name He said three notices had been served and the remaining two would be served by Monday

However, Saturday Argus has learnt from a reliable source that those served with notices are Olive Shisana, the sacked director-general of the Health Department, and Hugo Badenhorst, the department's chief director who handled the matter It is believed the other two notices will be served on the playwright and creator of *Sarafina 2*, Mbongeni Ngema, and his production company, Committed Artists

Dr Shisana was dismissed by the minister in May – apparently for refusing to accept full responsibility for the *Sarafina 2* scandal

The Government has rallied to the defence of the embattled minister and has vowed to defend her innocence

In a statement issued by Deputy President Thabo Mbeki's office, the Government said that while it had had encouraged Mr Heath to proceed with his investigation of the Sarafina incident in a manner he deemed fit, it was absolutely sure of its case supporting Dr Zuma

Mojanku Gumbi, Mr Mbeki's legal adviser, said the Government was certain that Dr Zuma did not misappropriate any government funds, which the Government must now seek to recover through the Heath Unit

"The Government expresses its confidence in Minister Nkosazana Zuma and will, therefore, ensure it fully defends this action," she said,

Mrs Gumbi said the Government had supported the decision to launch an AIDS awareness campaign using a popular medium and

ZUMA. has Mbeki's support

had been fully informed of all the processes that led to the R14-million agreement between the Department of Health and Ngema

She said the Government was satisfied with investigations by, among others, Public Protector Selby Baqwa into the affair.

In 1996 Mr Baqwa found that the minister was not involved in the tender process or the recommendation of which tenderer should be awarded the contract

He also found no evidence that Dr Zuma influenced any official in the decision to award the contract

However, Mr Baqwa's finding was not so kind to accounting officer Dr Shisana, whom he accused of gross maladministration over the debacle His report also implicated Mr Badenhorst

During its investigation of *Sarafina 2*, the Heath unit recovered R4-million worth of vehicles and musical equipment

Mrs Gumbi was reluctant to divulge details of the bulky documents the Government had received from Judge Heath but revealed that Dr Zuma was being held responsible for the misappropriated funds in her capacity as minister.

"The papers . really just talk about how she carried out her responsibility, which suggest some oversight on her part. "

Mrs Gumbi said the Government had 20 days to respond to the notice, after which it was up to Judge Heath to set up the tribunal

Dr Zuma's office refused to comment on the issue.

IN THE HOT SEAT: Health Minister Nkosazana Zuma

'Sarafina': Heath to challenge Zuma over R10-m

Star 14/11/98 (92)

By MARCO GRANELLI

The Heath Special Investigation Unit is to institute civil proceedings against Health Minister Nkosazana Zuma and four others in a bid to recover R10-million spent on the controversial *Sarafina 2* Aids play

A spokesperson for the Heath Unit – headed by Judge Willem Heath and tasked by the government to recover misappropriated government funds – said it was in the process of issuing Rule 5 notices on five defendants but would only confirm Zuma's name.

It has been learnt that those served with notices are sacked health director-general Olive Shisana and Hugo Badenhorst, the Health Department chief director who handled the matter.

It is believed the two remaining notices are to be served on the playwright and creator of *Sarafina 2*, Mbongeni Ngema, and the production company run by Ngema, Committed Artists

Shisana was controversially dismissed by Zuma in May – apparently for refusing to accept full responsibility for the scandal.

The government yesterday rallied to the defence of the embattled minister, vowing to defend her.

Mojanku Gumbi, Deputy President Thabo Mbeki's legal adviser, said the government was certain that the minister of health did not in any way misappropriate any government funds, which it must now seek to recover through the Heath Unit. The government expressed its confidence in Zuma and would ensure it fully defended this action, she added.

Gumbi said the government had supported the decision to launch an HIV/Aids awareness campaign using a popular medium. She said the government was satisfied with investigations by, among others, Public Protector Selby Baqwa into the affair.

In 1996, Baqwa found that Zuma was not involved in the tender process or the recommendation of which tenderer should be awarded the tender. He also found no evidence that Zuma influenced any official in this regard.

His finding was, however, not so kind to Shisana, whom he accused of gross maladministration over the debacle. His report also implicated Badenhorst.

The tribunal follows an investigation of the *Sarafina 2* affair which included the questioning of Zuma by Judge Heath in August. During the investigation, the Heath Unit recovered vehicles and musical equipment worth R4-million.

Gumbi revealed that Zuma was being held responsible for the misappropriated funds in her capacity as minister. Asked whether Zuma or the government would have to repay the funds if Zuma is found liable by the tribunal, Gumbi said that would be up to the tribunal.

Zuma's office refused to comment, referring all inquiries back to Mbeki's office. The Heath Unit also declined to comment until notices had been served on all those involved.

Financing Zuma: a contradictory stance?

CP 18/11/98 (9a)

By SANDILE MEMELA

THE impending civil case against Minister of Health Dr Nkosazana Zuma teaches us that the government is serious about punishing those who allegedly abuse its resources, but at the same time the State will be paying for her defence

Over the last few months the government appointed Judge Willem Heath to bring to book alleged offenders who have misappropriated funds

In the wake of the Sarafina 2 scandal which resulted in more than R10 million being misappropriated, Zuma has found herself in the unenviable position of legal prosecution.

The Heath Special Investigation Unit has issued a Rule 5 notice to Zuma in her capacity as the minister responsible for the action and behaviour of the people involved in the alleged squandering of the money

At the end of the day, the decisions of now sacked Health Director-General Olive Shosana and Chief Director Hugo Badenhorst are the responsibility and for the accountability of the minister

Public Protector Selby Baqwa however found that there was no evidence that Zuma had influenced any official in the tender process or in the recommendation of who should be awarded the tender

For this reason the office of the Deputy President Thabo Mbeki has expressed its commitment to foot the bill for the defence of Zuma

In a prepared statement which was read to the press in Pretoria on Friday, spokesperson Mojanku Gumbi stressed Zuma's innocence

"The government expresses its confidence in Minister Nkosazana Zuma and will therefore ensure that it fully defends this action," she said

It is this gesture that points to a seeming contradiction in the government's desire to punish offenders but pay for their defence

Yet there is no travesty of justice, especially in its own eyes, when the government pledges financial solidarity to the minister

But the cracks in the government's stance can be seen in the fact that prosecution papers based on Rule 5 notice will, inevitably, be issued to four other defendants whose purpose and responsibility was to aid the government in achieving its goals

DEFENCE PAID. *The government, which is bringing a civil suit against Nkosazana Zuma, will also pay her legal costs*

Although their names could not be confirmed, it has been established that the defendants include Shosana, Badenhorst, playwright and director Mbongeni Ngema and his company Committed Artists which produced "Sarafina 2"

The Heath Unit is taking precautionary measures when its spokesman Guy Rich says the notice has not yet been served on the other individuals involved.

When all four other defendants took over and commissioned the production of the "Sarafina 2", their ambition was to assist the government in achieving its goals

This is something that Gumbi herself is aware of because when the decision to launch an HIV/Aids awareness programme using "some popular medium" was taken, the government was in full support of the initiative

"The goverment was also fully informed of all the processes that led to the Sarafina 2 agreement between the Department of Health and Mr Mbonegni Ngema," said Gumbi.

But the government's embrace of Zuma and its commitment to paying for her defence raises curious questions about the fate of the others

If the government does not indicate that it is committed to assisting them, it is pushing a serious agenda of getting alleged culprits who misappropriate funds to face the consequences of their actions

The position of Zuma is perhaps special in the sense that she has long been acquitted by the Public Protector

Gumbi justifies the governmnet's actions by quoting Baqwa's findings published in his Report No 1 of June 5, 1996

"The minister was not involved in the tender process or the recommendation of which tenderer should be awarded the tender The tenders were evaluated and recommended by the Director HIV/Aids and STD Programme

"There was also no evidence that the Minister influenced any official in this regard "

"The government is certain that the Minister of Health did not in any way misappropriate any government funds which it must now seek to recover through the Heath Unit," said Gumbi

The innermost vocation of the Heath Unit seems to be to address the government's bruised reputation and help it clean up its image

The attitude of the government towards the Heath Unit and what it has to accomplish is one of an institution that has nothing to hide

SCAPEGOAT?... *Sacked Director-General of the Department of Heath Olive Shosana*

POSITION NOT CLEAR *...Playwright Mbongeni Ngema, who may not have his defence paid*

When the government was informed of the intended action by the Heath Unit, it encouraged its leader to proceed "in a manner he may deem fit "

In the light of this approach, a government that wants to punish offenders and at the same pay for their defence may be seen as contradictory

Perhaps the challenge for the government is to convince people that it is not calling for the punishment of alleged offenders and paying for their defence at the same time

Heath strikes out at Mbeki

(92) BD 16/11/98

Shisana requested probe to recover missing millions in Sarafina 2 saga

David Greybe

CAPE TOWN — Judge Willem Heath yesterday accused Deputy President Thabo Mbeki's office of questioning the "integrity and objectivity" of his special investigating unit in the case of the R14m Sarafina 2 AIDS play

It also emerged that former health director-general Olive Shisana was the person who requested that the Heath unit recover the missing millions

Heath said Mbeki's office, "without providing any factual basis", implied in a statement on Friday that the unit had accused Health Minister Nkosazana Zuma of misappropriating state funds This came after the Heath unit had served summonses on only three of five defendants Heath indicated to Mbeki a week earlier that the unit would issue a statement once all the summonses were served

The unit alleges, among other things, that the Sarafina 2 contract was invalid, against public interest and policy; that Zuma acted "recklessly and/or negligently", officials acted without proper authorisation, and R6m in losses (out of a R14m budget) had not been recovered

A source said Shisana, "against the wishes of Zuma and others", asked the Heath unit to recover the outstanding monies Shisana is being sued in her capacity as accounting officer for failing to recover any losses suffered She could however argue that she had brought in the Heath unit, the source said

Heath said his unit "does not and has never" accused Zuma of unlawfully appropriating government property or any monies accrued to her in any way

,Statements to this effect by Mbeki's office "are therefore misleading and not based on the legal documents issued through the special tribunal", he said There was no need to protect Zuma against allegations of misappropriation of government funds

The Heath unit served summonses on Zuma, playwright Mbongeni Ngema, his production company Committed Artists,

HEATH

former health chief director Hugo Badenhorst and Shisana. They are being held "jointly and severally liable" for R6m — R10,5m had been paid out when the contract was cancelled after irregularities were discovered and R4m in assets was already recovered by the unit

The intention of the proceedings, to be heard by a special tribunal next year, is to recover the outstanding R6m for the health department

Zuma is accused of having been reckless and/or negligent in ordering the development of the project in a limited time

MBEKI

She used funds donated by the European Union, but failed to take reasonable steps to ascertain whether the costs of the production fell within the ambit of the financing agreements between the health department and the EU

In issuing the instructions, Zuma "negligently or recklessly omitted to stipulate a financial budgetary limit on the cost of the production", which resulted in R10,5m being expended This was excessive in the circumstances and contrary to public interest and public policy

Badenhorst allegedly signed the Sarafina 2 contract "without proper authorisation", was negligent and liable for damages suffered

The unit alleges that the contract between the health department and Ngema was invalid because it was never submitted to the State Tender Board and the normal procedure inviting tenders was not adopted, the procedure with regard to the department tender committee was not complied with, Committed Artists Theatre Company had no legal status and could not become a party to a contract, and neither Zuma nor Shisana agreed to enter into the contract and they never gave instructions to Badenhorst

Should the tribunal find that the contract was valid, the unit alleges six breaches of the contract.

In August the National Assembly unanimously adopted a recommendation by the public accounts committee that the R10,5m spent on Sarafina 2 three years ago should not be authorised by Parliament, as the state had lost money as a result of fundamental contraventions of guidelines, regulations and directives

Stephané Bothma reports that Mbeki's spokesman, Ronnie Mamoepa, said yesterday that Mbeki's office had "never challenged the integrity' of Heath but reaffirmed government's right to defend one of its ministers

Mbeki's legal adviser, Mojanku Gumbi, told the media conference on Friday that if Zuma was found guilty the tribunal would have to decide who should pay back the R6m — government or Zuma in her personal capacity

However, she said "I am confident we have a good case" Government would use every legal means to defend Zuma.

Comment: Page 15

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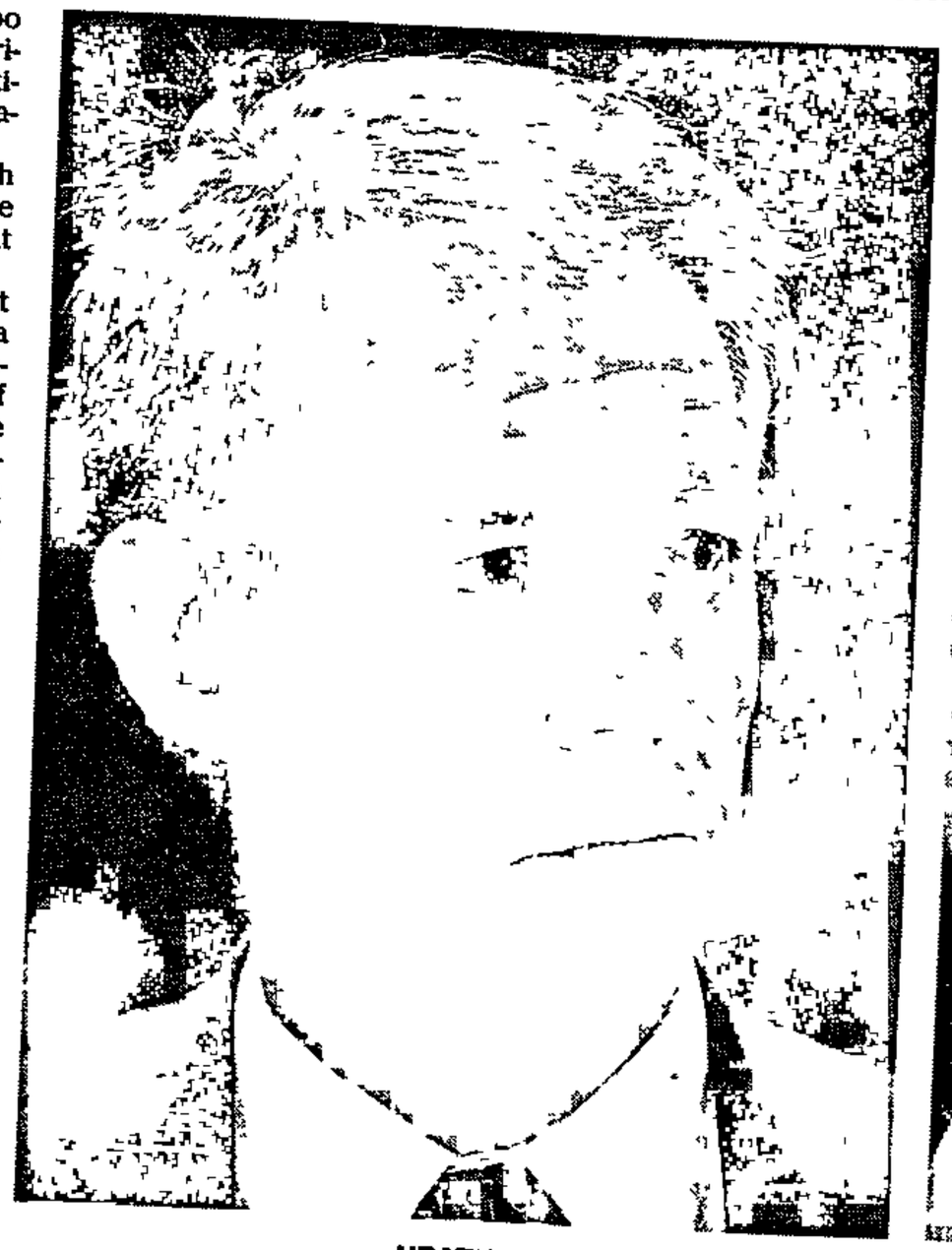

HEATH

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However, she said "I am confident we have a good case " Government would use every legal means to defend Zuma.

Comment: Page 15

FORUM

We have no time, and employers, the state and pharmaceutical industry must pull together, says ethicals chief

Unchecked Aids/HIV epidemic 'could devastate SA economy'

-BT(OPA) 16/11/98 (9a)

An HIV/Aids epidemic could devastate South African economy, warns Donald de Korte, the chief executive of Merck Sharp & Dohme South Africa, a subsidiary of Merck & Co, the world's largest research based pharmaceutical group.

De Korte says that between 2 percent and 15 percent of the South African workforce is already infected with the HIV virus. Treating complications will cost in the region of R200 000 an individual over five-years.

"Businesses which want to save money and help build a thriving economy must work towards the early treatment of HIV sufferers, with government and the medical aid and pharmaceutical industries, if South Africa is to maintain a healthy, economically active workforce," he urges.

JOHN SPIRA

"The HIV epidemic will have a devastating impact on the business world in South Africa. More than 3 million people are already HIV-positive, and the number of infected South Africans is doubling every 18 months."

De Korte says the same data shows that employees from previously disadvantaged communities are most affected by the crisis.

"As the pandemic is still in a relatively early phase, few people are physically ill. But this situation will change radically in the next five years.

"Overall life expectancy in South Africa is expected to drop to 31 years by 2010, making it extremely difficult, if not impossible, for employers to reach the quotas required of them by the Employment Equity Bill."

De Korte labels as flawed the assumption that, since the unemployment rate is 37,6 percent, it will be easy to replace dead or sick employees.

"Experience in other sub-Saharan African countries has shown that the first professional layers to be affected are well-educated, highly skilled young adults with between five and 10 years' work experience.

"These young professionals form the backbone of the new South Africa and will be difficult to replace. Thus the transformation of our society itself may be at stake."

De Korte maintains that the prevalence of HIV among South African workers is already one of the highest in the world, a fact likely to have a negative affect on overall productivity in the next decade.

What of pre employment screening?

"Highly controversial" is De Korte's response. "It does not comply with the recommendations of international bodies like the World Health Organisation and the International Labour Organisation."

And the impact on medical schemes?

"Medical costs of treating individuals with HIV/Aids are high and will alter the risk profile of medical schemes.

"Many people will need extensive medical care at a much younger age than is currently the case.

"The costs of treating Aids-related infections and other complications, as well as the need for repetitive hospitalisations, will exact a heavy toll."

De Korte cites a financial model developed for the South African private medical care market. This estimates that the cumulative direct costs of treating an Aids patient over five years will be around R200 000.

"The indirect costs caused by absenteeism, reduced productivity and the disappearance of competencies and skills are difficult to quantify but must be added to provide a realistic picture of the full scale of the economic impact of the disease, particularly since the five-year survival rate for patients in the active phase of Aids is only 20 percent."

Problem is, says De Korte, only a handful of medical schemes reimburse triple therapy and few employers seem to be taking the HIV/Aids treat seriously.

"Time is running out and, unless the current status quo changes rapidly, South Africa may be deprived of a well-educated workforce within the next five to 10 years."

CRISIS CALL *Merck Sharp & Dohme's Donald de Korte*

Heath unit seeks to clarify nature of Zuma's 'Sarafina 2' summons

(92) Star 16/11/98

By Tefo Mothibeli

The Government had misinterpreted a summons issued against Health Minister Nkosazana Zuma by the Heath Special Investigation Unit in its bid to recover the R10-million spent on the flopped *Sarafina 2* Aids play, according to a unit member.

The unit is concerned that the Government, through the office of Deputy President Thabo Mbeki, had created an impression that the minister was being accused of personally gaining from the R14-million contract, produced by Mbongeni Ngema's company Committed Artists

Zuma has been summonsed in an effort to recover the money, failing which she would have to face a special tribunal attached to the Heath unit.

The tribunal functions in the same way as a high court and has the same status.

"The impression created, through an unbalanced statement on Friday, is that the unit is charging the minister with using the money to enrich herself, when the facts are that she is being summoned to pay money lost to the Government through negligence," a unit member said yesterday.

The source said the unit was worried about a statement by Mbeki's legal adviser Mojanku Gumbi, who, in referring to the exoneration of Zuma in the public protector's findings, said: "No evidence has been produced suggesting that any of the money advanced in connection with *Sarafina 2* accrued to the health minister in any way whatsoever

"The Government is certain that the minister did not in any way misappropriate any of the Government's funds, which it must now seek to recover through the Heath unit."

Ngema and his company, former health director in charge of Aids/HIV Albert Hugo Badenhorst, and former health department director-general Dr Olive Shisana have also been issued with summonses.

Government stands by Zuma in Heath inquiry

(92)

Sowetan. 16/11/98

By Sapa and Sowetan Reporter

THE Government yesterday expressed its willingness to defend Health Minister Nkosazana Zuma who faces a civil claim by Judge Willem Heath's anti-corruption unit over the funding of the Aids-awareness musical, *Sarafina 2*

The Government's reaction follows a report from the Heath Special Investigating Unit which was published in the *Sunday Times*

The report alleged Zuma "negligently and recklessly" omitted to stipulate a limit on the cost of the controversial musical and that her actions led to the loss of R10,5 million

The newspaper said she could be forced to pay back the money if the tribunal which tries her finds that her alleged negligence and recklessness did not constitute compliance with her ministerial duties

However, deputy president Thabo Mbeki's spokesman, Mr Ronnie Mamoepa, said "We stand by the 1996 report of the Public Protector which absolved Zuma of any misappropriation of funds"

He added that the report also found that Zuma was not involved in the tender process nor had she recommended which company should be awarded the tender

"We stand by the Public Protector's report, the parliamentary standing committee's report and the departmental disciplinary committee's report," Mamoepa said

Absolved

"All their reports absolved the minister from any wrongdoing Therefore, we are convinced no money meant for this campaign accrued to the minister in any manner whatsoever"

However, Mamoepa said the government would encourage Judge Heath to proceed with the matter in the way he deems fit

The *Sunday Times*, quoting from a 144-page dossier compiled by the Heath Special Investigating Unit, said Zuma failed to take reasonable, necessary and/or adequate steps to determine and/or to ensure whether adequate funding was available for the production

It said she also allegedly failed to take reasonable steps to ascertain whether the costs of the production fell within the ambit of the financing agreements entered into between the Health Department and the European Union

If the alleged negligence took place in the course of her duties as minister for health, state money would settle the debt

If the alleged negligence showed non-compliance with her ministerial duties she would have to pay the money out of her own pocket, the *Sunday Times* said

A civil suit is expected to be instituted early next year against Zuma, playwright Mbongeni Ngema, former Director General of Health Olive Shisana and the department's chief director of support services, Hugo Badenhorst.

Heath reportedly charged that the money paid to Ngema was "excessive in the circumstances and/or contrary to public interest and public policy"

Department will assist unit

(92)

Public protector's exoneration of the minister has no bearing on the case against her

BD 17/11/98

PRETORIA — The health department undertook yesterday to assist the Heath special investigating unit in its probe into Health Minister Nkosazana Zuma's role in the controversial Sarafina 2 AIDS awareness play

"We place on record our commitment to continue to assist the investigating unit in its task," the department said.

The Heath unit last week served notices on Zuma and two others informing them of its intention to recover from them more than R10m in state funds disbursed to Sarafina 2

The department, which was also cited as a plaintiff, said it was unfortunate that it was not informed of the contents of the notice before it was served

"We hope to meet soon with representatives of the special investigating unit to clarify some matters not clear to us "

There was no evidence to suggest that any departmental official or the minister had benefited from funds given for the Sarafina 2 project, the department said

It expressed the hope that the Heath investigation would be completed as speedily as possible "We hope this will not detract the focus of both the minister and the department from the central task of forging ahead with the transformation of the health system "

The Azanian People's Organisation lauded judge Willem Heath, head of the special investigating unit, for initiating the probe

While Zuma deserved credit for her effort to improve the health system for blacks, it was time for government ministers to take responsibility for what happened in their departments "It is unacceptable that each time something goes wrong in a department, some or other official takes the blame and the responsible minister gets away scot-free "

Public Protector Selby Baqwa's exoneration of Zuma had no bearing on the unit's civil case against her, the anticorruption unit said yesterday

Baqwa found that Zuma had not been involved in the tender process for Sarafina 2 or in the award of the contract to playwright Mbongeni Ngema and his Committed Artists Theatre Company

This finding was relied on by Deputy President Thabo Mbeki's office when it issued a media statement pledging support for Zuma after she was summonsed by the Heath unit

However, the unit described Baqwa's finding as "irrelevant", because it was in fact relying on the absence of compliance with tender board requirements as a basis for its action against Zuma The unit said it was not claiming that Zuma had misappropriated state funds, but cited Zuma for negligence for failing to ensure that adequate funding was available for the musical

Referring to the use of European Union donor funds, it said Zuma had also failed to take reasonable and necessary steps to ensure that her department complied with the requirements of the agreement. The unit also cited Zuma for failing to stipulate a limit on the cost of the production —Sapa

'REFERENCES TO MISAPPROPRIATION ARE WRONG'

Heath unit to clarify Zuma case

CT 17/11/98 (92)

THE HEATH UNIT investigating the *Sarafina II* debacle says its civil action against Minister of Health Nkosazana Zuma is based solely on possible negligence that may have led to the loss of taxpayers' money.

THE Heath special investigation unit into government corruption is to clarify aspects of the *Sarafina II* civil action against Minister of Health Nkosazana Zuma and other officials to the directors-general of finance and health

Judge Willem Heath, head of the unit, was to have met them in Pretoria today, but collapsed in Port Elizabeth yesterday

It was not clear late last night if the meeting would go ahead, with another member of his unit standing in for him

Guy Rich, spokesperson for the unit, had said earlier yesterday that the unit would clarify the summonses issued to Zuma and four others and explain the aim of the civil action against them

He said that although the unit was the chief litigator, the departments of health and finance were interested parties and had been cited as plaintiffs

Referring to this in its statement yesterday, the department of health pledged to continue assisting the unit, but said it was unfortunate it had not been given the opportunity to familiarise itself with the contents of the summonses before these had been served It hoped to meet unit representatives to "clarify areas not clear to us"

The unit is also suing former director-general of health Olive Shisana and former chief director Hugo Badenhorst

Repeating statements by Deputy President Thabo Mbeki's office, the department said no evidence had been produced suggesting that Zuma or any employee, present or former, had benefited financially from the funds disbursed for the Aids musical

"The department reaffirms its confidence in Minister Zuma's leadership and hopes that (the civil action) will not (distract) the minister and the department from the central task of the transformation of the health system," the statement said

In its statement, the Heath unit said Public Protector Selby Baqwa's exoneration of Zuma had no bearing on the civil case against her Baqwa found that Zuma had not been involved in the tender process or in awarding the contract to playwright Mbongeni Ngema and his Committed Artists Theatre Company

It was on the strength of this finding that Mbeki's office issued a statement pledging support for Zuma and noting that the government intended to help her defend the action

The Heath unit said Baqwa's finding was "irrelevant" because its action against Zuma was based on the absence of compliance with tender board requirements

An inaccurate media statement by Mbeki's office may have fuelled false perceptions that Zuma had misappropriated taxpayers' money, it said

Mbeki's legal adviser, Mojanku Gumbi, told a press conference on Friday that no evidence had been produced suggesting that any of the money disbursed in connection with *Sarafina II* had accrued to Zuma

"The government is certain that the minister of health did not in any way misappropriate any government funds," Gumbi said

The unit emphasised that it was not claiming that Zuma had misappropriated state funds It had, however, cited Zuma for negligence for failing, among other things, to ensure that adequate funding was available for the musical and for failing to stipulate a limit on the cost of the production

The unit was therefore relying on the role Zuma may have played in a scenario that led to an "unlawful, irregular or unapproved transaction" — conduct that "led to the negligent loss of public money"

"The unit has never relied on the action relied upon in (Mbeki's office's) press statement that Dr Zuma 'has unlawfully appropriated government property' or that money 'accrued' to her "

Meanwhile, the Freedom Front has accused the government of trying to influence the Heath unit's investigation into the *Sarafina* debacle It was disturbing that Mbeki's office had tried to anticipate matters by giving the assurance that Zuma had not misappropriated any state funds, it said in a statement —Sapa

No sign yet of mystery Sarafina-donor money

(92) Star 17/11/98

Govt never received R10,5-m minister said would cover losses

By Ryan Cresswell and Anso Thom

Nearly three years after Health Minister Dr Nkosazana Zuma announced that an anonymous donor had offered to pay R10,5-million towards recouping the costs of the Aids-awareness play *Sarafina 2*, none of the money has been deposited into public coffers

This was revealed yesterday by Heath special investigations unit head Judge Willem Heath, who told Radio 702 that the existence of the donor had never been confirmed and investigators had not been able to name or find the benefactor He also said no money had ever come through

The existence of the "mystery donor" was announced by Zuma in June 1996 during the early stages of the *Sarafina 2* scandal, when opposition parties and Aids activists were accusing her of squandering public money on the failed play

By August of that year no money had come through, but Zuma said the Government was just deciding how much should 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," she said at the time

She was backed by President Nelson Mandela and later by Public Protector Selby Baqwa, who met the would-be donor Nothing has been heard of the donor since

Heath yesterday told *The Star* that playwright Mbongeni Ngema would have to pay back R6-million or lose more of his assets if a special tribunal found his contract to produce the play "invalid".

Zuma ... Heath unit is instituting proceedings to recover money.

He said if the tribunal found that the contract was valid, the hearing would move into areas such as negligence, and Zuma may have to pay back some of the money

The unit has instituted proceedings against Ngema, Zuma, former health ministry director of public services Hugo Badenhorst, former ministry director-general Dr Olive Shisana and Ngema's Committed Artists Theatre Company

The R6-million being sought by the unit comprises the outstanding funds from the R14,2-million paid out for the play "We have questioned a number of witnesses, including the minister and others involved They had an opportunity to put their side of the story. Taking all of this into consideration, we decided to go ahead and institute proceedings," said Heath.

Heath said "in principle" it was possible that the case could lead to criminal procedures, but his unit had found no indications of criminal wrongdoing

A special tribunal session, which carries the weight of a high court but does not cover criminal litigation, would probably be held early next year.

Shisana, who is now a World Health Organisation executive director, yesterday confirmed that she had requested Heath to investigate.

"She has played open cards throughout the investigation and is relieved it is coming to a head She knows she has a defence and just wants to get it over and done with," said Shisana's Cape Town-based lawyer Selwyn Hockey

Zuma is abroad and could not be reached for comment Baqwa could also not be reached yesterday

Morna Cornell, director of the Aids Consortium, said *Sarafina 2* had pushed Aids/HIV organisations into a confrontational situation with the department

"We started asking questions and expressed our worries and concerns, but we were told that we had no right to ask questions Many people felt that if the minister had said: 'We are new to this, but we would like to correct it', much less of a scar would have been left"

The scandal that just will not go away ...

Star (92) 17/11/98

By Ryan Cresswell

The *Sarafina 2* Aids-awareness play became a controversy almost from the moment playwright Mbongeni Ngema put on the R14,27-million musical about three years ago And, since then, the scandal has not gone away

▶ In January 1996, health workers began to complain that the show – at that time one of the most expensive plays ever in the country – had little to say about the deadly virus

▶ In March 1996 it was discovered that those of Ngema and an affiliated company were the only two tenders submitted

▶ Later that month, a planned performance of the musical at a school failed to go ahead and, at another show, an Aids sufferer walked out in disgust saying it "downplayed" the disease

▶ In a May hearing, Public Protector Selby Baqwa laid much of the blame on chief director of public services Hugo Badenhorst and chairperson of the departmental tender committee Johnny Angelo Zuma emerged relatively unscathed A few weeks later Baqwa recommended the play be scrapped to save R5-million, but it continued.

▶ At about the same time there were claims by the Health Ministry that the European Union had funded the play, but much later it emerged that the EU gave money for other projects

▶ In June, Judge Edwin Cameron, speaking on behalf of the National Aids Convention of SA, called on Zuma to take the blame for mismanagement and ineptitude

▶ In August 1996, Zuma said a mystery donor had put in R10,5-million, allowing the production to continue

▶ A few months later, President Nelson Mandela defended Zuma, saying that the whole issue was a smokescreen by multinationals opposed to her programme to slash drug prices

▶ Early in 1997, detectives in KwaZulu Natal began to investigate fraud charges against Ngema.

▶ Four officials investigated by the Department of Health for their role in the *Sarafina 2* issue kept their jobs

▶ Later a document detailing the tender requirements surfaced during a forensic audit of materials provided by the Health Department

▶ In May this year Zuma, apparently upset that her director-general Dr Olive Shisana refused to take the blame, dismissed her

▶ In the same month parliament's public accounts committee blamed Ngema for misusing the funds Investigators from the Heath special investigations unit were already looking at his involvement and, almost immediately after the committee's announcement, they recovered millions worth of luxury vehicles and musical equipment from Ngema

▶ In August Shisana asked the Heath unit to look at documents submitted to the public accounts committee

▶ Last week the Heath unit announced that it had instituted proceedings against Ngema, Zuma, Badenhorst, Shisana and the Committed Artists Theatre Company and they would probably have to appear before the special tribunal.

Baqwa's findings 'no help to Zuma'

(92)

Sowetan 17/11/98

PUBLIC Protector Selby Baqwa's exoneration of Health Minister Nkosazana Zuma had no bearing on the Heath Special Investigating Unit's civil case against her, the unit said yesterday

Baqwa found that Zuma had not been involved in the tender process for the R14 million *Sarafina 2* Aids musical, or in the award of the contract to playwright Mbongeni Ngema and his Committed Artists Theatre Company

This finding was relied on by Deputy President Thabo Mbeki's office when it issued a statement of support for Zuma after being summoned by the Heath unit

The unit described Baqwa's finding as "irrelevant", because it relied on the absence of compliance with tender board requirements as a basis for its action against Zuma

It said inaccurate media statements from Mbeki's office may have fuelled false perceptions that Zuma had misappropriated taxpayers' money

This statement had no relation to the content of the summons served on Zuma and "was apparently drafted without reference to it"

Mbeki's legal adviser, Advocate Mojanku Gumbi, told a press conference on Friday that no evidence had yet been produced suggesting that any of the money advanced in connection with *Sarafina 2* had accrued to Zuma

"The Government is certain that the Minister of Health did not in any way misappropriate any Government funds which it must now seek to recover through the Heath unit," she said

The unit said it was not claiming that Zuma had misappropriated state funds, but had cited Zuma for negligence for failing to ensure that adequate funding was available for the musical

On the use of European Union funds, it said Zuma had failed to take reasonable steps to ensure that her department complied with the requirements of the agreement – *Sapa*

Graphic MATTHYS MOSS

Zuma to blame for Sarafina — Shisana

BD 18/11/98 (92)

Former director-general says AIDS play fiasco was driven by the minister

David Greybe and Stephen Laufer

CAPE TOWN — Former health director-general Olive Shisana claimed yesterday that the Heath investigation would clear her of blame in the Sarafina 2 scandal and prove that her former boss, Health Minister Nkosazana Zuma, was the driving force behind the controversial AIDS play

Breaking her silence for the first time since the investigation began, Shisana said from Geneva "I am very happy that the Heath special investigating unit has got to the bottom of this matter" The investigation proved that Zuma was directly involved in conceiving and driving the controversial R14m project, she said

Zuma's spokesman, Vincent Hlongwane, speaking from London, said the minister was not prepared to react to "any interview with Shisana or anyone else" Zuma would co-operate with, and be guided by, the Heath investigation

Meanwhile in Pretoria, Deputy President Thabo Mbeki's legal adviser, Mojanku Gumbi, announced yesterday that the departments of health, state expenditure and finance had told Judge Willem Heath to remove them as co-plaintiffs in his unit's attempts to recover money improperly spent on Sarafina 2

Gumbi said the departments had been informed by Heath of his intention to name them as plaintiffs, but there had been no prior consultation or agreement on the matter Along with Mbeki, the departments supported Heath's efforts to recover the funds but were unable to accept the consequences that could flow from taking on the status of plaintiffs

State expenditure director-general Cassim Gassiep said if the departments were plaintiffs and lost, costs arising could be seen to be as negligently incurred as those related to Sarafina 2

The health department had been instructed by state expenditure to recover money spent on Sarafina 2 This process normally took up to six months, of which four had elapsed "I would not say Heath has jumped the gun, but he has not followed procedures or consulted"

Shisana said it was "simply not true" that Zuma was responsible only for matters of vision and policy and that Shisana, as director-general, was responsible for implementing the project "Zuma decided she wanted the play, she wanted it produced in a relatively short period, she discussed how much it should cost, she reviewed the script, and she participated in meetings about the Sarafina 2 project I never approved the contract and it was signed without my consent"

Shisana and Zuma parted company in June after Zuma blamed Shisana for the Sarafina 2 fiasco at a public accounts committee hearing in Parliament, and after Public Protector Selby Baqwa had "cleared" the health minister Shisana is now executive director health systems and community health at the World Health Organisation in Switzerland

Shisana said she was appointed as health director-general in July 1995, one month after Zuma and health department officials met playwright Mbongeni Ngema to plan the Sarafina 2 project "Zuma then told me to implement it"

As the accounting officer, she had asked the Heath unit last year to recover the missing millions after first going to the police 'with no success"

Shisana said Zuma announced — "without the proper authority" — in September 1996 that the R10,5m already spent on the project should be treated as "unauthorised expenditure" after an anonymous donor who wanted to bail Zuma out withdrew the offer Shisana, who was out of the country at the time, became personally liable for the R10,5m as a result of the declaration "I was not even consulted, and shocked when I heard it"

The Heath unit served summonses on Zuma, Shisana, Ngema, his production company Committed Artists and former health chief director Hugo Badenhorst last Friday The five are being held "jointly and severally liable" for R6m A total of R10,5m was paid out when the contract was cancelled after irregularities were discovered R4m in assets have been recovered by the unit A special tribunal will hear the civil claim next year

CAPE ARGUS, **WEDNESDAY**, NOVEMBER 18, 1998

Heath left to fight Zuma case alone

ARG 18/11/98

(92)

ARGUS CORRESPONDENT

Pretoria – The Government has left Mr Justice Willem Heath to carry on alone as he tackles Health Minister Nkosazana Zuma in a bid to recover state money spent on the Sarafina fiasco.

The departments of finance, state expenditure and health – along with Finance Minister Trevor Manuel – yesterday backed away from the civil action

They withdrew as plaintiffs in the case against Dr Zuma and four others, including playwright Mbongeni Ngema and his company, Committed Artists.

This left Judge Heath's special investigation unit as the sole plaintiff

In a joint statement, the directors-general of the three departments claimed they had not been consulted by the unit about preparation of the court action.

They said although their departments remained committed to the call to root out corruption, they believed Judge Heath had erred in citing the departments as co-plaintiffs without due consultation.

"In this regard, our departments have advised the special investigation unit to remove all reference to our departments as plaintiffs in an action about which we were not consulted. We are unable to accept the possible legal consequences that may flow from our being plaintiffs in this case, such as cost orders."

As part of the move, finance director-general Maria Ramos refused to attend yesterday's meeting in Pretoria with members of the unit to discuss the case

In a letter to Judge Heath, Ms Ramos said she found the situation unacceptable. She said her department had no interest in the matter.

She referred Judge Heath instead to the Department of State Expenditure. But state expenditure D-G Cassim Gassiep also backed off, saying his department was engaged in its own bid to recover money wasted on the play, with the Department of Health

Judge Heath is recovering in a Port Elizabeth hospital after collapsing with internal bleeding on Monday and could not be reached for comment

23% leap in infant death rate shows city was 'sleeping'

BK ET 18/11/98 (92)

***THE AIDS** epidemic is thought responsible for the sharp increase in infant deaths. Death rates are far higher in the townships. Health Writer **JUDITH SOAL** reports.*

FOUR hundred and five babies died before their first birthday in the Cape Town municipality in the year to June — a 23% increase in the death rate from the prior year, according to a report submitted to city health authorities this month.

The infant mortality rate, widely accepted as one of the best and most sensitive indicators of the health of a population, has risen from 17 deaths per 1 000 births in 1996/7 to 21 per 1 000 in 1997/8 This means that about five extra babies died every month

These figures are for the City of Cape Town, which includes Mitchells Plain, Crossroads, Guguletu, Langa and the city suburbs and centre

The report shows that between July 1996 and June 1997, 19 801 babies were born alive and 345 died in their first year In the subsequent year, 19 218 were born and 405 died

Infant mortality is strongly linked to living conditions, and, accordingly, South Africa's rates vary markedly along racial lines The 1994 country-wide average was 49 deaths per 1 000 births — ranging from 54 deaths among blacks to seven among whites This compares to 10 per 1 000 in industrialised countries.

"Cape Town's infant mortality rate is not alarming in itself as it is lower than most parts of South Africa," said the Medical Research Council's Debbie Bradshaw, "but it should ring warning bells for the city.

"We have been sleeping because our HIV rates are low relative to the rest of the country, but this shows that we are going the same way as they are "

The city health department says it is investigating the reasons for the increase

"We don't want to speculate just yet," said acting medical officer of health Helen Visser, "but it looks like it is an Aids problem "

According to the report, the main recorded causes of death were gastroenteritis, Aids and "sudden death cause unknown".

"It is still hard to say what the real picture is because doctors often record the cause of death as, say, gastroenteritis, which of course it may be, but that gastroenteritis may itself be linked to Aids," said Visser.

Former medical officer of health Michael Popkiss, who submitted the report before his recent retirement, said the results were disappointing

"We are used to being able to report a decrease in infant mortality To some extent we expected that Aids would have an impact, but the gastroenteritis is a shock.

"As soon as we got the results we launched a campaign at community clinics about oral rehydration, which can prevent babies from dying

"We are worried because gastroenteritis increases in the summer "

The city's health department has subsequently withdrawn Popkiss' report, saying another one will be issued when the investigation into the causes of death is complete

The infant mortality rate in the City of Tygerberg municipality, which includes Khayelitsha, Bonteheuwel, Bellville and Durbanville, was 26 deaths per 1 000 births this year

Ivan Toms, the medical officer of health for Tygerberg, said the rate is expected to increase to 29 in 1998/9.

"One-third of pregnant women who are HIV-positive will give birth to an HIV-positive child," said Toms "Of these a third will die in their first year, so it is inevitable that the HIV epidemic will increase infant mortality."

Infant mortality is strongly linked to general living conditions. Black infants die at a higher rate.

The national Health Department has recently completed a country-wide survey of infant mortality, which should be released by the end of the year. It is also expected to show an Aids-related increase in deaths

Health Minister Nkosazana Zuma recently angered Aids activists by cancelling projects to give the anti-Aids drug AZT to pregnant mothers

The drug, together with formula feeding instead of breastfeeding, has been shown to reduce the chances that the baby will be HIV-positive by 50%

In the Western Cape this would mean that 750 babies' lives would be saved every year.

Heath on his own as Govt departments back off

Star 18/11/98 (92)

'Judge erred in citing us as co-plaintiffs in Sarafina case'

By Marco Granelli
Political Correspondent

The Government has left Judge Willem Heath on his own to tackle Health Minister Nkosazana Zuma in a bid to recover state money spent on the Sarafina 2 Aids play.

The departments of Finance, State Expenditure and Health – along with Finance Minister Trevor Manuel – yesterday backed away from the civil action, withdrawing as plaintiffs in the case against Zuma and four other defendants including playwright Mbongeni Ngema and his production company, Committed Artists.

This left the Special Investigation Unit which Heath heads as the sole litigating party.

In a joint statement the directors-general of the three departments claimed they had not been consulted by the unit in preparing the action.

They said while the departments remain committed to the call to root out corruption, they believed Judge Heath had erred in citing the departments as co-plaintiffs without due consultation.

"In this regard our departments have advised the Special Investigation Unit to remove all reference to our departments as plaintiffs in an action about which we were not consulted," the statement said.

As part of the withdrawal, Finance director-general Maria Ramos yesterday refused to attend a meeting in Pretoria with members of the Unit.

In a letter to Judge Heath, Ramos said she found the situation unacceptable. She referred Judge Heath instead to the Department of State Expenditure.

But State Expenditure director-general Cassim Gaston also backed off the case, saying his department was engaged in its own process to recover the money in consultation with the Department of Health.

Judge Heath is recovering in a Port Elizabeth hospital after falling ill on Monday.

■ The ANC's national working committee, in a statement released after its meeting on Monday, said it had noted renewed attacks on Zuma by opposition parties in the light of the civil proceedings by Judge Heath. The committee reiterated its support for Zuma and expressed full confidence in her ability to continue implementing the ANC's health policy – Sapa

Experts say AZT will reduce medical costs

By Claire Keeton

THE Government's decision to drop the AZT drug programme for HIV-positive pregnant women – which reduces the risk of transmission to their babies – on the grounds of cost-effectiveness, could cost the country more money in future

Expert studies on costing indicate that prescribing the drug in the public health sector could save both lives and money, since treating sick HIV-positive children is expensive

But Health Minister Dr Nkosazana Zuma recently declared that making AZT available to HIV-positive pregnant women was expensive and the interministerial committee on HIV/Aids supported the decision

"The Government is always looking for cost-effective policies and we can't afford this," said Zuma's spokesman Mr Khangelani Hlongwane

Aids organisations, medical experts and people with HIV-Aids have challenged this unilateral decision

Paediatrician Dr Grey Hussey from the child health unit at the University of Cape Town estimated that about 10 percent of mothers in the Western Cape were HIV-positive and there were about 75 000 births in the public health sector annually

Approximately 1 500 babies would be born HIV positive without the use of AZT But if the drug was administered, about 750 of those babies would be born with the virus

Treating 750 babies with HIV-Aids over a five-year period would cost at least R16 million, while the total cost of the AZT programme would be R8 million to R12 million

In provinces with higher HIV rates, such as Gauteng which has about 25 percent HIV infection in pregnant women, more money is likely to be saved

Dr Neil Soderlund and three colleagues did a similar study in Soweto - and reached the same conclusion

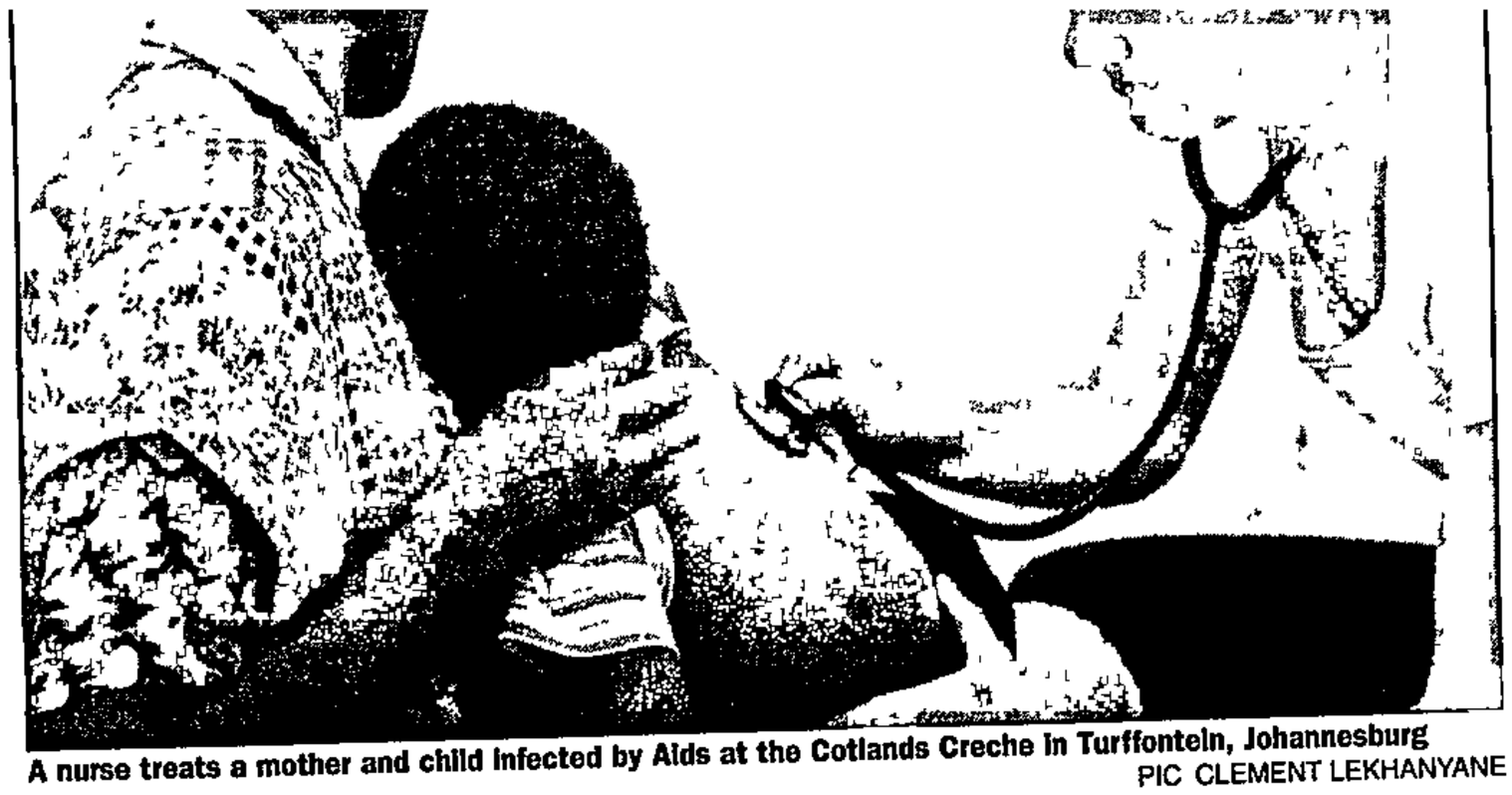
They estimated it would cost about R3,1 million to implement the AZT programme in Soweto, but it would cost about R3,2 million to treat HIV-infected children if AZT was not allowed

Mr Anthony Kinghorn of the Centre for Health Policy did a study early this year that found the AZT programme was a "competitive option for funding and worth finding money to implement it" although it was expensive

It would cost about R80 million to R240 million to implement it over a five-year period

African countries, including Zimbabwe, Zambia, Botswana, Kenya, Rwanda and Uganda, will soon be implementing internationally funded AZT pilot projects for HIV-positive pregnant women

● **See Page 9.**



A nurse treats a mother and child infected by Aids at the Cotlands Creche in Turffontein, Johannesburg PIC CLEMENT LEKHANYANE

Pregnant women 'getting raw deal'

By Claire Keeton
Feature Writer

THE Government is discriminating against HIV-positive pregnant women by not allowing them a short course of the drug AZT – which reduces transmission of the virus to unborn babies by about 50 percent – according to perinatal research unit co-director Dr James McIntyre

"The system provides free antenatal care for all pregnant women, except (the provision of AZT) to HIV-positive women," McIntyre said

"About one in four pregnant women are HIV positive We think they also have the right to appropriate medical care during pregnancy Why are they being discriminated against?

"All expert opinion is in favour of (AZT during pregnancy)"

The United Nations Children's Fund and Joint United Nations Programme on HIV-Aids this year supported the use of AZT to prevent mother-to-child HIV transmission during pregnancy

At least three local studies on the cost-effectiveness of giving a R500 course of AZT to pregnant women during the last three months of pregnancy have indicated that the treatment is worthwhile and even cost-saving.

It would cost around R80 to R100 million over five years to give all HIV-positive pregnant women in South Africa the treatment (including appropriate screening, testing, counselling and money for formula milk)

Dedicated budget

Khangelani Hlongwane, spokesman for Health Minister Dr Nkosazana Zuma, said the Ministry of Health did not have the funds needed for the programme

"The Government can't afford it. The money has run out and the funds have dried up That's not to say it'll never be funded – but not now"

But the irony is that implementing the AZT programme for pregnant women could save the country money

"It is difficult to find a dedicated budget in the short term but it is worth exploring ways to find money to implement this," said Anthony Kinghorn, who did a study this year on providing AZT to all HIV-positive pregnant women and free formula milk for their babies

He explained that from a cost-benefit point of view, the provision of AZT in pregnancy was as cost-effective as most of the other major prevention practices, such as immunisation

Following his study in the Western Cape, Dr Grey Hussey of the University of Cape Town's child health unit agreed that AZT intervention was cost-effective and even cost-saving

Morna Cornell, director of the Aids Consortium, said the interministerial committee on HIV-Aids needs to commission its own cost study as a matter of urgency

"Studies have proved that this is not only affordable but cost-saving This is a key issue which has an enormous impact and the decision (not to allow AZT to pregnant women) is unacceptable to us," she said

Elizabeth Khutledi of the Aids organisation Wola Nani said "The pregnant women at Chris Hani Baragwanath Hospital don't feel the Government is doing the right thing They are all disappointed."

The Aids Consortium, the National Aids Convention of South Africa (Nacosa), the National Association of People with Aids and the Aids Legal Network are among the major organisations that have problems with the decision and the way it was made

Nacosa lobbyist Pooven Moodley said "On important issues like this, there needs to be consultation and discussion on how to move forward, instead of unilateral decisions No one in the non-governmental sector was consulted"

And the lack of consultation could undermine the credibility of the Government's "Aids partnership" with civil society

Hlongwane said the decision was not taken by Zuma as an individual but by "a whole range of people"

"Consultation does not mean agreement. There will never be a 100 percent consensus

"The Government is responsible for spending funds rationally and we need to spend money on programmes to educate people," he said, explaining that about R80 million had been set aside for an Aids awareness project launched recently

However, Moodley expressed concern about this "People in the Aids field are saying there is so much money for awareness – but so little for anything else

"Take condoms – the Health Ministry has decided not to buy condoms anymore and the provinces haven't budgeted for this"

In 1997-98, 170 million condoms were provided by the Government, compared to 79 million the previous year

Aids organisations feel the Government needs to be challenged further to move from talk to action, and the provision of AZT for pregnant women would have been a visible sign of this

Highly visible

Hussey said 'We needed the pilot programmes to show that this works in South Africa and in an African context They would have been highly visible and a way of promoting Aids prevention

"The Health Department would have been seen to be doing something and given the Aids programme a kick-start There is an inertia at the moment"

Hussey added that "Aids is not a health problem but a socio-political problem", and warned that socio-political reasons could make the programme difficult to implement

"It would have to tackle the discrimination and lack of community acceptance of people with Aids, and problems with infrastructure," he said

The implementation of the AZT programme would need coherent planning not to deepen urban-rural inequities as the most effective intervention requires clean water and formula feed, which are less accessible in rural areas

But it is clear that the pilot projects planned for clinics and hospitals in Cape Town and Johannesburg – from which Government funding has been withdrawn – would have been the best way of establishing costs and effectiveness in South Africa

"Our studies have been based on estimates and mathematical modelling We need to do this testing in the real world," said Dr Neil Soderlund "But we know AZT for pregnant women will be both cost- and life-saving"

Office does not agree with Heath unit's list

Baqwa investigation 'exonerated' Health Minister Nkosazana Zuma of financial liability, investigator says

BD 19/11/98 (92)

David Greybe

CAPE TOWN — The public protector's office did not agree with the list of five defendants, including Health Minister Nkosazana Zuma, which have been cited in the Heath investigation into the Sarafina 2 AIDS play, senior investigator advocate Stoffel Fourie said yesterday

Fourie refused to say which of the five the office believed should not have been served with notices to appear before a special tribunal next year "because that would be inappropriate and unlawful as the matter was sub judice"

"We have to respect the unit," Fourie said

However, he pointed out that public protector Selby Baqwa's investigation into the R14m Sarafina 2 saga in 1996 had "exonerated" Zuma of financial liability

Fourie indicated that Baqwa's office believed — "in the light of the evidence presented" in the Baqwa inquiry — that Zuma was in the clear because the unit was instructed to only investigate "the validity of the Sarafina 2 contract and who was responsible for the (project's) losses" It is suing Zuma for negligence

The other defendants are playwright Mbongeni Ngema, his production company Committed Artists, former health director-general Olive Shisana and former health chief director Hugo Badenhorst

Baqwa said yesterday he supported the unit's efforts to recover the missing R6m "Although we do not necessarily agree with the list of defendants it is ultimately for the special tribunal to decide whether or not any one of the defendants can be held liable in law "

He dismissed media reports of conflict between his office and the unit They had co-operated in the past and would continue to do so

He has found that the awarding of the Sarafina 2 contract to Committed Artists was not in accordance with state tender procedures and amounted to unauthorised expenditure

Baqwa did not refer yesterday to his June 1996 finding that Zuma was not involved in the tender process, or the awarding of the contract, or that she "influenced any official in this regard"

He said he made 11 recommendations, including that the health department should, in co-operation with the state attorney, consider terminating the Sarafina 2 contract and take the necessary steps to recover state assets

Had the unit existed at the time — it came into being only in November 1996 — he would probably have recommended the matter be referred to it "with a view to recovering state assets" President Nelson Mandela referred the issue to the unit in February this year

Cabinet received a report on the Heath investigation at its weekly meeting yesterday and afterwards "reiterated government's recognition of the right of the unit to conduct the tribunal, as well as the commitment of government to defend the minister within the context of her responsibility to carry out government policy"

Meanwhile, Democratic Party leader Tony Leon said yesterday the way government dealt with the Heath probe into the Sarafina 2 "debacle" would show whether it was serious about rooting out corruption and mismanagement

"The early signs are not encouraging," he said

"The involvement of Deputy President Thabo Mbeki through his legal adviser Mojanku Gumbi, and the withdrawal as co-plaintiffs of the departments of health, public expenditure and finance, pointed to the familiar pattern of closing ranks around a minister who should have been fired when the scandal first came to light

"All that is missing from this disturbing picture is for someone to call Judge Heath a racist and we will know exactly how much Mbeki's anti-corruption conference was worth," Leon said

Baqwa supports Heath's unit

Star 19/11/98 (92)

Public protector agrees with attempts to recover money spent on 'Sarafina' project

SAPA
Cape Town

Public Protector Selby Baqwa, who conducted his own probe into the *Sarafina 2* debacle, yesterday said he supported the Heath Special Investigating Unit's attempts to recover money spent on the project, but raised doubt about whether the unit was suing the correct parties

The unit has instituted civil action against Health Minister Dr Nkosazana Zuma, former health director-general Olive Shisana, former health chief director Hugo Badenhorst, and playwright Mbongeni Ngema and his Committed Artists Theatre Company

Zuma is being sued for negligence

"Although we do not necessarily agree with the list of defendants in the light of the evidence presented before me, it is ultimately for the special tribunal to decide whether any one of the defendants can be held liable in law," Baqwa said

Judge Willem Heath

Public Protector Selby Baqwa

Dismissing media reports that there was conflict between his office and the unit, he said he had found that the awarding of the *Sarafina 2* contract to the Committed Artists Theatre Company was not in accordance with state tender procedures and that it amounted to unauthorised expenditure.

He did not refer to his other findings that Zuma was not involved in the tender process or in awarding the contract

Baqwa said he had made 11 recommendations in a May 1996 report to Parliament One of these recommendations was that the Department of Health should, in co-operation with the state attorney, consider the termination of the *Sarafina* contract, as well as take the necessary steps to recover state assets

If the Heath unit had existed at the time – it came into operation only in November 1996 – he would probably have recommended that the matter be referred to the unit with a view to recovering state assets, Baqwa said

Shisana, who was still director-general at the time, had also consulted him before referring the matter to the unit

"I accept the present proceedings as a logical consequence of those discussions," Baqwa said

President Nelson Mandela formally referred the matter to the unit in February this year.

Baqwa said there was no conflict between his office and the unit, and that they had co-operated in the past and would continue to do so

"I fully support the efforts of the Special Investigating Unit

"The *Sarafina* matter is a very clear example of how the functions of my office can be complemented by the special powers of the unit and the special tribunal, in the interest of assisting the Government and civil society to develop and to maintain an efficient and corruption-free public administration," said Baqwa

Mbeki backs Zuma in dispute with Shisana

The office of Deputy President Thabo Mbeki yesterday said allegations by former health director-general Olive Shisana against Health Minister Nkosazana Zuma on the *Sarafina 2* controversy were untested.

Head of communications Ronnie Mamoepa said Mbeki took note of the allegations levelled against Zuma by Shisana, who on Tuesday claimed the Heath investigation unit would clear her of blame, and would prove Zuma was the driving force behind the play

Mamoepa said "It is our view that Dr Shisana is an interested party in the matter and her statements in this regard have not been subjected to a test

"The office of the deputy president stands by all the statements it has issued to date on this matter.

"In this context we reiterate our view that there is no evidence to suggest that Dr Zuma unlawfully appropriated any government property which the special investigation unit may now seek to recover from her

"Should Dr Shisana possess any evidence to the contrary, she was at liberty to put it at the disposal of the special investigation unit through the forthcoming tribunals

"The Government remains committed to defending this action," Mamoepa said

Shisana was quoted as saying she was happy the Heath unit had got to the bottom of the matter She said the investigation proved Zuma was directly involved in driving the controversial R14-million project

Shisana and Zuma parted company in June after Zuma blamed her for the *Sarafina 2* issue at a public accounts committee hearing in Parliament

Shisana was appointed health director-general in July 1995, a month after Zuma allegedly met playwright Mbongeni Ngema to plan the *Sarafina 2* project

Shisana said Zuma told her to implement the project

As the accounting officer of the time, she asked the Heath unit last year to recover the missing millions after first going to the police with no success

Shisana said Zuma announced in September 1996 that the R10,5-million already spent on the project should be treated as unauthorised expenditure after an anonymous donor who wanted to bail Zuma out withdrew his offer

Shisana, who was out of SA at the time, became personally liable for the R10,5-million. – Sapa

Civil proceedings will go ahead

Judge Willem Heath will fight on alone in his quest to recover millions of rands of taxpayers' money wasted on the flopped *Sarafina 2* Aids play

Undeterred by the withdrawal of three government departments as co-plaintiffs in the civil action against Health Minister Nkosazana Zuma and others, Judge Heath's Special Investigating Unit said it would continue

"This in no way affects the civil proceedings being instituted," Judge Heath's spokesperson Guy Rich said

Rich said the departments of health, finance and state expenditure were included as co-plaintiffs because they were identified as interested parties. He acknowledged a lack of consultation with the departments. – Pretoria Correspondent

(92)

Baqwa supports Heath over Sarafina 2

PUBLIC protector Mr Selby Baqwa, who conducted his own inquiry into the *Sarafina 2* debacle, said yesterday that he supported the Heath Special Investigating Unit's attempts to recover money spent on the project – but raised doubts about whether the unit was suing the correct parties

The unit has instituted civil action against Minister of Health Dr Nkosazana Zuma, former health director-general Ms Olive Shisana, former health chief director Mr Hugo Badenhorst, playwright Mbongeni Ngema and his Committed Artists Theatre Company

"Although we do not necessarily agree with the list of defendants, it is ultimately for the special tribunal to decide whether or not any one of the defendants can be held liable," Baqwa said

Dismissing media reports that there was conflict between his office and the unit, he said he had found that the awarding of the *Sarafina 2* contract to the Committed Artists Theatre Company was not in accordance with state tender procedures and amounted to unauthorised expenditure

He did not refer to his other findings that Zuma was not involved in the tender process or awarding of the contract.

Recover state assets

Baqwa said he had made 11 recommendations in a May 1996 report to Parliament, including that the Ministry of Health should, in cooperation with the state attorney, consider the termination of the *Sarafina 2* contract and take the necessary steps to recover state assets

Had the Heath unit existed at the time he would probably have recommended that the matter be referred to it with a view to recovering state assets, Baqwa said

President Nelson Mandela formally referred the matter to the unit in February this year

Baqwa said there was no conflict between his office and the unit and that they had cooperated in the past and would continue to do so

"I fully support the efforts of the special investigating unit The *Sarafina* matter is a very clear example of how the functions of my office can be complemented by the special powers of the unit and the special tribunal in the interest of assisting the Government and civil society to develop and to maintain an efficient and corruption-free public administration" – *Sapa*

SA faces HIV/Aids catastrophe

(92)

CT 20/11/98

PRETORIA: Welfare and Population Development Minister Geraldine Fraser-Moleketi has issued a chilling warning that South Africans' life expectancy could drop to just 40 years if the HIV/Aids epidemic continues spreading at the current rate

South Africa has the fastest growing HIV/Aids epidemic in the world, with 1 500 new infections every day

Fraser-Moleketi said the HIV infection rate in the country was incredibly high and women should make choices about their sexual needs in order to protect themselves

She advised women to ensure that their partners used condoms to reduce the risk of infection

Speaking in Kempton Park yesterday, she said there were thousands of children who were now orphans because their parents had died of Aids

Political parties were also urged to recognise the growing crisis and to highlight the matter when campaigning for next year's elections

Businesses, trade unions, religious communities and the media were asked to play an active role in highlighting the epidemic

Six women were yesterday chosen to co-ordinate a partnership among women's organisations in the fight against HIV/Aids.

— Own Correspondent

tain more than 75% of the population Here, the politics of patronage and claims to the liberation legacy enable the ruling party to hold unsophisticated voters in thrall

Mugabe's popularity within his own party has steadily diminished of late, with even Zanu-PF members of parliament calling on him to step down While senior members of his Cabinet, such as Justice Minister Emmerson Mnangagwa and Havard-trained Minister without portfolio Eddison Zvobgo, have staked their claims to the succession, none has been brave enough to challenge him openly

However, the recent sacking of Shadreck Chipango, director of the Central Intelligence Organisation, and his deputy, Lovemore Mukandi, and their replacement by retired army Brigadiers Elisha Muzonzini and Happyton Bonyongwe has started a fresh round of speculation

The two army officers are seen as loyal to retired Zimbabwe National Army commander General Solomon Mujuru, who is

Cover Story

Morgan Tsvangirayi

believed to favour State & Security Minister Sydney Sekeramayi as Mugabe's successor Sekeramayi is seen as a pliant leader who would protect Mugabe's interests once he is out of office

Zimbabwe is at a crossroads While Zanu-PF's role in the struggle for independence once made its stranglehold on national politics unassailable, its performance in recent years, particularly over the past 12 months, raises the possibility of a challenge from outside the party The party and its leader have lost what the Chinese call the mandate of heaven Its leader is manifestly not the omniscient being we have been led to believe As nobody has come forward to claim Mugabe's crown from within the party, Tsvangirayi stands out as the only credible presidential alternative Zimbabweans appear prepared to overlook his relative inexperience All they want is for Mugabe to go, and damn the consequences **Trevor Ncube**

❑ *Trevor Ncube is editor of the* Zimbabwe Independent

SARAFINA 2

KICKING THE WATCHDOG BEFORE HE BARKS (92) FM 20/11/98

Mbeki's 'zero tolerance' for abuse of funds questioned

Deputy President Thabo Mbeki's decision to defend Health Minister Nkosazana Zuma to the hilt in an anti-corruption probe because he thinks she's innocent, is a slap in the face of the country's most visible watchdog agency, the Heath Commission

It calls into question Mbeki's pledge that in future there will be "zero tolerance" for those who abuse government funds And it has created a farcical situation in which government will fund both the prosecution and the defence of a person accused of squandering taxpayers' money

This follows the announcement last week that the Heath special investigation unit is to institute civil proceedings to recover R6m squandered in the production of the ill-fated *Sarafina 2* Aids musical

From the charges levelled by the unit at the five co-accused — Zuma, her former DG Olive Shisana, a former senior official Hugo Badenhorst, playwright Mbongeni Ngema and his company, Committed Artists — it is clear that Judge Willem Heath has come to grips with the *Sarafina 2* debacle in a way in which the Public Protector, Selby Baqwa, failed to do In 1996 Baqwa exonerated Zuma, rapped Shisana on the knuckles and heaped the rest of the blame on two departmental officials, Badenhorst and Johnny Angelo

Heath, however, accuses Zuma of negligent and reckless behaviour in her zeal to implement the project He accuses Zuma of being negligent and/or reckless in omitting to limit the cost of the play and says she allowed too little time for the proper tender process to be followed

Heath alleges that Zuma was also negligent in failing to ensure whether funding was available, and whether the costs fell within the ambit of the financing agreement between the Health Department and the donor, the European Union

He contends that her actions resulted in R10,5m being expended, which was excessive The main claim for R6m (the Heath unit has already recovered about R4m in assets from Ngema) is against Ngema and Committed Artists, assuming that the special tribunal concurs with Heath's allegation that Ngema's contract was invalid Should it conclude that the contract was valid, there are alternate claims against all five defendants

Zuma will have to pay her cut out of her own pocket if the tribunal finds that the alleged negligence showed noncompliance with her ministerial duties, otherwise the State will have to cover her debts

"Without accusing the Public Protector of cover-ups," says DP Health spokesman Mike Ellis, "the question must be asked why he didn't draw the same conclusions (as Heath)

"I've always said that a Minister can delegate responsibility but never accountability Cabinet responsibility has to become a reality"

The basis of Shisana's defence, which she will ask government to fund, is that she took all reasonable steps to recover the money, including referring the matter to the police and Heath

What is fascinating about Mbeki's response to the probe is his apparent confusion over the charge against Zuma His legal adviser Mojanku Gumbi says government stands by Baqwa's findings and will defend Zuma against the charge that she misappropriated government funds

Heath stresses there is no such accusation, rather the unit is fingering the role she may have played which led to an "unlawful, irregular or unapproved transaction", and her conduct which "led to the negligent loss of public money"

Given that Heath briefed Mbeki on the charges in advance, his confusion appears disingenuous So too his pre-emptive staging of a press conference late on Friday afternoon before Heath had served all the summonses and could make his own press statement

The question must be asked whether Mbeki's avowal to defend Zuma against non-existent charges is a clever ploy designed to reinforce her innocence on this score and to downplay the real charges Or is this too subtle for the man who would be president? Either way, it has plunged the ambiguous relationship between Mbeki and Heath to a new low and undermined government's stand against public sector corruption **Claire Bisseker**

Aids driving down life expectancy

Star 20/11/98 (92)

Welfare and Population Development Minister Geraldine Fraser-Moleketi has issued a shocking warning that South Africans' life expectancy could drop to only 40 years if the HIV/Aids epidemic continues growing at the current rate.

South Africa is currently rated as having the fastest-growing HIV/Aids epidemic in the world, with 1 500 new infections every day.

Fraser-Moleketi described the HIV infection rate in the country as incredibly high, and emphasised that women should make choices about their sexual needs in order to protect themselves.

Speaking in Kempton Park yesterday, she said there were thousands of children who were orphans because their parents had died of Aids.

She urged political parties to highlight the matter when campaigning for next year's general election.

Businesses, trade unions, religious communities and the media were asked to highlight the epidemic.

Six women were chosen to co-ordinate women's organisations and form a reference group aimed at ensuring that proposals for dealing with the epidemic were implemented.

– Own Correspondent

Friday November 20 1998

Aids play: Mbeki backs Zuma

THE office of Deputy President Thabo Mbeki said this week that allegations by former health director-general Dr Olive Shisana against Health Minister Dr Nkosazana Zuma about the *Sarafina 2* controversy were untested

Head of communications Mr Ronnie Mamoepa said Mbeki took note of the allegations levelled at Zuma by Shisana, who on Tuesday claimed the Heath investigation unit would clear her of blame and would prove Zuma was the driving force behind the controversial Aids play

Mamoepa said "It is our view that Dr Shisana is an interested party in the matter and her statements in this regard have not been subjected to a test

"The office of the Deputy President stands by all the statements it has issued so far on the matter

No evidence

"In this context we reiterate our view that there is no evidence to suggest that Dr Zuma unlawfully appropriated any government property which the special investigation unit may now seek to recover from her

"Should Dr Shisana possess any evidence to the contrary, she is at liberty to put it at the disposal of the special investigation unit through the forthcoming tribunals

"The Government remains committed to defending this action"

Shisana was quoted on Tuesday as saying she was happy the Heath unit got to the bottom of the matter She said the investigation proved Zuma was directly involved in conceiving and driving the controversial R14 million project

Parted company

Shisana and Zuma parted company in June after Zuma blamed her for the *Sarafina 2* issue at a public accounts committee hearing in Parliament

Shisana was appointed health director-general in in July 1995, one month after Zuma allegedly met playwright Mbongeni Ngema to plan the *Sarafina 2* project

Shisana said Zuma told her to implement the project As the accounting officer of the time, she asked the Heath unit last year to recover the missing millions after first going to the police with no success

Shisana said Zuma announced in September 1996 that the R10,5 million already spent on the project should be treated as unauthorised expenditure after an anonymous donor who wanted to bail Zuma out withdrew his offer *Sapa*

Heath wrong about Zuma — Omar

(92) BD 23/11/98

David Greybe

CAPE TOWN — Justice Minister Dullah Omar has accused Judge Willem Heath of doing "tremendous damage" to the reputation of his special investigating unit

"Heath made a balls-up," Omar said at the weekend, disputing the legality of the unit's citing of Health Minister Nkosazana Zuma as being jointly liable for R6m missing after the health department budgeted R14m for AIDS play Sarafina 2 Heath's unit has recovered R4m out of R10m paid out before the contract was cancelled

Omar said ministers issued directives for projects, but were not financially liable for implementation Accounting officers — directors-general under public service rules — were responsible

It was the duty of directors-general to ensure the necessary funds were available and, if not, to inform the minister in writing In the Sarafina 2 case this responsibility lay with co-defendant and former health director-general, Olive Shisana

Shisana has accused Zuma of driving the decision to fund the play Her lawyer, Selwyn Hockey, conceded that Shisana "unfortunately does not have in her possession any written objection to Zuma" Shisana had objected in other ways He was confident his client would be cleared

A letter from another public servant to Zuma is on record First submitted to Public Protector Selby Baqwa during his investigation into the affair, the letter is from Quarraisha Abdool Karim, the former head of the department's HIV/AIDS programme In it she objected to Zuma

Omar Zuma can sue if cleared

about the R14,27m contract with playwright Mbongeni Ngema for Sarafina 2 signed by former chief director Hugo Badenhorst Badenhorst and Ngema are co-defendants in the Heath probe

In the letter to Zuma, dated August 21 1995, Abdool Karim said the cost of the play was "grossly excessive", particularly since the "baseline budget" for the HIV/AIDS programme was R21m "I think it is unethical that approximately 50% of the final budget is towards setting up an infrastructure for Committed Artists (Ngema's production company) "

Abdool Karim wrote that she expected "severe criticism" over the budget She predicted the programme would be "attacked" by the media and nongovernmental organisations "I know you (Zuma) said that you will respond to these critics, but this will erode the credibility of the HIV/AIDS directorate and also have a negative impact on the department of health," Abdool Karim wrote

Omar described as "quite ridiculous" the unit's citing of the health department as "both" co-plaintiff and, via its officials, co-defendant in the case "Heath's actions have undermined the office of the special investigating unit and will do tremendous damage " However government would not intervene "The legal process must run its course " But Zuma could "sue Heath" if cleared by the special tribunal hearing in the first quarter of next year

However, the unit stood its ground at the weekend "There is legal basis for accountability against a minister," it said It would elaborate at the tribunal hearing

Baqwa reported in June 1996 that "the idea of the Sarafina 2 play was conceived by Zuma" She had discussed it with, among others, Abdool Karim

Baqwa cleared Zuma of financial liability when he found she had "left it to Shisana and Abdool Karim to work out what was necessary for the play to materialise"

Monday November 23 1998 **SOWETAN**

HIV-Aids spreading rapidly in S Africa

(92)

By Dan Fuphe

SOUTH Africa has the fastest growing HIV-infected population in the world with almost 50 000 new infections recorded each month, Gauteng Premier Mathole Motshekga said at the weekend.

Motshekga was speaking during the launch of the Gauteng Partnership against HIV-Aids campaign held at the local legislature on Friday

"My heart is torn when I see a child with Aids. My heart is broken when I see an adult human dying from this disease. And, believe you me, Aids is a killer, as sure as we are standing here today.

"The rate at which people in our province are infected by HIV-Aids is climbing with almost 50 000 new infections each month.

"What is even more alarming is that the infections occur in those citizens who are supposed to be part of the economically active segment of the population," Motshekga said

He added that the disease mostly affected people between the ages of 15 and 40.

Different slogans

Motshekga warned that by mid-1999 the population of people with HIV-Aids in the world was expected to reach an all-time high, and that three million South Africans and many thousands of Gauteng citizens would be sufferers.

Another speaker, Dr Nthato Motlana of Business against Aids and chairman of the New African Investments Limited, said he would love to see newspapers like *Sowetan* daily carrying different slogans on HIV-Aids

He said he was impressed by what he termed a sterling job by *Sowetan* in its coverage of Ms Tiny Motei of Phatsima in Rustenburg, who was among the people to have died of Aids a last year

"I would love to see different slogans in *Sowetan* advising our readers on Aids. This should be seen as our service to the community," Motlana said

MEC for health Mondli Gungubele said 50 percent of the beds in medical wards in Gauteng hospitals were occupied by people affected by the HIV-Aids virus

"Even more importantly is that people with Aids have shown us that if you are infected with HIV you can live a meaningful life although Aids will shorten it In reality, many of us are already living with HIV," Gungubele said

Warning of major Aids epidemic

(92) Star 23/11/98

By Anso Thom
Health Reporter

Gauteng is on the brink of a major Aids epidemic, with at least 20% of pregnant women at the province's antenatal clinics testing HIV positive.

Dr Liz Floyd, director for communicable diseases at the Gauteng health department, said the authorities were waiting to see if the epidemic would level off between 20 and 25% or go through the 30% mark.

Last year, 17% of women at antenatal clinics tested HIV positive, she said.

Floyd said there was already a high incidence of HIV/Aids in mining communities, the inner city and informal settlements. A quarter of some mining communities were HIV positive. Many were schoolgirls.

Extraordinary high rates of HIV/Aids have also been found among sex workers not using condoms, with as many as 60% of them thought to be infected, she said.

South Africa was still at the early stages of Aids deaths, but Aids was expected to outnumber all other deaths in 10 years.

"We can prepare ourselves for a fivefold increase in hospital admissions by 2008 and a seven-fold increase in caring for the dying person," Floyd predicted

Bleak picture: half of the 5,8 million new HIV infections this year among young people aged 15 to 24 years

By Anso Thom
Health Reporter

Sub-Saharan Africa, including South Africa, has become the global focus of the Aids epidemic, experiencing four million new infections this year and rising death tolls, seen in an estimated 5 500 funerals every day.

The Joint United Nations Programme on Aids/HIV (UNAids) and the World Health Organisation released a report in Geneva today which paints a bleak picture of a further 5,8-million new HIV infections worldwide in 1998 – approximately 11 women, men and children every minute

The total number of people living with the virus also rose by one tenth to 33,4-million worldwide with half of the new infections occurring among people aged 15 to 24 years.

The report said the global epicentre of Aids continued to be sub-Saharan Africa Since the epidemic began, 34-million Africans have been infected, and almost 12 million of them have already died, a quarter of them children.

In the southernmost countries of the continent, where HIV spread took on epidemic proportions only recently, infection rates continued to rise dramatically during the year.

"In contrast, a number of countries in West Africa remain relatively less affected, in part as a result of early and sustained prevention efforts," the report said

Sub-Saharan Africa was found to be home to 70% of the people who became infected with HIV this year

It was also the region in which four-fifths of all Aids deaths occurred this year.

Since the start of the epidemic 83% of all Aids deaths so far have been in Africa

Among children under 15, Africa's share of new 1998 infections was nine out of 10.

At least 95% of all Aids orphans have also been African. Yet, only a tenth of the world's population lives in Africa south of the Sahara, according to UNAids

"In the course of 1998, Aids will have been responsible for an estimated two million African deaths – 5 500 funerals a day," the report claimed.

And despite the scale of death there, today there are more Africans living with HIV than ever before: 21,5 million adults and a further one million children.

The report said the southern part of the continent held the majority of the world's hard-hit countries

In Botswana, Namibia, Swaziland and Zimbabwe, current estimates showed that between 20% and 26% of people aged 15-49 years were living with HIV/Aids

South Africa, which trailed behind some of its neighbours in HIV infections at the start of the 1990s is catching up fast, with one in seven new infections on the continent believed to be in this country

5 500 Aids (da) funerals every day

AIDS apocalypse for southern Africa

ART 24/11/98 (92)

ANSO THOM
IC Correspondent

Johannesburg – Sub-Saharan Africa, including South Africa, has become the global focus of the AIDS epidemic with four million new infections this year and rising death tolls seen in an estimated 5 500 funerals every day.

The Joint United Nations Programme on AIDS/HIV (UNAIDS) and the World Health Organisation released a report in Geneva today which paints a bleak picture of a further four million new HIV infections worldwide in 1998 – approximately 11 women, men and children every minute.

The total number of people living with the virus also rose by one-tenth to 33 million worldwide with half of the new infections occurring among young people aged 15 to 24.

The report said the global epicentre of AIDS continued to be sub Saharan Africa. Since the epidemic began 4 million Africans have been infected and almost 12 million of them have already died, leaving behind millions of orphaned children.

In the southern African countries of the continent, where HIV/AIDS has reached epidemic proportions, only recently infection rates continued to rise, resulting in millions more people being infected during the past year.

The report said "In some countries, a number of countries in sub-Saharan Africa, relatively less affected, there is still a chance of early and sustained prevention efforts".

Sub-Saharan Africa was found to be home to 70% of the people who were infected with HIV/AIDS last year.

It was also the region in which nearly all AIDS deaths happened this year.

Since the start of the epidemic 13% of all AIDS deaths so far have been in Africa.

Among children under 15 Africa has already lost 3 million of the total 10.

At least 95% of all AIDS orphans have also been in Africa. Yet, only a tenth of the world's population lives in Africa, the report said.

In the course of 1998 AIDS will have been responsible for the premature death of 2 million Africans, the report said.

And despite the call to do more, there is today far more HIV infection than there ever before – some 33 million children.

The report said these countries had largely failed to invest enough in HIV prevention.

In Botswana, Namibia, Zimbabwe and Swaziland an estimated 6 of people are living with HIV/AIDS.

South Africa has lagged behind some of its neighbours in HIV infections, but the 1998 catch-up is expected to see the infection rate in South Africa

Wednesday November 25 1998 SOWETAN

Seven HIV infections a minute

By Mokgadi Pela

MORE than seven Africans are infected with HIV – the virus which causes Aids – every minute, latest worldwide statistics on the disease show.

The figures, which were released by UNAids and the World Health Organisation (WHO) in London yesterday, indicate that Southern Africa continues to be hardest hit by the virus with 34 million infections and almost 12 million deaths: Half of all new infections now occur among people aged between 15 and 24

This year's World Aids campaign "Young People-Force for Change" was prompted in part by the epidemic's threat to those under 25 years of age

UNAids says sub-Saharan Africa experienced four million new infections and rising Aids death tolls, seen in an estimated 5 500 funerals a day. Four countries now estimate that 20 percent to 26 percent of adults are living with HIV, and South Africa alone accounts for one out of every seven new infections on the continent.

In contrast, a number of countries in West Africa remain relatively less affected, in part due to early and sustained prevention efforts

In the regions of North America and Western Europe, the availability of new, more potent anti-HIV drug combinations have helped people with HIV to live longer and healthier lifestyles

In the US, for example, the number of people dying from Aids dropped by two-thirds between 1995 and 1997, when these anti-retroviral combinations came into wider use

Executive director of UNAids Dr Peter Piot said "Two decades into the Aids epidemic, we know better than ever before about prevention, how to persuade people to protect themselves, make sure they have the necessary skills and back-up services and remove social and economic barriers to effective prevention"

He said while some of the reasons behind the spread of the virus remained undetermined, it was public knowledge that wars and armed conflicts generated fertile conditions for the spread of the disease.

Piot called upon leaders to advocate the end to secrecy about HIV status by creating the right climate for disclosure and non-discrimination

HIV/ TB link a big threat to Asia

Star 25/11/98 (92)

By Dan Eaton
Bangkok

A deadly combination of tuberculosis (TB) and Aids already devastating Africa is about to sweep across Asia and will reap a "terrible cost", the World Health Organisation (WHO) has warned

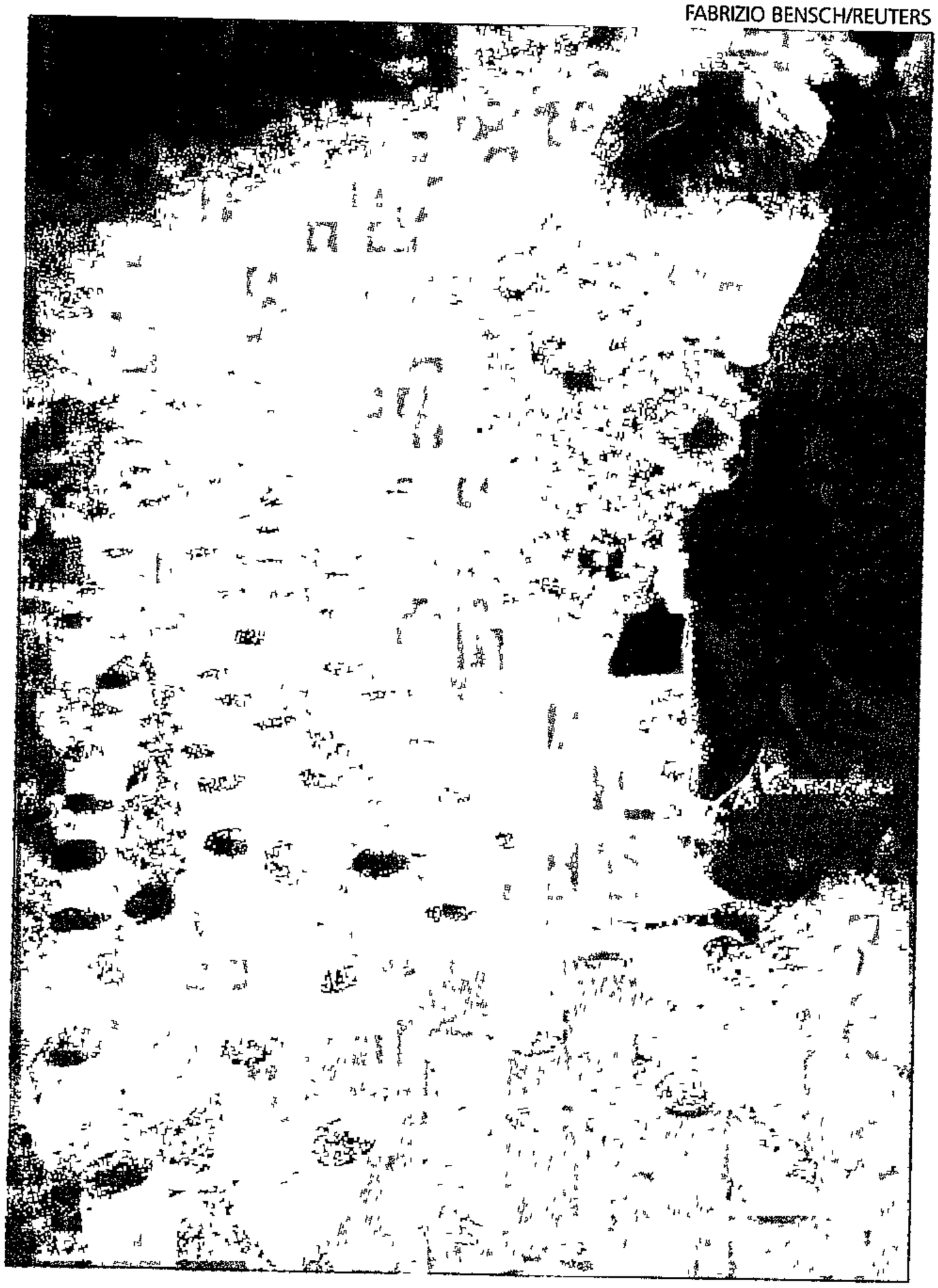
Asia is already the centre of a world tuberculosis epidemic killing two to three million people a year, and the crisis will get much worse without urgent action, officials said at a WHO-sponsored conference in Bangkok

The regional economic crisis combined with the spread of human immunodeficiency virus (HIV) and the emergence of drug-resistant TB strains have converged in Asia, which now boasts two-thirds of the world's TB casualties

"Our ability to control the spread of TB pivots on Asia," WHO chief Gro Harlem Brundtland said in a statement broadcast via satellite from Beijing

About 1 500 delegates from 90 countries are taking part in the Global Congress on Lung Health, the region's largest meeting of lung disease experts for a decade

FABRIZIO BENSCH/REUTERS



Prayer for ailing . . a man in Berlin lights a candle during a commemmoration ceremony for those who died with Aids Since 1988 it has been an annual ceremony

"If we cannot control TB in Asia we will never stop TB globally," Brundtland said "A disease that many of us believed would disappear in our lifetime is killing more people than at any other time. Almost all the deaths are preventable "

By weakening the immune system, HIV, the precursor of acquired immunodeficiency syndrome (Aids), will cause 750 000 new TB cases globally, officials said

"HIV and TB are a deadly pair," said Richard Bumgarner, a senior management officer for the WHO's TB programme

"HIV has already caused TB to spiral out of control in parts of Africa. This core epidemic will spread out across Asia and will exact a terrible cost

"By the year 2000, HIV will account for at least 14% of all TB deaths (in Asia) That figure is bound to worsen," he said

In Asia, where the HIV epidemic arrived less than 10 years ago and is expanding dramatically, only 2% of TB cases were attributable to HIV at the start of the decade, according to UN estimates

In 1997, the UN's Aids programme estimated that more than five million of the 13-million Africans with HIV would develop TB, and that four million of them would die early deaths

A WHO report released at the conference, said six countries – India, China, Bangladesh, Pakistan, Indonesia and the Philippines – are responsible for 50% of the TB epidemic

Almost eight million new cases of TB occur each year, 4,5 million of them in Asia, and the number of cases in Eastern Europe has doubled since 1991

The global number of deaths is estimated at between two and three million

Tuberculosis is a highly infectious respiratory ailment which results in growths forming mainly in the lungs, causing breathing problems and often death

"We can cure TB, but we not only need political commitment at the national level, but also internationally," said Don Enarson, director of scientific activities for the International Union Against Tuberculosis and Lung Disease, which organised the Bangkok forum with the WHO

The number of patients who will die of tuberculosis in this hour is equivalent to a Boeing 747 crashing, he said

The WHO report charts progress in curing TB using a strategy called DOTS, which has been used to treat one million patients in the past three years

The "directly-observed treatment short-course" strategy aims to prevent new infections from occurring and stops the development of multidrug-resistant TB

The programme has seen cure rates in parts of China rise to 95% – Sapa-AFP

SA's life expectancy likely to fall to 47 in a few years

Star 25/11/98 (92)

UN report on Aids forecasts grim picture for southern Africa

By Anso Thom
Health Reporter

South Africa's average life expectancy is likely to plummet from 64 years to 47 in the next 12 years as the country finds itself on the brink of a full-blown Aids epidemic, an international report warned yesterday.

Sub-Saharan Africa had 4 million new infections this year, and rising death tolls could see 5 500 deaths daily.

The joint UN programme on Aids/HIV and the World Health Organisation report released in Geneva yesterday says there were a further 5,8 million HIV infections worldwide in 1998 – about 11 every minute.

The total number of people living with the virus also rose by one-tenth to 33,4 million worldwide. Half the new infections are in the 15-24 group

Southern Africa is the most hard hit, says the report. Life expectancy in this region is set to plummet. In Botswana, where 25% of adults are infected, children born in the next few years can expect to live just past 40. Without the epidemic, life expectancies would be 70.

In Botswana, Malawi, Kenya, Mozambique, Namibia, Rwanda, Zambia and Zimbabwe (countries with an adult HIV prevalence of 10% or more), calculations show Aids will on average cut life expectancy by 17 years.

Instead of rising to 64 years by 2010-2015 – a gain expected in the absence of Aids – life expectancies are likely to drop to 47 years.

By 2005-2010, 61 out of every 1 000 infants born in SA are expected to die before one year. Without Aids, infant mortality would 38 per 1 000.

In Zimbabwe, the government estimates that in two years' time, 2 400 Zimbabweans a week will be dying of Aids.

There are 25 surveillance sites in Zimbabwe testing pregnant women anonymously as a way of tracking HIV infection

The most recent data, from last year, shows that in only one of these sites did HIV prevalence remain below 10%. In the remaining 24 sites, between 20 and 50% of all pregnant women were infected. At least one-third are likely to pass the infection to their babies.

In Botswana, Swaziland, Namibia and Zimbabwe, estimates show that between 20 and 26% of people aged 15-49 are living with HIV/Aids.

Peter Busse, director for the National Association of People living with HIV/Aids, says it is a tragedy that already 3,2 million people in SA are living with Aids, with another 550 000 newly infected each year.

Busse adds that SA is facing one of its greatest challenges.

South Africans have to be made aware that there will be close to 1 million Aids orphans in the next few years – and that a large number of children will be dying, he says

Anti-HIV campaigners will march to The Star graffiti wall

By Khanyisile Nkosi

Gauteng's health department and eight non-governmental organisations have launched an awareness campaign under the banner "We can make a difference" in preparation for Aids World Day on December 1.

Dr Liz Floyd, the Gauteng director of Aids, yesterday said hospitals could not cope with the increasing load of Aids-infected people. Communities should now be encouraged to take care of their own.

Floyd said the campaign was aimed at encouraging people with Aids/HIV to reveal their status in order to warn those not infected to be careful.

■ Hope Worldwide will host a march to The Star's graffiti wall at the corner of Jan Smuts Avenue and Empire Road on Saturday. Thousands of volunteers and celebrities will put their signatures on the wall in a pledge to prevent the spread of HIV.

Mokgethi Tshabalala of Hope Worldwide says the march will be a plea to prevent the spread of Aids among the youth, the highest group at risk.

A free concert will follow at the Library Gardens, and a reggae concert will take place in Yeoville. Condoms will be distributed at both events. For information, phone (011) 355-3210

Ghoulish harvest of a fatal seed

The HIV/Aids epidemic continues its advance at frightening speed, with UN figures for sub-Saharan Africa leading the way (92)

25/11/98

By Laurie Garrett

Worldwide the HIV pandemic grew by millions this year, driven by new infections in people aged 10 to 24 years. In that group, five people were infected every minute in 1998, says a United Nations report.

The HIV epidemic continues to expand at a staggering pace, particularly among teenagers and post-adolescent adults in the poorer countries of the world, according to a report released this week by the United Nations Programme on Aids, or UNAids. And worldwide, Aids has claimed more lives than Europe's Black Death.

The organisation's new findings are "mind-blowing", UNAids director Dr Peter Piot said. To date, 13,9-million people worldwide have died of the disease, UNAids says, and 33,4-million are HIV-infected.

Nearly half of all new HIV infections this year – 5,8 million – occurred in people aged 10 to 24 years. And the hardest hit region continues to be sub-Saharan Africa.

Surveys in some African countries found up to 50% of all pregnant women have HIV. None of the hardest-hit countries on the continent had HIV rates in pregnant women below 20%.

A teenager's first sexual encounter carries a risk from 1-in-5 to a staggering 1 in-2 odds of being with an infected partner, Piot said.

He noted that girls have up to seven times greater HIV rates than boys their own ages.

"So they are infected by older men, that's clear. So one has to work a lot with the men, I think. One has to induce a massive change of culture."

Similar trends are emerging in Asia, where HIV has made its way into rural villages in India and possibly China. UNAids believes that these two massive countries, which combined hold more than two-thirds of the world's population, may now be experiencing an African-style HIV epidemic.

"And when you consider the differences in populations, a 1% increase (in HIV cases) in India or China is equivalent to much more than a 20% increase in most African countries," Piot said.

What happens in the two giants of Asia over the next five years will largely determine the future of the pandemic, he said.

Sub-Saharan Africa has 22,5 million people living with HIV, or 8% of the region's entire population. India, China and south-east Asia follow with 6,7 million people living with HIV, or 0,69% of that region's population. Latin America – particularly Brazil – ranks third with 1,4 million active HIV cases, or 0,5% of the region's population.

North America – Canada and the United States, combined – has 890 000 HIV-positive people or 0,56% of the population. That means that infection rates in the United States and Brazil are about the same. But the infection rate in the United States is double that in Western Europe.

In the former Soviet Union and Eastern Europe, where the epidemic is relatively new, 270 000 people are HIV positive. Most of these infections are among IV drug users who are under 24 years of age and who were infected within the last five years, Piot said.

The numbers found in the UN Aids report are so large, given that the first case in this epidemic was seen less than 20 years ago, that it is hard "to think today of HIV without thinking of the Black Death in the Middle Ages," Piot said. "It's the same scale, just slower."

When the Black Death, or pneumonic plague, hit Europe in 1346 the region's population was about 25-million. An estimated 9 million to 11 million people, or roughly one-third, died during the four-year-long epidemic.

Five years ago the World Health Organisation forecast that it would not be until at least the year 2000 for the HIV epidemic's deaths to surpass those of the Black Death. As of this year, however, with 13,9 million deaths counted, HIV has well surpassed the Black Death's grim totals.

And it will soon eclipse the toll of 21 million globally who died in the 1918 influenza epidemic, the largest new disease outbreak of the 20th century.

North America saw marked declines in new HIV cases in some groups. Gay male populations in New York, San Francisco, Los Angeles and Chicago, for example, had HIV rates of as much as 50% in 1985, today the rates in the California cities are down to 20%, and New York's is 14%, according to a report released last week by the University of California in San Francisco – Distributed by the Los Angeles Times-Washington Post News Service

ELIZABETH DALZIEL/AP

Taking a stand . prostitutes march in a candle-lit procession in memory of their co-workers who have died from Aids during a procession in the streets of La Merced neighbourhood in Mexico City. The annual ceremony, set around the Day of the Dead festivities, tries to promote safe sex and awareness of the spread of Aids in Mexico.

Carletonville at forefront in fighting epidemic

(9A) Star 26/11/98

Up until now the Outreach programme has been funded by the British government in the absence of support from Anglogold and Gold Fields

Health Reporter
ANSO THOM has the details

A mining community nestled between Johannesburg and Potchefstroom is at the forefront of fighting an Aids epidemic threatening to overwhelm it.

Carletonville, at the heart of South Africa's gold mining industry, is home to 88 000 mine workers, 60% of them migrants from other parts of South Africa or from nearby countries Lesotho, Malawi and Mozambique.

This town has come under the spotlight in Gauteng and South Africa with around 22% of adults infected with HIV, a rate over two-thirds higher than the national average.

A small survey of the approximately 500 sex workers found HIV in 75% of them, while one mineworker in five is thought to be infected.

That count was probably an underestimate because it did not include the men who have left the mines because they are too sick to work, according to the UNAids and World Health Organisation (WHO) report on the epidemic.

This week life insurance giant Old Mutual donated several thousand rands to kickstart the Carletonville Outreach Project.

The project which started in January has up to now been funded by the British government in the absence of interest from mining giants Anglogold and Gold Fields, employees of the more than 80 000 miners.

As the epidemic progresses, a sizeable number of mineworkers and their sexual partners are already falling ill with HIV-related diseases and Aids, said project manager Professor Brian Williams of the Epidemiology Research Unit.

"In an attempt to prevent further deterioration of this situation, the project has embarked on recruiting, training and supervising peer educators for the high risk groups in the Carletonville area," he explained.

The educators' training includes promoting knowledge, recognition and suspicion of STD symptoms, and to prompt informed care-seeking behaviour and the use of condoms.

To achieve behaviour changes in their peers, the women use participatory role-plays, drama and song.

"At this stage we have recruited 30 peer educators who earn an honorarium of R200 per month each for time spent on behalf of the project," said Solly Moema, Community Outreach co-ordinator. In the last month the women held 87 meetings and distributed 8 000 condoms.

"It is amazing what these women have achieved. They go to beer halls, concession stores in fact all the hotspots where men and women are and they beg men to attach importance to condoms," said one of the driving forces behind the project, Sister Zodwa.

Williams warned that peer educators could not be left to perform this enormous task on their own. "South Africa has a very high burden of classic STD, which increases vulnerability to HIV It is therefore equally important that we support their work through improved STD management," said Williams.

The UNAids/WHO report attributes the high infection rates in the town to the fact that most men live lonely lives in single sex dormitories, often hundreds of kilometres from their families. They also have a dangerous job.

"A gold miner in South Africa has a one in 40 chance of being killed by a rockfall underground and a one in three chance of serious injury.

Compared with that, the dangers associated with a long, slow infection like HIV might seem remote," the report said.

Most migrant workers return home periodically and are increasingly carrying the infection back to their wives and home communities.

In Hlabisa, a rural district of KwaZulu Natal, some 60% of households are estimated to have one or more male migrants. One study found that sex outside the primary relationship is accepted as almost inevitable in separated families, for both men and women.

In this community, HIV rates are rising dramatically, with the prevalence among pregnant women shooting up to 26% in 1997 from 4% just five years earlier. In 1995 a study found that of women whose partners were at home less than a third of the time, 13% were infected.

No infections were recorded among women who spent more than two-thirds of the time with their husbands or regular partners.

Latest figures

End-1998 global HIV/Aids estimates:
People living with HIV/Aids – 33,4 million
New HIV infections in 1998 – 5,8 million
Deaths due to HIV/Aids in 1998 – 2,5 million
Cumulative number of deaths due to HIV/Aids – 13,9 million

Adults and children estimated to be living with HIV/Aids as of the end of 1998.
North America – 890 000
Canbbean – 330 000
Latin America – 1,4 million
Western Europe – 500 000
Eastern Europe and Central Asia – 270 000
East Asia and Pacific – 560 000
South and South-East Asia – 6,7 million
North Africa and Middle East – 210 000
Sub-Saharan Africa – 22,5 million
Australia and New Zealand – 12 000

Source. UNAids/WHO Aids epidemic update

110

War against Aids gains momentum

(92)

By Mokgadi Pela

SOUTH Africa's programme to combat HIV and Aids was steadily gaining momentum, outgoing director of the HIV and Aids directorate Ms Rose Smart said yesterday

She was reflecting on the achievements of the directorate since 1996

Smart cited the following achievements of the directorate

● The life skills programme in secondary schools as part of the Ministry of Health's second Beyond Awareness campaign,

● Trade union initiatives which saw labour addressing Aids as a priority,

● The partnership between traditional healers and the National Aids Programme,

● Campaigns for the Sexually Transmitted Diseases management programme,

● The Lesedi Project in the Free State, which provides vital services to women at high risk, and the South Coast Hospice Outreach Project in KwaZulu-Natal, which cares for infected and affected people, and

● The emergence of a committee which has resulted in a vibrant HIV-Aids programme in many government ministries This, in her view, is only rivalled by the fledgling Civil Military Alliance, which represents a unique partnership to address Aids in situations of extreme risk

Smart conceded there had been failures "I am cognisant of the gap which must be bridged between policy and implementation"

One of the dark sides of the Aids campaign has been the Ethembeni Children's Home "This serves as a reminder that reducing mother-to-child transmission must stay on the agenda"

Talking about the Government Aids Action Plan, Smart said: "While I share the concerns expressed about how to sustain the valuable momentum which has been generated, this must be marked as a genuine turning point in our response

"If I could have one wish, it would be that 12 months from now, we could look back on this partnership and celebrate its coming of age," Smart said

MONITOR

A BAROMETER OF GOVERNANCE AND DEVELOPMENT

New broom: Nothemba Simalela

Lecturer replaces Smart at Aids directorate

Stuart Hess

South Africa's first black female gynaecologist, Nothemba Simalela, will become the new head of the national Aids directorate on World Aids Day next Tuesday

A senior lecturer in obstetrics and gynaecology at the Medical University of South Africa (Medunsa), Simalela replaces Rose Smart.

Smart said she is leaving as director because she is tired, and the demands of the job are too heavy "It is a 12-hour day, seven-days-a week job," Smart said "I don't think it's possible for me to sustain that level of commitment."

Simalela will work with Smart for the first six weeks in her new post to familiarise herself with the demands of job

"Working in the Aids directorate offers a totally new challenge for me and will allow me to impact on a far broader section of the community," Simalela said

Simalela graduated from Medunsa with an MBChB. She obtained further qualifications from Medunsa and specialised in obstetrics and gynaecology

The 39-year-old mother of three has worked with the Department of Health as a member of the national committee for confidential inquiries into maternal deaths She has served as a director of the South African Medical Association

Simalela says South Africans have to start talking about Aids "I have worked with pregnant women with HIV, and they are in total denial," she said

The proposed budget for the directorate in the 1999/2000 financial year is R55 255 000

Where the epidemic is hurting most

(92) M+G 27/11-3/12/98

Stuart Hess

Next Tuesday millions of people will observe yet another World Aids Day in a bid to raise awareness about the epidemic ravaging African countries

In South Africa, as in many developing countries, efforts to combat the spread of HIV, the virus that causes Aids, have failed

South Africa is considered to have one of the fastest-growing HIV positive populations in the world A host of surveys bears testament to this alarming scenario

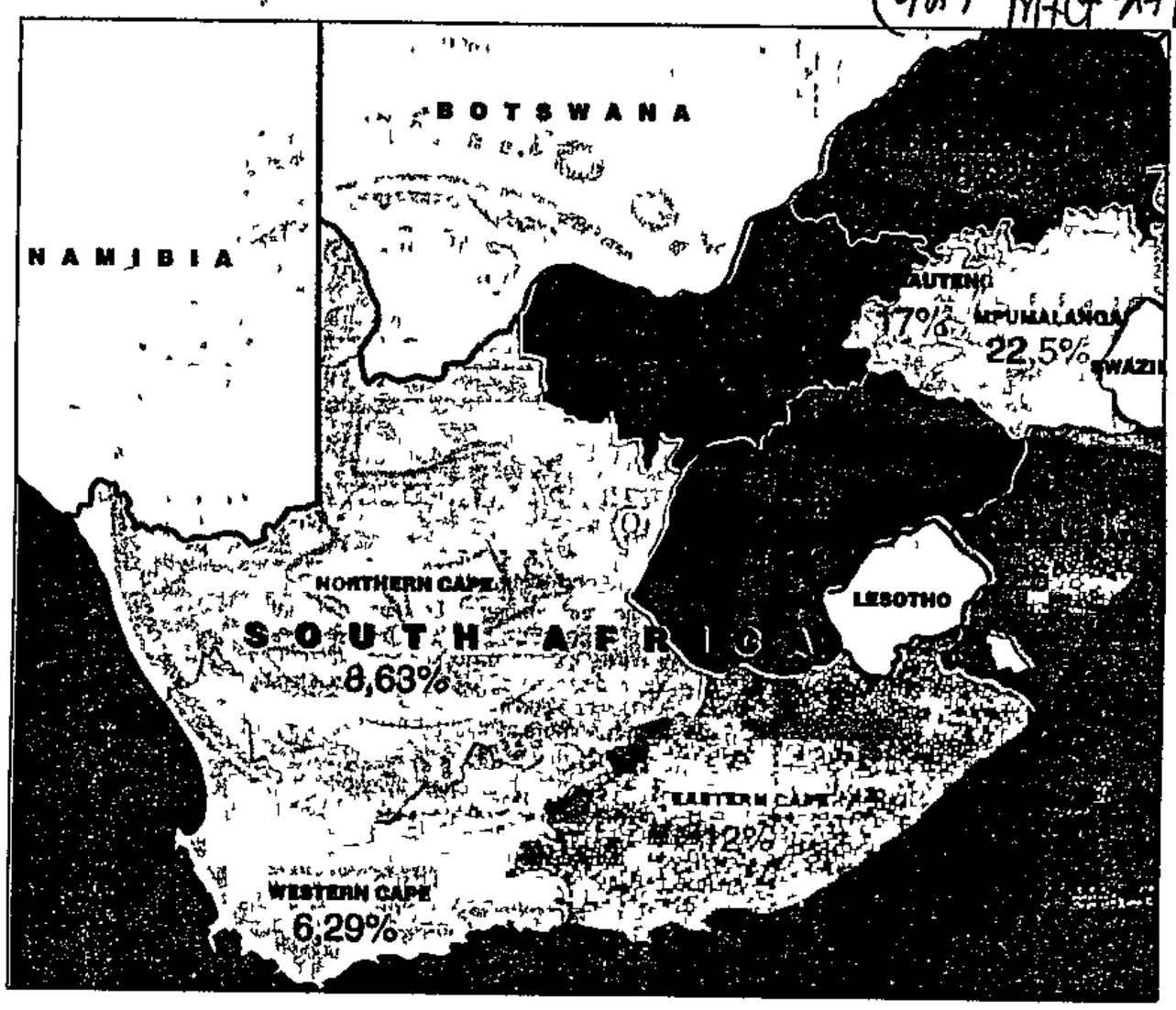
Official Department of Health figures compiled from antenatal clinics across South Africa show a significant increase in the infection rate among pregnant women in most provinces The latest figures, from 1997, show that 16,01% of all women tested at public antenatal clinics are HIV positive

Health officials estimate that 1 500 South Africans are infected daily That means that in a few years more than 500 000 South Africans will be dying annually from Aids

Rather than focusing scarce resources on attempting to cure those already infected, the government has chosen to emphasise prevention with an R80-million awareness campaign launched in October by Deputy President Thabo Mbeki.

The new campaign has drawn a lot of criticism from doctors and medical officials, especially after Minister of Health Nkosazana Zuma withdrew AZT treatment for pregnant women in early October One study showed that AZT reduced the chances of mother-to child transmission by 50% But Zuma claimed the money could be better spent on other areas.

Provincial health authorities have welcomed the government's new intersectoral Aids funding plan. The plan distributes the responsibility for Aids prevention across several departments This will lessen the burden on provincial health.



Death by numbers: The latest figures (1997) of HIV-positive pregnant women show a frightening increase. Infection rates among pregnant women are used as an indicator of the spread of Aids

KwaZulu-Natal

This province has the highest figures for HIV positive pregnant women, despite virtually the entire provincial health budget being used to fight Aids related diseases The largest amount of money is consumed in the fight against opportunistic infections like pneumonia or tuberculosis

MEC for Health Zweli Mkhize says the KwaZulu Natal government is leading the fight from the front "All the MECs must discuss Aids at rallies where they are speaking, and time is set aside during each Cabinet meeting to discuss the epidemic," he says

Still, antenatal tests in the province this year revealed that more than 25% of all pregnant women are HIV positive, an alarming increase of more than 7% on the previous year's figures

Mkhize concedes that the province is losing the fight. And because so much money is dedicated to fighting Aids, the province is neglecting its other health responsibilities, he said

Northern Cape

South Africa's largest province has led a strong and concerted fight against the spread of Aids The provincial health authorities have collaborated with a vast spectrum of groups, from large mining company De Beers to sex workers who walk the streets of Kimberley

MEC for Health Modise Matlaopane said a number of campaigns have started, including the training of teachers who will be responsible for alerting pupils to the dangers of unsafe sex.

More than six million condoms have been distributed in the past two years, mainly at government clinics. All MECs have to produce results showing how they have made people aware of Aids.

In 1997, the percentage of HIV positive women in the province was 8,63.

North-West

This is the only South African province to show a decrease in 1997 in HIV positive mothers, compared to 1996 figures The provincial government gave the epidemic priority status, and five minutes are set aside at each Cabinet meeting to discuss the disease The MEC, Molefi Sefularo, believes the intersectoral collaboration between departments has played a significant role in reversing the spread of the epidemic

In 1996, 25% of women tested in the province were found to be HIV positive That figure has dropped to 18%

Northern Province

The tiny increase in HIV to 8,2% is of major concern to the MEC for Health, Hunadi Mateme "Of particular concern is the number of Aids orphans we have," said Mateme "This will create another hole in the budget as we will have to train people to care for these children "

The province's 1996 HIV infection rate was 7,96%

The province has launched a "very successful" campaign to distribute condoms freely throughout the province The provincial Aids awareness programme runs throughout the year and involves various bodies including NGOs, schools and other departments

Mpumalanga

Commentators believe Mpumalanga is on the brink of disaster The province's antenatal infection rate jumped to 22,5% in 1997 from 15,7% in 1996

MEC for Health Candith Mashego said she has done everything in her power to limit the spread of the disease "We requested that all departments set aside 1% of their budgets at the start of the next financial year to fund a campaign to fight Aids "

The province drew up a four-point plan calling on people to use condoms and to inform their partners if they are HIV positive Health officials also asked Aids sufferers to visit clinics in order to treat any sexually transmitted diseases. Such diseases increase the spread of HIV

Gauteng

The province is set to launch a massive campaign including concerts, vigils and selling T-shirts as part of its Aids-awareness campaign With more than 17% of pregnant women tested in the province HIV positive, the province has recognised the importance of raising awareness — especially among the youth

Western Cape

The Western Cape had the lowest figures of any province in South Africa last year, with 6 29% of pregnant women infected

The province has not allocated a specific Aids budget from its health purse But this year the Western Cape will receive R150 000 from the national government for an Aids campaign beginning this year This will include distributing bumper stickers, leaflets and pamphlets

While noting that rates are low, the assistant director for reproductive health, Aids and sexually transmitted diseases, Sylvia Abrahams, said there are pockets of infection across the province "In places like Khayelitsha and Guguletu, the epidemic is growing "

Free State

The health authorities in the Free State are optimistic that the battle can be won The campaign aims to include as many sectors of the community as possible in the project.

Various groups including the private sector, NGOs and the government have been included in the programme At least 19,57% of pregnant women tested are HIV positive.

Eastern Cape

The MEC for Health, Trudie Thomas, says it was unfortunate that the budget for Aids came only through the health department in the past. She said expertise from other departments should have been used.

More than 12% of women tested in the province in 1997 were HIV positive This represents an increase of more than 4% since 1996

UCT RECEIVES GRANT

SA's vaccine breakthrough

(92) CT 27/11/98

RESEARCH INTO "one of the most promising new Aids vaccine technologies in the world" is to be conducted at the University of Cape Town. Health Writer **JUDITH SOAL** reports.

THE first research into an Aids vaccine based on the type of virus found in South Africa is set to begin at the University of Cape Town.

UCT virologist Carolyn Williamson, together with researchers from the University of North Carolina, has received funding from the International Aids Vaccine Initiative (IAVI) to work on a candidate vaccine that will be viable for the developing world

This project will share a grant of $9,1 million with a similar collaboration between the United Kingdom and Kenya

"These projects are working on the most promising new vaccine technologies in the world," said Jaap Goudsmit, a scientific adviser for IAVI "They are also far enough along in the developmental process for us to be able to test them quickly on humans"

IAVI is a non-government organisation trying to promote the development of HIV vaccines. Aids activists fear that, left to their own resources, private drug companies will ignore vaccine research — which isn't particularly profitable — or focus only on expensive vaccines that can be used in affluent countries

The organisation receives funds from diverse sources such as Princess Diana's memorial fund, the World Bank and the Rockerfeller Foundation

It chose the two collaborations from eight potential projects around the world

"The approach used by the University of North Carolina researchers is very exciting," said Williamson "What we want to do now is use the same approach with the South African virus"

The US researchers have based their vaccine, which has already been tested on primates, on the strain of HIV found in North America and Europe, known as Clade B.

Williamson's job is to choose the best variant of Clade C HIV, found mainly in Southern Africa, on which to build a new vaccine

"HIV changes rapidly once it is in your body and I need to isolate the variety that is most similar to the one that is sexually transmitted," she said "A vaccine which is based on that isolate (variation) will have the most chance of being effective" Williamson is working with colleagues from KwaZulu-Natal who are supplying samples of the virus for analysis

"This breakthrough bypasses a lot of the ethical dilemmas we have been having," said Slim Abdool Karim, the head of the South African HIV prevention network.

"We have been discussing whether or not it is ethical for South Africans to participate in trials of Clade B vaccines Now we hope to have a promising Clade C vaccine It shifts the whole programme into second gear"

But there are still a few gears to go The vaccine will only be ready for human trials in 2001 at the earliest These trials then need to run for about six years to get a true measure of the vaccine's effectiveness So, even if everything goes right, it could be eight years before the vaccine is widely available

"People wonder why we bother when we won't see results for so long "But unfortunately there are no quick fixes for the Aids epidemic," said Abdool Karim

Schedule of events for the week

THE Aids week highlights

Tomorrow
- Wola Nani volunteers will be selling red ribbons and collecting money for self-help projects in shopping centres and on the streets of the city.
- Guguletu, NY49 Sport Stadium, 11am-2pm: HIV/Aids Arts and Culture Event, bring picnic lunch
- Athlone· Club Galaxy, Club Images and Club Lenin· Free condoms

Sunday:
- Gardens Commercial High School, Company Gardens, 2pm Fashion show, Aids quilt, music, memorial for those who have died of HIV

Tuesday, December 1:
- Crossroads Mfesane Community Hall Drum majorettes, music, praise singer, drama, quiz and prizes.
- Eastridge Clinic, 9 30am Public march led by drum majorettes from the clinic to the town centre, free condoms, exhibition, singers, dancers, rappers, drama in town
- Grand Parade 10am-2pm Drama, drum majorettes, red ribbon sculpture, speeches by sporting heroes, local bands Shee Boom, Limited Edition, DJV, Malay Minstrels and much more
- Hanover Park Clinic. Drum majorettes, march.
- Labia Theatre, 5.45pm, 8pm Screening of *Touch Me* R35 with cheese and biscuits
- Lentegeur Clinic and library Music, drama, rap and puppet shows
- Nyanga Zolani Centre, 9am Drum majorettes, dance, drama, music, quiz and prizes
- Rocklands Clinic, 10am· Aids play
- V&A Waterfront, 6 15pm Free sunset concert, opened by Water Affairs Minister Kader Asmal
- Westridge Clinic, 10am-2pm Drum majorettes, music, HIV quiz, drama

Wednesday, December 2
- Nyanga Masincedane Clinic. Drum majorettes, Aids information, music, video, HIV quiz
- Phumlani Clinic, 11am· Music, speeches, drama, poetry, video
- e-tv, 9pm· Screening of HIV documentary, *Mashayabhuqu Aids hits every one*

Thursday, December 3
- Wembley shopping centre, Rocklands HIV/Aids exhibition

Aids event fashioned to include Zuma, but she won't show

HEALTH WRITER

FASHION designers, DJs, Mr South Africa, singers and dancers will be there, but Health Minister Nkosazana Zuma — who had earlier confirmed — won't be able to attend

As part of the city's commemoration of World Aids Day on Tuesday, the HIV support group Positive Link has organised a programme of events at Gardens Commercial High School in the Company Gardens on Sunday. The group asked Zuma to be the main speaker

NO SHOW: NKOSAZANA ZUMA

"We got a letter from her in September confirming that she would attend, but when we phoned on Thursday with the programme details her office said that she wouldn't be able to make it

"We are really disappointed because she was our major drawcard and we're sorry that we only heard at such late notice Still, we're sure it will be a success anyway"

The events will include a fashion show by local designers Hip Hop, World Tribe, Quadrophenia, Vertigo and Chromosome, and a choir and a Cape minstrel troupe

"It will not be a sombre event," said organiser Ricky Treurnicht

"We will recognise the seriousness of the disease and pay tribute to the people who have died of Aids, but we want to illustrate that life is a positive experience and not about doom and gloom"

Many other World Aids Day events on Tuesday have taken a similar theme There will drum majorettes, puppet shows, dancers, dramas, and local bands interspersed with Aids awareness videos and speeches, free condoms handouts, parades and banners

Some of the main events in the city will be on the Grand Parade

It's the one day of the year that no one in South Africa can ignore the existence of Aids So, spare a thought for the four million South Africans who live with it every day

AIDS call raises groundswell of interest

(92)

BD 27/11/98

Primarashini Pillay

THERE was a groundswell of interest among sectors who wanted to promote the prevention of AIDS since Deputy President Thabo Mbeki's call last month for South Africans to join hands in a partnership against the disease, health department officials said yesterday

The Partnership Against Aids programme was launched by Mbeki as a result of government's concern about the growth of the AIDS epidemic in SA. Following that, government declared AIDS Focus Week from tomorrow until December 5, coinciding with World Aids Day on December1

SA is known to have the fastest growing HIV/AIDS epidemic in the world and it is estimated that there are 1 500 new HIV infections each day A recent review undertaken by HIV Management Services projected that the number of people with HIV infection would be more than 4-million in 2000, approaching 6-million by 2005

Alan Whiteside, an economics professor at the University of Natal in Durban, estimated there were already between 78 470 and 100 830 AIDS orphans in KwaZulu-Natal and that this figure would rise to as much as 197 470 by the turn of the century

At a news briefing by the health department in Johannesburg yesterday, Mtholephi Mthimkhulu, the national campaign manager of government's AIDS action plan, said that in recent weeks "there was a groundswell of understanding (among people) that we need to do something, that we need to join hands to prevent the spread of the disease"

Some of the sectors which responded to the call for raising AIDS awareness included sports and entertainment celebrities as well as the youth and religious sectors

The health department is conducting research into alternate health care for people living with the epidemic Rose Smart, the director of the health department's HIV/AIDS directorate said a tender had been awarded to Hospice SA which was piloting projects on health care

She said one model that worked well in Port Shepstone, KwaZulu-Natal, entailed Hospice being involved in support from the time a person with AIDS was discharged from hospital "Hospice provides transport home, allowing the team to meet the person's family, provide counselling and deliver basic medication "

The system was cheaper, she said, than the cost of keeping a person with HIV/AIDS in hospital

Ria Schoeman, left, deputy director of the health department's HIV/AIDS directorate, addresses a briefing in Johannesburg yesterday Also there were, from left, Warren Parker, AIDS Awareness Campaign co-ordinator, Dr Glaudine Mtshali, chief director for national programmes in the health department; and Mtholephi Mthimkhulu, national campaign manager of government's AIDS Action Plan Picture ROBERT BOTHA

FORIM HOLDINGS

FORIM HOLDINGS LIMITED

(Registration number 86/04111/06)
("Forim" or "the company")

Interim report to shareholders for the six months ended 31 August 1998

ABRIDGED GROUP INCOME STATEMENT

	% change	6 months ended 31/8/98 unaudited R000's	6 months ended 31/8/97 unaudited R000's	Year ended 28/2/98 audited R000's
Turnover	38	100 391	72 991	164 185
Operating profit	20	10 234	8 519	17 800
Interest paid		1 682	1 787	2 814
Profit before taxation	27	8 552	6 732	14 986
Taxation		2 549	2 082	3 682
Profit after taxation	29	6 003	4 650	11 304
Profit attributable to minority shareholders in subsidiaries		1 781	1 558	4 092
Surplus on change of interest in subsidiary		500	14 520	10 585
Attributable to ordinary shareholders		4 722	17 612	17 797
Number of shares in issue (000's)		50 000	50 000	50 000
Earnings per share (cents)		9,4	35,2	35,6
Headline earnings per share (cents)		8,4	6,2	14,4

ABRIDGED GROUP BALANCE SHEET

	31/8/98 unaudited R000's	31/8/97 unaudited R000's	28/2/98 audited R000's
Capital employed			
Shareholders' interest	66 275	62 873	60 593
Minority shareholders interest in subsidiaries	32 516	29 777	31 231
Long term liabilities	5 116	3 741	4 774
Deferred tax	1 303	689	1 303
	105 210	97 080	97 901
Employment of capital			
Fixed assets, pharmaceutical registrations, trademarks, goodwill and investments	67 618	64 778	67 395
Loans receivable	354	422	354
Net current assets	37 238	31 880	30 152
Current assets	101 277	75 620	83 174
Current liabilities	64 039	43 740	53 022
	105 210	97 080	97 901
Net asset value per share (cents)	132,6	125,7	121,2

NOTES

1 **Group overview**

The major activities of the group are conducted by its listed subsidiary, Alliance Pharmaceuticals Limited, in pharmaceuticals, medical and surgical disposables, manufacture and distribution of generic medicines, the admixture of parenteral nutrition and the marketing and distribution of cosmetics and fragrances

Shareholders are referred to the announcement of Alliance's interim results published simultaneously with this announcement.

In addition the group continues to own properties.

2 **Financial overview**

Turnover has increased 38% over that of the comparative period of the previous year

Headline earnings per share increased by 35% to 8 4 cents from 6,2 cents

3 **Year 2000**

The group has implemented a strategy, in accordance with best practice, to achieve Year 2000 compliance throughout all business operations by early 1999 A project team has been established under the direction of the Financial Director The major computer systems utilised by the group are already Year 2000 compliant. The costs associated with this exercise are not material and are absorbed as incurred and included in the trading results.

For and on behalf of the Board

H R Levin *Chairman*

M Gelbart *Managing Director*

26 November 1998

Directors H R Levin* *(Chairman)* M Gelbart *(Managing)*, J E Forman, Dr H A Serebro* (*non-executive)

Transfer secretaries Mercantile Registrars Limited P.O. Box 1053, Johannesburg 2000

SA and Kenya in R52m AIDS breakthrough bid

Objective is to make vaccine available to all who need it

(92)

LAURICE TAITZ

ST 29/11/98

SOUTH African researchers are to participate in a search for an AIDS vaccine with US scientists, the non-governmental organisation International AIDS Vaccine Initiative announced in London this week

Researchers from the University of Cape Town, under the Medical Research Council, will take part in an international HIV vaccine research and development partnership

In what has been hailed as the largest single non-government research award, the initiative will invest $9,1-million (about R52-million), to be split equally between a UK-Kenya and a US-South Africa partnership Both partnership agreements include provisions to ensure that the fruits of the research will be made readily available to the world's worst-hit countries.

The SA group will work on a "Clade C formulation" vaccine to treat the strain of the AIDS virus found in Sub-Saharan Africa The project will be one of the first to research a way to combat this strain

Council president-elect Dr William Makgoba said "The council will work together with IAVI in the development of suitable and specific vaccines for the people"

Speaking from London, IAVI spokesman Victor Zonana said "The intellectual property provisions will ensure that if the vaccine is successful it will be affordable in developing countries It would be criminal if the vaccine was available only in industrialised countries for 10 to 15 years and then trickled down into the developing world

"This has been the situation from time immemorial Triple therapy which can prolong life is still unavailable in South Africa"

Zonana said the initiative had a global orientation. "Our contract ensures that companies can charge whatever they want for the vaccine in industrialised countries, but in developing countries they would have to make it available at a lower cost Eventually we would like to see it being manufactured in South Africa"

Zonana said South Africa was a good place to develop the vaccine as it had a strong medical infrastructure and research base, a strong manufacturing base and a dire need for the vaccine as 1 500 people were infected with the virus every day, adding to the three million people with HIV/AIDS

The grant will cover the cost of the research No local funding is being sought.

President of the initiative Dr Seth Berkley said· "Our goal is not only to ensure the development of an AIDS vaccine as soon as possible. It is to make it accessible to anyone in the world that needs it."

This move will be welcomed worldwide as treatment of HIV/AIDS infections is extremely costly and the numbers of those infected with HIV/AIDS grow daily.

According to a report by the Joint United Nations Programme and the World Health Organisation, 5,8 million more people were infected in the past year — about 11 men, women and children every minute The total number of people living with the virus rose by a tenth to 33,4 million worldwide Half of all new infections are now among people aged 15 to 34

Sub-Saharan Africa continues to be the hardest hit

Since the epidemic began, 34 million Africans have been infected and almost 12 million have died This year there were an estimated 5 500 funerals a day in the region

The AIDS vaccine is supported as the best long-term solution to the global pandemic.

The Elton John AIDS Foundation has donated £150 000 (about R1,4-million) to the effort and the UK National AIDS Trust will contribute £80 000 from its recent grant from the Diana, Princess of Wales, Memorial Fund to help launch a joint European AIDS vaccine development project with the initiative in London

The US-SA partnership will be led by Dr Robert Olmstead and Dr Robert Johnson of Alphavax Corporation in Durham, North Carolina

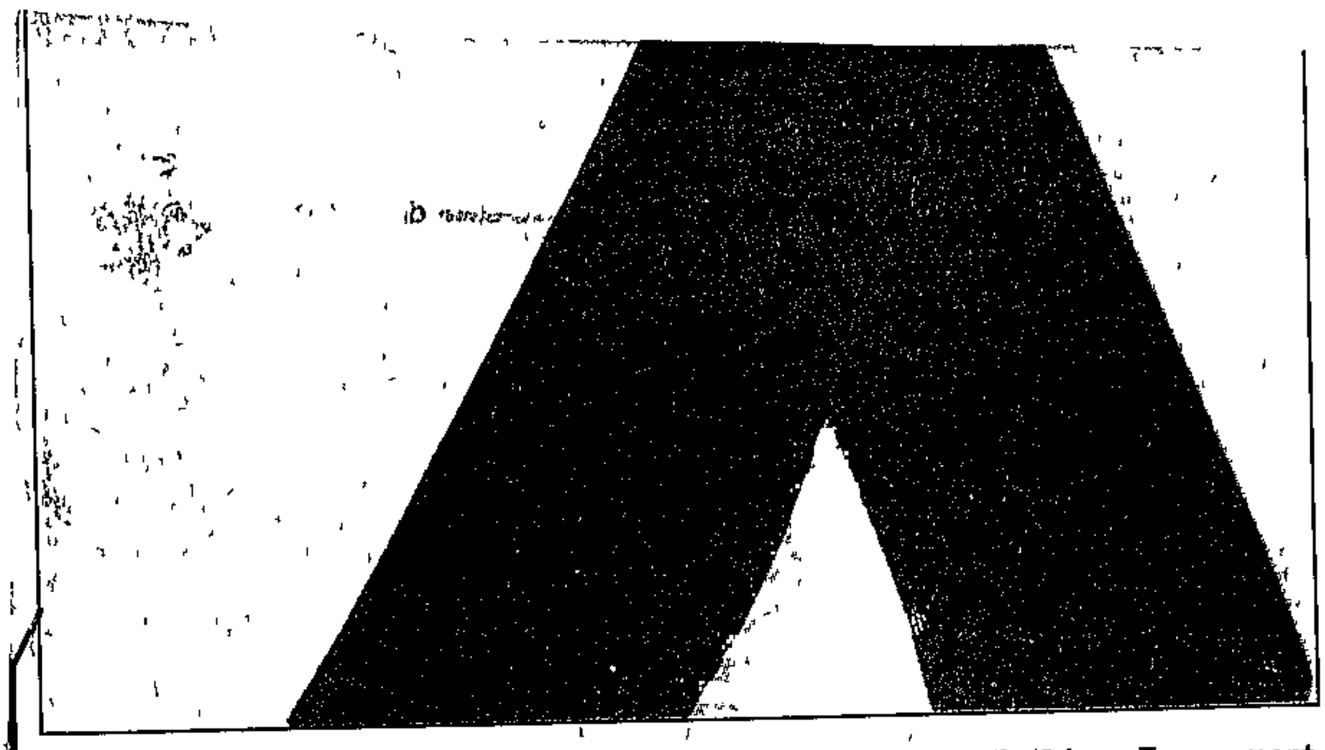
The product will be based on HIV strains from South Africa Until now most vaccine candidates have been produced from HIV strains prevalent in North America and Europe

The development partnership was recommended for funding by IAVI's blue-ribbon scientific advisory committee, which selected them after reviewing a range of proposals from around the world.

According to IAVI, the two projects have two of the most promising vaccine technologies in the world, far enough advanced in development that they could be tested quickly on humans.

IAVI's scientific strategy is to ensure that every promising vaccine design is pursued as quickly as possible.

At the launch in London this week it outlined a strategy of moving multiple vaccine candidates forward in partnership with vaccine producers and developing countries



PLAY IT SAFE: Brothers Marco, Terence and Lorenzo Mentoor from Delft hear Environment Minister Pallo Jordan at a World Aids Day event yesterday *PICTURE: WAYNE CONRADIE*

It's not as easy as ABC, when it comes to AZT

(93) CT 30/11/98

JUDITH SOAL

AZT. Three letters that have come to mean a lot more than an acronym for the anti-Aids drug Zidovudine In South Africa right now, if you're talking about AZT, you're likely to be talking about the transmission of the Aids virus from mother to child. You're particularly likely to be talking about Health Minister Nkosazana Zuma's recent announcement that projects to give AZT to pregnant mothers must be cancelled

Zuma's reasons? Whatever some Aids activists say, the minister who has taken on the tobacco industry to protect children from smoking can't be accused of condemning youngsters to death out of spite She believes the R80m needed to implement the programme can be better spent on Aids education that will reduce the spread of the virus among adults and by extension, their unborn children.

Fair enough — until health workers point out that education programmes have not been shown to be effective while AZT has, and researchers cite studies that show the programme will actually save money because the children who don't get infected don't need health care

Somewhere between these two positions lies the best course of action, but as Aids organisations threaten to take the minister to court and Zuma adopts her familiar heels-in-the-ground stance, we don't seem to be getting any closer to it.

"The problem at the moment is that we aren't discussing the programme objectively," said Greg Hussey of UCT's Child Health Unit "It has become a very emotional debate and no one will budge from their positions"

Hussey said there was no doubt that the programme was cost effective, but that this isn't the only consideration

"In defence of Zuma, there are very real difficulties to its implementation It's not just about handing out tablets, as many reports are suggesting

"The programme relies heavily on the clinics and day hospitals and we all know they are under tremendous stress at the moment. Without a large injection of capital, which is unlikely, they will struggle to handle the extra work.

"We have to ask ourselves whether it might not be better to use the money to bolster these services generally, so benefiting all patients, including those with HIV"

If the programme was implemented, thousands of women would discover they were HIV-positive and would be asked not to breast-feed their babies

"This has two problems Firstly many women, particularly in rural areas, don't have access to clean water and risk their baby's health by bottle feeding Also, it would undermine the decades of work done to promote breastfeeding"

Another problem is that bottle feeding could identify women as being HIV-positive "This brings up the issue of community acceptance If the discrimination keeps up at the level it is at now then the programme will fail, women won't want to bottle feed

"Then of course we can't ignore the ethical concerns of giving a woman AZT for a while, then stopping it as soon as the baby is born What kind of obligation would the health services have to that woman?"

Despite these concerns, Hussey believes the pilot projects should go ahead.

"The only way we can answer these questions sensibly is by running the pilot projects. And what every one seems to ignore is that there would be many other benefits to doing this. All the issues that are central to this programme are central to Aids prevention generally Counselling is central, testing is central, community acceptance is central If we could make some progress in these areas, it would be a huge boost to prevention efforts"

It would also generate an enormous amount of goodwill and prove that the government was prepared to do something tangible for those who are HIV-positive

"At present we honestly don't know if the projects will work or not, but the only way to find out is to try," said Hussey

UCT shares R51-m to find Aids vaccine

Research in conjunction with a North Carolina university

Star 30/11/98

Own Correspondent
Cape Town

The first research into an Aids vaccine based on the type of virus found in South Africa is set to begin at the University of Cape Town.

UCT virologist Carolyn Williams, together with researchers from the University of North Carolina in the United States, has received funding from the International Aids Vaccine Initiative (IAVI) to work on a candidate vaccine that will be viable for the developing world.

This project will share a grant of $9,1-million (about R51-million) with a similar collaboration between the United Kingdom and Kenya

"These projects are working on the most promising new vaccine technologies in the world," said Jaap Goudsmit, a scientific adviser for IAVI.

"They are also far enough along in the developmental process for us to be able to test them quickly in humans"

IAVI is a non-governmental organisation trying to promote the development of HIV vaccines

Aids activists fear that, left to their own resources, private drug companies will ignore vaccine research – which isn't particularly profitable – or focus only on vaccines that can be used in affluent countries where the population can afford them.

The organisation receives funds from sources such as Princess Diana's memorial fund, the World Bank and the Rockefeller Foundation

It chose the two collaborations from eight potential projects around the world

"The approach used by the University of Carolina researchers is very exciting," said Williams.

"What we want to do now is use the same approach with the South African virus"

The US researchers have based their vaccine, which has already been tested on primates, from the strain of HIV found in North America and Europe, known as Clade B. Williams' job is to choose the best variant of Clade C HIV, found mainly in southern Africa, on which to build a new vaccine

Williams is working with colleagues from KwaZulu Natal who are supplying samples of the virus for analysis.

week of protests to help curb Aids

By Mokgadi Pela

SOUTH Africans will join hands to fight the Aids pandemic at countrywide celebrations this week with an eye to the international Aids conference to be held in Durban in the year 2000

The events, to be held from Cape Town to Messina, will be addressed by People With Aids (PWA), government officials, trade unionists, clerics, Aids activists and prominent personalities.

Among events already lined up are:

● UNAids will host a media briefing at the headquarters of the South African Broadcasting Corporation in Auckland Park, Johannesburg, today at 11 30am,

● Aids Training and Information Centre is to hold its rally at Curries Fountain, Durban, on December 1 from 9am,

● Hope Worldwide, Planned Parenthood Association of South Africa (Ppasa) and the City Health Department of Cape Town will host a rally on the Grand Parade on World Aids Day tomorrow at 2pm,

● The National Youth Commission will launch a pilot project on Aids at the Durban City Hall tomorrow,

● The Ppasa will hold its event in Winterveldt tomorrow It will feature drama, music and speeches,

● Gauteng Premier Mathole Motshekga will launch the trade unions drive against HIV, Aids and STDs at Gallagher Estate, Midrand, at 7pm tomorrow,

● Positive Women s Network for women living with HIV and Aids is to meet at Ikhaya Lothungo at 133 Verloom Street, Sunnyside, Pretoria,

● A march to demand that AZT be given to pregnant women to reduce mother-to-child transmission of the virus will take place at the Chris Hani Baragwanath Hospital tomorrow,

● The East Rand Regional office is to host a rally at the Dawn Park playgrounds tomorrow,

● The National Association of People With Aids will hold a meeting of 1 000 sufferers at the Ipelegeng Community Centre in Soweto on Saturday, and

● The Socialist Party of Azania (Sopa) will hold its Aids rally at the Bela-Bela Recreational Hall on December 12 from 9am It will be addressed by chairman of the Greater Warmbaths health department Mr Marcus Moroke, local Socialist Party of Azania chairman Mr Jackson Thiyo and Sopa national deputy president Mr Dusty Nkoana

French president Jacques Chirac (right) clasps hands with Deputy President Thabo Mbeki (left) on the steps of the Elysee Palace before a gala dinner at the 20th Franco-African Summit at the weekend A record 35 heads of state and high-level representatives of another 14 countries attended the two-day meeting PIC REUTERS

Ignorance of Aids 'shocking'

By Mokgadi Pela

RESULTS of a fresh study conducted in Soweto to determine knowledge of and attitudes to Aids have revealed a shocking ignorance among those interviewed

The research was conducted by Hope Worldwide among 1 000 respondents using questionnaires based on the World Health Organisation and United States Agency for International Development formats

Among critical lessons learnt were that

● A total of 67 percent of Sowetans felt they had little or no risk from Aids,

● About 40 percent said Aids could be spread by mosquitoes or that they were were unsure of its spread,

● A total of 27 percent who had sexually transmitted diseases were not considering treatment,

● About 23 percent said people who looked healthy could not spread Aids,

● Exactly 40 percent had never used a condom,

● About 57 percent did not know where to get a condom, and

● About 70 percent never or only occasionally used a condom when having casual sex

Hope Worldwide official Mr Martin Saurma said "These figures show that we need to continue aggressive education and prevention interventions Perceived risk is negligible despite the alarming 18 percent infection rate among young people '

Other factors established were that 31 percent of people with HIV or Aids lived with a partner at home 53 percent had children, 23 percent lived with their family while 46 percent had not informed their families of their HIV status

Asked about sources of support researchers found that 21 percent received it from their families while 82 percent were unemployed and 98 percent received no welfare payments

Turning to care, 37 percent said they received no ongoing care 32 percent made regular visits to the clinic and 87 percent used no medication

Of their medical problems they cited weight loss (50 percent), fever or sweats (40 percent), coughing (50 percent), recent nausea, vomiting or diarrhoea (30 percent)

Saurma said this research "demonstrates a tremendous need for additional involvement of the family after they have been informed of the HIV status of the patient

The heart of the matter

(92) Sowetan 30/11/98

A recent report on how to contain the spread of Aids around the world has found that men may be at the root of the problem. **Mangai Balasegaram** explains

LONDON – Almost two decades have passed since doctors in a Los Angeles hospital picked up a fatal disease that was ravaging the human immune system – and still the onslaught of Aids has not abated

Despite enormous scientific and social progress made in the field – the virus and its modes of transmission have been identified and some drugs to combat the disease have been discovered – the burden of Aids still weighs heavily on humanity

The rate of infection worldwide has increased by 10 percent over the past year, according to estimates released for World Aids Day on December 1 by the Joint UN Programme on HIV and Aids (UNAids)

"The epidemic hasn't lost any of its steam," UNAids director Peter Piot said at a recent press conference in London

This year, according to UNAids, an average of 16 000 people were infected each day – or 11 people a minute Half of those infected were young people, aged between 15 and 24 years

Women now account for 43 percent of all infected people aged over 15 and, as a consequence, 10 percent of new infections are among children who were infected by their mothers

Tragically, 90 percent of those infected have no idea they are carrying the Human Immunodeficiency Virus (HIV) and may thus transmit it unknowingly

But the burden of Aids is not spread equally around the globe Indeed, it rests almost exclusively on the developing world, which is home to 95 percent all of those infected

Protease inhibitor

Sub-Saharan Africa, in particular, bears the brunt of the disease with 70 percent of all Aids cases

While the epidemic is acute in Africa and rapidly rising in Asia, it has been controlled in Western Europe and Australia – although not yet stopped

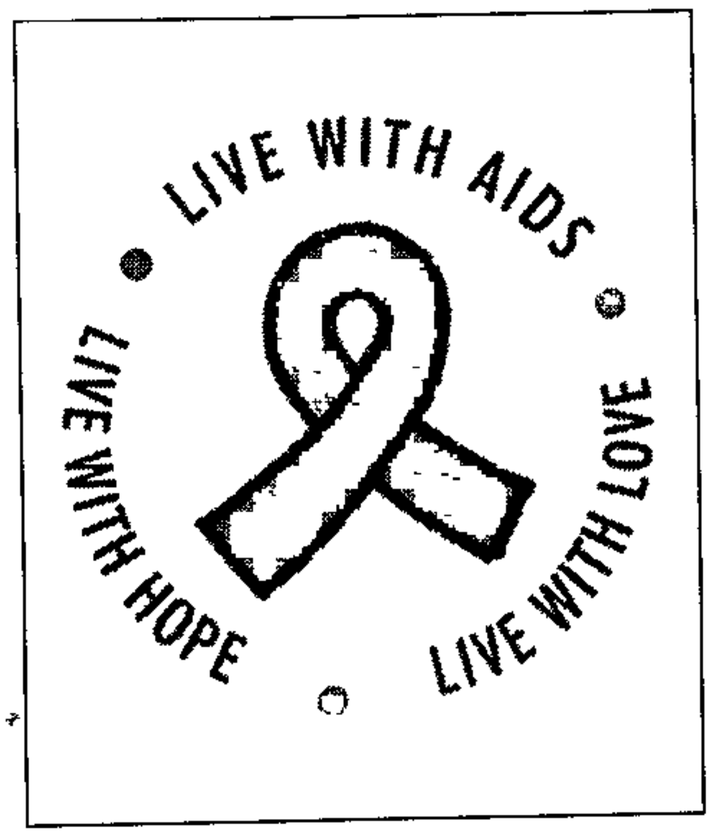
These two regions have experienced a drop in Aids-related deaths due to the arrival two years ago of protease inhibitor drugs These drugs can apparently reduce HIV in the bloodstream to undetectable levels

But these drugs are prohibitively expensive for most people in the developing world which reinforces the fact that Aids is a disease which particularly ravages the poor

Even in North America and Western Europe the disease tends to be limited to vulnerable pockets within the population – the ethnic minorities, drug users and homosexual men

Why are some areas and some countries affected so much more?

Poverty is evidently a factor that fuels the epidemic Poor countries are less able to afford



to test their blood supply and have mass awareness campaigns about Aids

And certainly, in most countries, it is the poor who are affected most – they are invariably less educated and less able to afford the regular use of condoms or treatment for sexually transmitted diseases (STDs) STDs greatly increase the risk of HIV infection

Furthermore, an STD is a sign of someone engaging in unsafe sex – and therefore an indication that the person is a high risk candidate for HIV infection

War and armed conflicts, and large scale displacement of people, also generate fertile conditions for the spread of HIV

But these reasons don't provide a complete answer to the pattern of the pandemic They don't explain why some poor countries are doing relatively well in terms of containing infection rates– or at least better than before – countries such as Thailand, Uganda and Northern Tanzania Senegal has also maintained low infection rates at two percent

One of the most important factors, says Piot, is a "commitment to stamp out Aids at the highest level" Many governments have simply not been committed enough

Also, there has been a reluctance to deal with the problem, because it usually involves commercial sex and drug use – activities that are often clandestine and illegal

When drug users or sex workers and their clients are the most at risk, or at the centre of the local epidemic, governments may be unwilling to deal with them

Indeed, they may prefer arresting or criminalising those involved rather than embarking on prevention programmes – namely education programmes, condom promotion, provision of sterile injecting equipment and drug treatment programmes such as methadone

The United States, for example, has been resisting programmes aimed at drug users, such as needle exchange centres

UNAids itself only recently started to directly support programmes for injecting drug users (IDUs)

Efforts are now being directed at Eastern Europe, where an explosion of HIV is occurring among IDUs

But even the most sincere government efforts may not be enough What may be required is a radical change in age-old belief-systems or ideas, largely held by men

A briefing issued by Panos, a London-based non-governmental organisation, for World Aids Day this year concludes that men are at the heart of the problem

Men are the driving force in stopping the spread of Aids because "they have more sexual partners than women and because they tend to control the frequency of intercourse"

"It is men's behaviour that determines how quickly, and to whom, the virus is transmitted," the report notes Indeed it adds "Without men, there would be no Aids epidemic"

An inconvenience

"Men's behaviour is strongly influenced by perceptions of masculinity Most cultures expect men to be sexually active Attitudes towards risk-taking lead many men to reject condoms as unmasculine or to consider sexually transmitted infections as no more than an inconvenience," the report says

These same attitudes also lead to experimentation and addiction to drugs, the report says, adding that four out of five IDUs are men

The report continues "The question now is whether men can be persuaded to change and whether widely held concepts of masculinity will allow men to be responsible and protective

It may be that deeper changes are needed before the Aids epidemic can be contained" – *Gemini*

Mpumalanga's shocking toll

NELSPRUIT The Mpumalanga government could expect to lose four out of 10 of its civil servants due to Aids-related sicknesses or death when the epidemic peaks in 2003, African Eye News Service reported yesterday

This is according to a report set to be tabled before the provincial legislature on World Aids Day tomorrow

HIV infection in the province's population of just under three million was 22%, but the report said it could rise to 34% by the year 2003 — infecting 48 000 new people each year

By that time, up to four percent of government staff and the private-sector workforce would start dying annually

A far larger percentage would be unable to work due to Aids or HIV-related illnesses

"Some sectors within a department will be more vulnerable to the impact of HIV-infected staff through death or absenteeism, which will affect delivery and quality of services," stated the report

High-income earners — who buy sex, have multiple partners or who have previously been treated for a sexually transmitted disease — were classified as one of the groups most susceptible to HIV infection

The report said the impact of the epidemic at family level would be great More than 100 000 Aids orphans could be left behind as people start dying across the province —Sapa

HIV-POSITIVE PREGNANT WOMEN TO GET AZT

Anti-Aids project continues

(92) CT 30/11/98

ON WORLD AIDS DAY tomorrow an international donor organisation is to announce that it will step in where the government refuses to tread: Giving AZT to pregnant women. Health Writer **JUDITH SOAL** reports

A PROJECT to give anti-Aids drugs to HIV-positive pregnant women is to go ahead in Gauteng, despite the government's decision to cancel it

The French-based donor organisation International Solidarity Fund, which gets its money from the European Union, will announce tomorrow that it is to give the HIV perinatal research unit at Chris Hani Baragwanath Hospital the R4 million necessary to continue its work

"When the government said we had to cancel the project, we set about securing other funds," said the unit's Glenda Gray

"Here we have a cost-effective way of stopping thousands of children from dying, yet they say its too expensive

"We can't understand why"

Health Minister Nkosazana Zuma's recent announcement that the projects were to be stopped stunned most of those living and working with HIV

Clinical trials in Thailand earlier this year found that the treatment could halve the number of children sentenced to live and die with HIV

Around the world Aids workers were rejoicing that at last there was a relatively cheap Aids intervention that could be used in developing countries.

In South Africa, several economic studies showed that the programme would be cost-effective because it meant less health care was needed for the children who would no longer die

But Zuma was having none of it

"We just can't afford it," she said, preferring to launch phase two of the Aids education campaign known as "Beyond Awareness" — at a cost of R80m

If implemented nationally, the AZT programme could save 18 000 newborn lives every year, 750 of those in the Western Cape But before this can happen, it needs to be tested on a smaller scale It is these small-scale "pilots" that Zuma put a stop to

Now with international funding, a pilot project will go ahead with 2 500 women in clinics in Soweto It will involve testing all pregnant women for HIV and giving a short course of the anti-Aids drug AZT to those who are positive.

These women will also be encouraged not to breastfeed their babies

"Until we have run the pilot projects we won't know if the programme is feasible in our setting or not," said Gray. "At least this way we might be able to answer the questions (the government) is raising"

In the Western Cape it's an "open secret" that the health department hasn't given up on the projects either Clinic staff are being trained, negotiations with drug companies are at an advanced stage and the logistics are being ironed out

"Pending a decision at national level, we are busy with preparation," was all Sadiq Kariem, the head of the provincial Aids plan, would say

Perhaps Kariem and others like him are hoping that the experience in Gauteng, together with the growing national and international enthusiasm for the programme, will encourage Zuma to change her mind The almost four million South Africans with HIV, for the sake of their unborn children, will hope that he is right

Saturday UPDATE

11 infected with HIV every minute

(92)

Star 28/11/98

South Africa accounts for one out of every seven new HIV infections on the African continent, according to a report by the World Health Organisation.

The WHO reported that 70% of world's population who became infected with HIV this year came from sub-Saharan Africa. And 80% of all Aids deaths in 1998 occurred in sub-Saharan Africa.

The report said about 11 people were infected with HIV every minute, bringing the total number of infected people to a horrific figure of 33,5 million worldwide.

United Nations Aids national programme officer Alfred Mikosi said the situation was much better in west Africa because of early and sustained prevention efforts

He said South Africa had delayed responding effectively to the virus. – Sapa SEE PAGE 5

Cutting off tips of condoms in order to spread the virus

Star (92)

By EMEKA NWANDIKO

The rumour mill is turning viciously in Dube. Someone knows of someone else who has died of an Aids-related illness – but no one admits knowing someone directly infected with the disease

"People keep it to themselves here in Dube," said Sibusiso Ngwenya (20) when asked about the issue of people mysteriously dying from "slim disease".

"It's more speculation than fact," he said. "You never delve deeper, all you hear is that the person died of a long illness."

"Dube is a secretive place," agreed Tumi Molefe (18). Looking about her to make sure she was not being heard, she said in a whisper: "I've heard three people, mostly young, have died of Aids in the past month But each time relatives were asked, they said cancer was the cause."

Aside from the culture of silence, there is also a culture of fear, as rumours have been circulated that smartly dressed young men infected with HIV are kidnapping women and raping them in order to spread the virus

"There are people who think 'I have the disease and I must not suffer alone'," said Deborah Maisela (70), who fears for the lives of her two young granddaughters. "They tell me that there are boys who are infected with the virus who are cutting the tips off condoms They use these sabotaged condoms for sex to ensure that they spread the virus I warn the girls that they must use their own condoms."

Ngwenya, too, has heard the rumour of men piercing condoms "These are the guys who still think Aids is a white man's disease .. or you can always smell it on a woman who has it."

But whether urban myth or simply the work of twisted minds, one thing remains a fact: funerals of suspected Aids victims continue unabated.

Even Father Bongane Sithole finds it difficult to understand why relatives of loved ones do not confess that the deceased has died of an Aids-related illness. The parish priest said some relatives turn violent when confronted with the issue.

Cash-strapped home to close

28/11/98

By AURELIA DYANTYI (Beeld)

The usual bustle and cheer of the inmates of St Christopher's home for people with Aids was replaced by glum looks, and some preferred to lock themselves in their bedrooms this week Their home is to close soon because of a lack of funds.

The house is run by Christians from various congregations but is open to people from all walks of life who are suffering from the disease.

William Longman, the house manager, is determined that the staff will do all in their power to keep the home running

"If this place does close down, some of the people will have to move in with their families. But others will end up in the streets because their families have abandoned them. Some don't even know where their families are and I have been trying to reach relatives, without luck.

"The closure will not only affect patients, but staff too. I come from Port Elizabeth and there are two domestic workers here, and that will mean no jobs for the three of us."

Sex workers educate first themselves, then miners

By EMEKA NWANDIKO

In a shack on an informal settlement next to one of the biggest gold-mining complexes in South Africa, two employees of Old Mutual look on at their latest effort to halt the spread of HIV/Aids among miners and sex workers around Carletonville.

According to a World Health Organisation report on the Aids epidemic in South Africa, 22% of the inhabitants of the Carletonville mining area on the West Rand are infected with HIV

In an area that has a mining workforce of about 88 000 men living alone in hostels, and more than 400 sex workers, the risk of infection is high

And underwriter Old Mutual has started to feel the heat Over the past seven years it has noticed that the death benefits paid to mineworkers it has underwritten have more than doubled.

Said risk benefits actuary manager Trevor Pascoe. "Aids-related deaths have risen from 5,5, before we had Aids, to 13 per thousand."

The company has capped its annual deaths and disability benefits at R100-million (of which Aids-related payouts have grown into the lion's share)

A community-based outreach project has a novel approach to keeping the spread of HIV/Aids in check

Up to 30 peer educators (former sex workers) were recruited earlier this year to inform the 1 600 inhabitants of the informal settlement, just outside several mines, about Aids and other sexual diseases.

"Because of the high level of illiteracy, we use drama, picture codes and role play to achieve our goal of halting the spread of HIV//Aids," said Zodwa Mzadume, who help to set up the Carletonville Outreach Project. It also distributes condoms to woman and miners.

Most of the women arrived from different parts of the country looking for work. They have turned to prostitution as a means of helping to feed their children and unemployed menfolk.

The peer educators have had a degree of success in changing the sexual habits of sex workers and miners "Before, I would have sex with a guy who did not want to use a condom," said one sex worker." Another said: "I always turn away men who refuse to use a condom."

Old Mutual is keenly watching the project, which Pascoe says might be used in other mining communities. But it will be months, if not years, before the benefits of the project are apparent For many miners and sex workers, it will be far too late.

(92) Star 28/11/98

BAG OF BONES: Allan Harcombe will be spreading the safe-sex message on World Aids Day

Photograph: CHRIS ADLAM

The last lonely days of a man who has cheated death

By AURELIA DYANTYI

At 43, Allan Harcombe looks a lot older than his age. Some 13 years ago he was a seasoned hair designer – today he can't even give a simple haircut to his housemates. He is losing his eyesight and can't hear properly. Moving about in the house is a problem.

About three months ago the fathers at St Francis Centre – a home for people dying from Aids – gave him the last sacrament about 10 times. "I did not know who I was and where I was and what was happening. I think it was the tablets I was taking – my body rejected them and that is what caused all the problems," he explained.

Harcombe cheated death, but does not know for how long.

The former athlete cycled from Johannesburg to Cape Town in 1991 with his HIV-positive friend, who has since died, in a bid to promote understanding of Aids. Harcombe is now reduced to bones and is losing weight rapidly. In the past two months he has lost 14kg, even though he admits to "eating like a horse"

Like many people dying from Aids, he is suffering alone, without his loved ones. His brother and sister have disowned him.

"In May this year my mother came to see me – this after 20 years of not talking to each other. When I first saw her I did not realise who she was, and it was only after she got close enough that I recognised her. I was so pleased that I had made peace with her. My adoptive sister also still keeps in touch with me. My sister has refused to allow me to come near their home because she has children, and my brother will have nothing to do with me. The people here are my family now. I depend on them for everything: love, care and assurance."

The most difficult time is when an Aids child dies at the home. "I love kids, but I don't want to get too attached to them because when they die it's not easy to move on. Children don't deserve to suffer," Harcombe said.

He has been living at the home for about four years and has seen people dying. He believes that next week will be his last World Aids Day, and he will take advantage of it.

"To me, the day means that people should stop rejecting us all the time."

As part of his commitment, he will give a lecture on Tuesday to people who will gather at the home to celebrate World Aids Day.

"I will be talking to youths in the morning and adults in the afternoon. The message is simple – Aids kills, and if people are sexually active they should use condoms."

Hiding shame under natural-causes banner

By EMEKA NWANDIKO

The culture of silence surrounding Aids-related deaths even extends to remarks on death certificates: Soweto funeral parlours suspect that death certificates marked "death by natural causes" hide the truth about the spread of the silent killer in a community that still believes it could never happen to them.

"Over the past year we have prepared 100 bodies infected with Aids for burial – and the rate is increasing," said one funeral parlour owner, who declined to be named for fear of losing custom.

"In the 1980s I would come across one body infected with Aids in a whole year. Now it is at least four a month," said the owner, who runs a small funeral parlour in north-eastern Soweto.

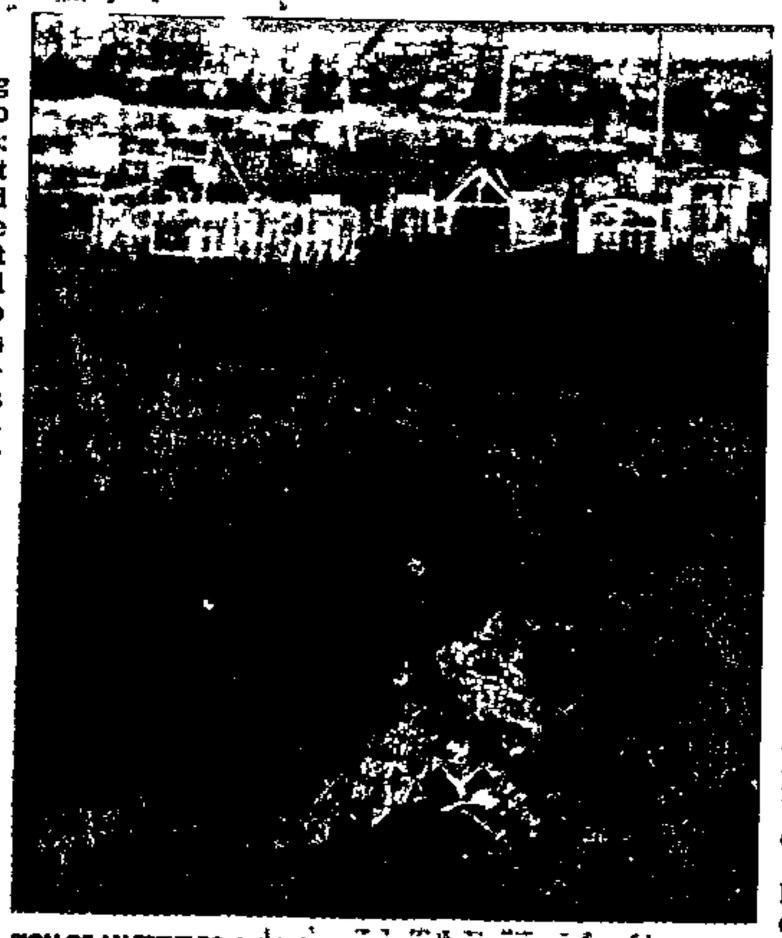
Another funeral parlour worker said she found the change in attitude of officials at some of the government mortuaries "alarming"

"Before, they used to mark the face of an Aids victim with red 'Hazard' stickers – now they do not even bother," said an employee at a large funeral parlour in central Soweto.

She had also noticed that death certificates that were once marked "death as a result of an Aids-related illness" now read "death by natural causes"

She suspects that this is just the tip of the iceberg: "Many people in the terminal phase of Aids discharge themselves from hospital and go home to die.

"Once they are dead, the family call the doctor and urge him to write on the death certificate that their loved one died of natural causes, and so avoid the stigma of others knowing that their loved one died of Aids.



SIGN OF AN EPIDEMIC: Is this freshly dug grave to mark the spot where yet another young victim of Aids will be buried?

"But there are clues to tell you that someone has died of Aids – often the doctor will write the cause of death as 'double pneumonia' or 'acute diarrhoea'," she said.

However, there are physical signs that embalmers cannot miss.

She said. "It is easy to tell if someone has died of Aids because the body is bald-headed, thin boned and has protruding ears."

There is another trend among those knowing they are going to die of Aids.

"It is not uncommon for people to take out burial schemes before they die," said a receptionist at a funeral home.

He suspects that the reason is that the terminally ill want to reduce the financial burden of their burial on their relatives.

"There was a case the other day when a 36-year-old man paid R5 000 in full for a burial scheme. Within a few months he was dead," he disclosed.

Increasingly, funeral parlours have observed that the Aids epidemic is claiming younger lives.

"We perform at least 30 funerals a week," one parlour worker said.

"What we have found is that, on average, 10 will be unnatural deaths such as car accidents and murder. Of the other 20 that are claimed as natural deaths, six are old people and the rest are young people who were born in the late 1960s and the 70s."

Monday November 30 1998 SOWETAN

Condoms not put to proper use – study

(92)

By Mokgadi Pela

MILLIONS of rands have gone to waste in the Government's programme to distribute condoms to the public with many being thrown away unused, according to results of a pilot study into the social aspects of condom use in South Africa.

The research was commissioned by the Ministry of Health to find out what happened to condoms distributed in the country to combat sexually transmitted diseases, HIV and Aids

The project is led by the Medical Research Council and was conducted by researchers from the University of Cape Town.

Project leader Mr Landon Myer told *Sowetan* before World Aids Day that 172 million condoms had been distributed nationally in 1997.

One study conducted in the rural areas of Western Cape established that of the condoms distributed, 15 to 20 percent were kept but not used, about 10 percent were lost, while between 10 and 15 percent were given to another person, 10 percent were thrown away unused, while 2 percent broke during intercourse

Researchers found that only half of the condoms distributed were used for their correct purpose.

Sowetan has established that the condoms cost 16,5 cents each. This means more than R14 million has gone down the drain. This figure excludes the cost of distribution and storage

Myer said reasons given for throwing condoms away were that they were given away without people asking for them, particularly at STD clinics or at family planning centres

Some women reported that social pressure forced them to throw them away as they were made to feel "guilty" for possessing them

Another factor for not using condoms was alcohol "There's international evidence that shows that drinking alcohol and condom use don't go together," Myer said.

He said what was of even more concern was that 70 percent of the regular condom users "have had at least one episode of unprotected sex".

Another contributory factor was that women were still disempowered in terms of decision-making involving condoms "Contraception that relies on men is problematic," Myer said

Children with Aids: doctors clubbing in

By Charity Bhengu

LOCAL and foreign doctors have formed an alliance to raise funds to provide free healthcare and homes to children with Aids

Some of the money will be used for counselling services to those who care for them

The first World Africa Aids Day benefit dinner to raise about R500 000 for this project was hosted by Zenzele Healthcare at Gallagher Estate in Midrand yesterday

The initiative was supported by the Gauteng health department, Gauteng Premier Mathole Motshekga, the Carewell Group and local artists

Children with Aids from Ethembeni Children's Home in Johannesburg and Carol Sithole Children's Centre in Soweto were the first to benefit from the fundraising dinner

The Zenzele doctors have committed themselves to assist in meeting the children's healthcare

Research shows that in Gauteng 65 000 people will have died from Aids by 2005 and as many as 100 000 in 2013

According to the Gauteng health department 20 percent of the three million people infected with HIV are youths aged between 15 and 30

Some already have full-blown Aids while othrs are healthy and unaware of the infection Research shows that by 2015 Gauteng will have 500 000 Aids orphans

According to the health department some children are infected at birth Babies born infected with HIV become ill relatively quickly and many die before the age of three

A few remain healthy and reach schoolgoing age

Hundreds of HIV-positive babies are abandoned or orphaned when their parents die of the disease

As a result of this the province experiences problems in trying to find them homes and people to care for them

The department says it is difficult to find foster homes for all the children and the few homes available are struggling to meet the needs of sick and dying children

Gauteng has three hospices, with 50 beds in all, for children dying of Aids and other related conditions

The Government provides funding but this is not enough to cover all the costs involved

The homes depend on handouts and fundraising campaigns to survive

● See also pages 8 and 10.

Week of protests to help curb Aids

By Mokgadi Pela

SOUTH Africans will join hands to fight the Aids pandemic at countrywide celebrations this week with an eye to the international Aids conference to be held in Durban in the year 2000.

The events, to be held from Cape Town to Messina, will be addressed by People With Aids (PWA), government officials, trade unionists, clerics, Aids activists and prominent personalities.

Among events already lined up are:

● UNAids will host a media briefing at the headquarters of the South African Broadcasting Corporation in Auckland Park, Johannesburg, today at 11 30am,

● Aids Training and Information Centre is to hold its rally at Curries Fountain, Durban, on December 1 from 9am,

● Hope Worldwide, Planned Parenthood Association of South Africa (Ppasa) and the City Health Department of Cape Town will host a rally on the Grand Parade on World Aids Day tomorrow at 2pm,

● The National Youth Commission will launch a pilot project on Aids at the Durban City Hall tomorrow,

● The Ppasa will hold its event in Winterveldt tomorrow It will feature drama, music and speeches,

● Gauteng Premier Mathole Motshekga will launch the trade unions

● Positive Women's Network for women living with HIV and Aids is to meet at Ikhaya Lothingo at 133 Vertain, Durban, on December 1 from 9am,

● A march to demand that AZT be given to pregnant women to reduce mother-to-child transmission of the virus will take place at the Chris Hani Baragwanath Hospital tomorrow,

● The East Rand Regional office is to host a rally at the Dawn Park playgrounds tomorrow

● The National Association of People With Aids will hold a meeting of 1 000 sufferers at the Ipelegeng Community Centre in Soweto on Saturday, and

● The Socialist Party of Azania (Sopa) will hold its Aids rally at the Bela-Bela Recreational Hall on December 12 from 9am It will be addressed by chairman of the Greater Warmbaths health department Mr Marcus Moroke, local Socialist Party of Azania chairman Mr Jackson Thiyo and Sopa national deputy president Mr Dusty Nkoana

French president Jacques Chirac (right) clasps hands with Deputy President Thabo Mbeki (left) on the steps of the Elysee Palace before a gala dinner at the 20th Franco-African Summit at the weekend A record 35 heads of state and high-level representatives of another 14 countries attended the two-day meeting

PIC REUTERS

Ignorance of Aids 'shocking'

By Mokgadi Pela

RESULTS of a fresh study conducted in Soweto to determine knowledge of and attitudes to Aids have revealed a shocking ignorance among those interviewed

The research was conducted by Hope Worldwide among 1 000 respondents using questionnaires based on the World Health Organisation and United States Agency for International Development formats

Among critical lessons learnt were that

● A total of 67 percent of Sowetans felt they had little or no risk from Aids,

● About 40 percent said Aids could be spread by mosquitoes or that they were were unsure of its spread,

● A total of 27 percent who had sexually transmitted diseases were not considering treatment,

● About 23 percent said people who looked healthy could not spread Aids,

● Exactly 40 percent had never used a condom,

● About 57 percent did not know where to get a condom, and

● About 70 percent never or only occasionally used a condom when having casual sex

Hope Worldwide official Mr Martin Saurma said "These figures show that we need to continue aggressive education and prevention interventions Perceived risk is negligible despite the alarming 18 percent infection rate among young people"

Other factors established were that 31 percent of people with HIV or Aids lived with a partner at home, 53 percent had children, 23 percent lived with their family while 46 percent had not informed their families of their HIV status

Asked about sources of support, researchers found that 21 percent received it from their families while 82 percent were unemployed and 98 percent received no welfare payments.

Turning to care, 37 percent said they received no ongoing care, 32 percent made regular visits to the clinic and 87 percent used no medication

Of their medical problems they cited weight loss (50 percent), fever or sweats (40 percent), coughing (50 percent), recent nausea, vomiting or diarrhoea (30 percent)

Saurma said this research "demonstrates a tremendous need for additional involvement of the family after they have been informed of the HIV status of the patient"

European help for Bara's (92) HIV babies

Star 30/11/98

Cancellation of AZT treatment reversed

By Judith Soal
Cape Town

A project to give anti-Aids drugs to HIV-positive pregnant women is to go ahead in Gauteng despite the Government's decision to cancel the project.

The French-based donor organisation International Solidarity Fund, which gets its money from the European Union, will announce tomorrow that it is to give the HIV perinatal research unit at Chris Hani Baragwanath Hospital the R4-million necessary to continue its work

"When the Government said we had to cancel the project, we set about securing other funds," said the unit's Glenda Gray

"Here we have a cost-effective way of stopping thousands of children from dying, yet they say it's too expensive. We can't understand why"

Health Minister Nkosazana Zuma's recent announcement that the projects were to be stopped stunned those living and working with HIV Clinical trials in Thailand earlier this year found that the treatment could halve the number of children born HIV-positive.

Around the world, Aids workers rejoiced that at last there was a relatively cheap Aids intervention that could be used in developing countries.

In South Africa, several economic studies showed that the programme would be cost effective because it meant less healthcare was needed for the children who would no longer die. But Zuma was having none of it

"We just can't afford it," she said, preferring to launch phase two of the Aids education campaign known as "Beyond Awareness" – at a cost of R80-million

If implemented nationally, the programme could save 18 000 newborn lives every year. But before this can happen, it needs to be tested on a smaller scale It is these small-scale "pilots" that Zuma put a stop to

Now, with international funding, a pilot project will go ahead with 2 500 women in clinics in Soweto It will involve testing all pregnant women for HIV and giving a short course of the anti-Aids drug AZT to those who are positive These women will also be encouraged not to breastfeed their babies

"Until we have run the pilot projects we won't know if the programme is feasible in our setting," said Gray. "At least this way we might be able to answer the questions (the Government) is raising"

In the Western Cape it is an open secret that the Health Department has not given up on the projects either Clinic staff are being trained, negotiations with drug companies are at an advanced stage and the logistics are being ironed out

Star 30/12/98

Aids spread 'due to past' (92)

The spread of the HIV/Aids pandemic in South Africa has been fuelled by the apartheid legacy of the migrant labour system, the accompanying proliferation of sexually transmitted diseases and the subordinate status of women, the first official SA Human Development Report has found.

The report said. "The determinants of the epidemic cannot be explained only in terms of individual risk-taking behaviour.

"The causal factors are rather to be found in the poverty and deprivation experienced by most South Africans and in the social, economic and political alienation suffered by most of the population as a result of the country's history."

The report, sponsored by the United Nations Development Programme and UNAids, cited the pandemic as one of the most tragic aspects of the social legacy of apartheid, and one of the biggest challenges facing South Africa. — Sapa

► Help for Bara's babies

T J LEMON

We are all in this together ... a section of the crowd of youths who marched through Johannesburg to promote awareness of the Aids/HIV problem and encourage acceptance of people living with the disease or the virus The march was held on Saturday

With hundreds infected daily, focus is on youth

(92)
Star 30/11/98

BY KHANYISILE NKOSI

It is estimated that 1 600 young people are infected by HIV/ Aids every day, so activities to mark World Aids Day around South Africa tomorrow will focus on the young, according to Gauteng Aids director Dr Liz Floyd

Thousands of people from the private sector, non govern mental organisations and vol unteers will take part in the campaign

Floyd says Aids education, drama presentations, traditional dances and the distribution of condoms are a few of the activities planned

The campaign is aimed at remembering those who have died of Aids, and creating awareness and giving support to those affected by the epi demic and encouraging them to warn people that Aids is a real threat

A report by the Gauteng Health Department estimates that 3 million South Africans have been infected with Aids, which will bring about the deaths of 60 000 people by next year Sixty percent of those infected were young people between 16 and 25

Floyd said "Instead of dis criminating against people liv ing with and affected by Aids/HIV, we should act re sponsibly and with concern It is everyone's responsibility to take action and commit our selves to the partnership against Aids"

President Nelson Mandela will commemorate World Aids Day in Mtubatuba, KwaZulu Natal, with King Goodwill Zwelithini and Home Affairs Minister Mangosuthu Bu thelezi.

Transport Minister Mac Ma haraj will cut a ribbon at Pretoria station and release red balloons into the air – dedicat ing them to Aids sufferers

Appeal for rethink on AZT decision (92)

THE NATIONAL Council for Child Welfare yesterday called for the inter-ministerial committee on Aids to withdraw its decision not to provide the AZT drug to HIV-positive pregnant women

The appeal followed a public statement by Welfare Minister Geraldine Fraser-Moleketi on World Aids Day supporting the committee's decision

The council said research had revealed that transmission of the virus to the unborn child was reduced by 50 percent if the drug was administered to the mother during the last month of pregnancy

"The council and its 170 child welfare societies have expressed shock and astonishment at this decision taken by the inter-ministerial committee and view the decision as being short-sighted and to the detriment of our country," said national director Mr André Kalis

He said child care and health resources were already stretched to the limit providing special and intensive care for children with HIV

"The cost of AZT intervention in respect of one pregnant mother is about R700 while the cost of treating a child suffering from Aids would amount to thousands of rands

"The cost in terms of human misery is immeasurable compared to the cost of AZT intervention which is available as a preventative option," he said

The inter-ministerial committee on Aids, chaired by Deputy President Thabo Mbeki, decided on October 27 that AZT for pregnant women with HIV would not form part of the public health policy. However, private individuals could receive the treatment if they were willing to pay for it.

Department of Health chief director of national programmes Dr Glordine Mtshali said the issue was open for re-evaluation should AZT or support service costs become cheaper.

Research on the drug is being conducted at the Chris Hani-Baragwanath Hospital in Johannesburg and King Edward Hospital in Durban

"We would like to prevent anyone from becoming infected, which is why we will continually re-evaluate the climate," Mtshali said – *Sapa*

MAIL & GUARDIAN
December 4 to 10 1998

MAIL & GUARDIAN
December 4 to 10 1998

'If we don't stop Aids, there will be no African renaissance'

M+G 4-10/12/98 (9p)

Despite its limited resources, South Africa stands to gain by developing its own HIV vaccine, instead of waiting for the West to provide, writes **Lesley Cowling**

More than 25 clinical trials of different types of vaccines against HIV — the virus that causes Aids — are under way all over the world. Africa will host at least one trial, scheduled to take place in Uganda. In the United States, a group of doctors has volunteered to become guinea pigs in a trial of a vaccine containing a weakened form of HIV. The announcement sparked a flood of offers from Americans willing to become volunteers.

With so much going on, you could be forgiven for sitting back with a sigh of relief and saying: "Well, that's taken care of."

But South African scientists have not responded that way: a local initiative to develop a vaccine was launched earlier this year and a workshop in September on the ethical issues of HIV vaccine trials brought together more than 100 players in the field.

Apart from the apparent bad timing — South African vaccine development is a decade behind the frontrunners — the numbers also suggest the South African initiative is quixotic.

The 50-odd medical and scientific experts who have been discussing the initiative at meetings around the country estimate the basic research will cost about R100-million to R150-million. They are trying to raise the funds from the health department, research bodies and companies.

Compare this to the US, where the country's National Institute of Health has budgeted $179,9-million for research for 1999 alone, according to a report by the International Aids Vaccine Initiative (IAVI), an advocacy body. The report also puts the cost of developing a new pharmaceutical product at between $150-million and $250-million.

But local experts say that South Africa cannot afford not to get involved in vaccine development.

"There is currently no effort specifically to develop appropriate vaccines for South Africa, where we have a different strain of HIV from what we find in the US and Europe," says Dr Walter Prozesky, one of South Africa's leading virologists and president of the Medical Research Council.

HIV mutates into different forms and, at last count, there were at least 10 sub-types of HIV-1, numbered from A to J.

Subtype B is prevalent in North America, Europe, Australia and much of South America. Subtype C, the so-called African form of the virus, is the dominant virus in Southern Africa and Asia and is causing the fastest-growing epidemic of them all.

If you imagine the virus as a round sac of viral matter contained in an "envelope", then it is the outside "envelope" that mutates to make the different subtypes. The matter inside the sac also varies, but not as a much.

Most of the 25 trials under way are testing vaccines for subtype B. Only two trials are testing vaccines that might provide protection against subtype C. There are a few trials testing E (South-East Asian subtype), as well as A and D (Central and East African strains).

There are many different types of vaccines being tested, but all are designed to help the body recognise and eliminate invading HIV by stimulating the immune system before the person is exposed to the virus.

But if HIV can change its outer envelope (the face it shows the body's cells), it will be difficult to design a vaccine that can help the body recognise all the different subtypes.

South African researchers, therefore, need to be involved in the international initiative to develop a vaccine so that they can contribute local knowledge of subtype C in order to design appropriate vaccines.

"We need to develop a vaccine that is specific and relevant to our people," says Dr Malegapuru Makgoba, who will take over as president of the Medical Research Council next year. He says the initiative will build capacity in South Africa to design, manage and co-ordinate vaccine development. "If you don't have the capacity, you are not able to enter the game," he says.

"Being part of the global network ensures that nobody has got the monopoly over knowledge. We have a facility to produce vaccines, so the infrastructure is not a problem."

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not a problem."

The IAVI report says that South Africa is uniquely situated in Africa "in that it has a strong clinical infrastructure, talented researchers and access to high-risk populations"

Access to high-risk populations is crucial to testing vaccines After the first phase of testing, which is designed to make sure the vaccine does not cause health problems, the second and third phases need to test whether the vaccine works, something that cannot be done if the people in the trial are not exposed to the virus

It has been suggested that trials of vaccines for subtype B could take place in high-risk populations here, to see what kind of immune responses it would generate in South Africans and to test the possibility that the vaccine could also protect against subtype C — a phenomenon called cross-reactivity.

But Makgoba argues that testing other subtypes is unlikely to benefit South Africa. "Speaking purely as a scientist, there is not enough evidence that B cross-reacts with subtype C The immune response is quite specific.

"If you want to test subtype B, you test it on a population vulnerable to subtype B. This is simply common sense," he says

There are many difficult ethical issues around conducting vaccine trials, so trials for B, if ineffective, could also prejudice the process of testing vaccines for subtype C.

But ethical problems are in the future "We are at least seven to 10 years away from having a local vaccine ready for human trials," says Dr Lynn Morris, a scientist at the National Institute for Virology

It's going to be a long, difficult costly process. But, says Makgoba, "there is no economic recovery without tackling Aids If we don't stop Aids, there will be no 'African renaissance' "

Safety first: While waiting for a mobile clinic to arrive, women in the Hlabisa district of KwaZulu-Natal watch a condom demonstration by Jabu, an Aids educator. Jabu herself is infected: 'In the hospital a nurse spoke to me and asked whether I wanted to see other people with HIV, to stop me being all alone with my disease. Six of us met at Hlabisa hospital. We gained strength from just knowing each other. We were all trained as Aids educators.' Jabu's husband, Jaconia, a truck driver, has come to terms with the fact that both he and his wife are ill. 'When my wife told me she had this disease, it felt like the end. Then I saw that it was not like that. I have learnt to live with Aids and have come to love my wife more and more. It does happen that I do have girlfriends, but now I use a condom. You can feel it so well. It's the same as flesh to flesh. I don't know when the time will come when Aids is going to kill me. I feel under pressure and that's why I am building a new home for my children. I want to finish it soon, as I am losing weight and getting weaker. I taught myself to play Zulu guitar when I was younger, and I've written songs about incgulazi [Aids] to warn people about the dangers. My 15-year-old son now plays bass with me. I hope my songs will stay with him when I'm gone.'
PHOTOGRAPH: GIDEON MENDEL

We can't not afford AZT

MTG 4-10/12/98 (92)

Nicoli Nattrass

It is economically illiterate and shockingly ill-informed to argue that we cannot afford to give pregnant women AZT This is apparent from the most basic cost-benefit analysis

Taking the narrowest possible approach, the government simply has to ask whether the cost of administering AZT is more or less than the costs of treating children with Aids over their short lives AZT costs about R500 a month, and a pregnant woman needs to be treated during the last three months of pregnancy to reduce the risks of passing HIV on to the child from about 63% to 13%

So, if the state treats 100 women in order to save an additional 50 children, this will cost R3 000 per saved child

The average cost per patient per day in the Red Cross Children's Hospital is about R900 Poor patients are charged R44 per 30 days, so practically the entire cost of treating most African children with Aids falls on the state Any child that spends more than four days in hospital with Aids-related problems has cost the state more than it would have done to save that child through the use of AZT

According to sources in the Red Cross Children's Hospital, children with Aids live for about five years, and they are likely to spend at least five weeks a year in hospital If so, each child will cost the state R54 000 — that is, 18 times the cost which would have been incurred had the state administered AZT to enough pregnant women to save that child

If we widen the ambit of the cost-benefit calculation to include welfare expenditure, then the case for giving AZT should become even more compelling to government Child support of R100 a month is payable for up to six years Children living for five years with HIV will thus cost the state R6 000 This expenditure alone is twice the amount the state needs to spend on AZT to save the child! These costs will never be recovered as children with Aids do not live long enough to become productive, tax-paying adults

In short, the government should have realised that withholding AZT was not only immoral, but was also a false economy — even within the confines of the narrowest fiscal calculus

One could argue that economists should only look at the numbers of care-givers who are likely to take Aids orphans to hospital This way, we can discount all those families in rural areas who cannot get to hospitals, and where children with Aids are likely to die earlier Taking this further, if hospitals are instructed not to treat children with HIV, then the costs fall accordingly

But this kind of calculation puts no value on human life, and depends on denying people access to adequate health care It is based on a triage formulation where health care resources are allocated first to those with the chances of surviving — but where the decision not to provide AZT determines such chances

Some people even take seriously the notion that it is better for children borne of HIV mothers to die with, or shortly after, their mothers The argument goes that as there is no one to care for them, their quality of life is likely to be poor and they will probably end up as criminals This disgusting calculus assumes that no one remains behind after the mother dies to love and care for the child While this situation may arise in the future as the Aids pandemic increases, it is not the case at present

A very small percentage of Aids babies are abandoned Most appear to be looked after by grandmothers and other relatives

If one factors in the costs borne by these care-givers, then the case for providing AZT is unanswerable Grandmothers and aunts do not make triage-type calculations when the baby gets sick Out of human compassion, they stay away from work to look after the sick child, and take their hard-earned savings and spend them on medicines, taxis to clinics and hospitals, etcetera By saving money on AZT, the state is effectively passing on the costs of Aids to such people

And no one can even begin to count the emotional costs of watching a toddler learn to walk, smile and talk — only to die of an illness you can do nothing about, and which the state was too stupid and immoral to prevent.

Dr Nicoli Nattrass is an associate professor at the School of Economics, University of Cape Town

HIV test certificate is seen as new 'dompas'

CT 4/12/98

(92)

ANSO THOM

JOHANNESBURG: Domestic workers are increasingly becoming the victims of unethical doctors who conduct HIV/Aids tests without their consent and then inform their employers of the results

And, in most cases, the domestic workers are asked to leave by their ill-informed employers.

Fatima Hassan, an attorney with Aids Law Project (ALP), said employers were asking job applicants to produce a medical certificate saying they are HIV-negative

"Despite the Labour Relations Act, domestic workers continue to suffer much the same fate as they did during the "dompas" raid era.

"Invasions of privacy are rife, and sadly it seems we are witnessing the emergence of a new 'dompas' policed by employers and the medical profession — the HIV-negative medical certificate " Hassan said ALP had lodged several complaints with the Interim Medical and Dental Council (IMDC), but not one doctor had been found guilty The Labour Relations Act makes provisions for the employer to compensate or reinstate an employee where that person has been unfairly dismissed Legally enforceable guidelines published by the IMDC provide for a patient to be tested only with informed consent

Louise Emerton, spokesperson for the IMDC, said action would be taken against doctors who failed to conform to the guidelines

Among the cases the ALP is fighting is one where a domestic worker at a dentist's surgery was tested without her consent, and was found to be HIV-positive She was asked her to leave after working at the surgery for 10 years

Another case involved a woman in the northern suburbs who took her domestic worker to the local family doctor to be tested After the doctor told the employer she was HIV-positive, she was locked out of the house

Her employer passed her money through the window and told her to leave

Employers abusing Aids tests

(92)

HIV-positive domestic workers fired after being examined without their consent

Star 4|12|98

Reports by Anso Thom Health Reporter

Domestic workers are increasingly becoming the victims of unethical doctors who conduct HIV/Aids tests without their consent, and then inform their employers of the results

And, in most cases, domestic workers who test positive are fired by their employers.

Fatima Hassan, an attorney with the Aids Law Project (ALP), said employers were asking job applicants to produce a medical certificate to prove they were HIV-negative.

"Despite the Labour Relations Act; domestic workers continue to suffer much the same fate as they did during the *dompas* raid era.

"Invasions of privacy are rife and, sadly, it seems we are witnessing the emergence of a new *dompas* policed by employers and the medical profession – the HIV-negative medical certificate," Hassan added

She said the ALP had lodged several complaints with the Interim Medical and Dental Council, (IMDC) but so far not one doctor had been found guilty

The Labour Relations Act stipulates that an employer has to compensate or reinstate an employee who has been unfairly dismissed

Legally enforceable guidelines published by the IMDC stipulate that a patient may be tested only with her informed consent, and only when pre- and post-test counselling is offered.

IMDC spokesperson Louise Emerton said action would be taken against doctors who failed to conform to the guidelines.

Among the cases the ALP is fighting is one where a domestic worker employed at a dentist's surgery was taken to a friend of the dentist, where she underwent a test, without her consent, and was found to be HIV positive.

The doctor then informed the dentist, who offered the domestic worker R4 000 and asked her to leave. She had worked at the surgery for 10 years

"The dentist also informed his sister, who works at the surgery, of the results," said Hassan.

In another case, a doctor at a major Johannesburg hospital organised for his domestic worker to be tested without her informed consent. She was asked to leave after she tested HIV-positive.

"The irony is that these people will treat HIV-positive people but not employ them," Hassan commented.

After the ALP intervened, the doctor was ordered by the Commission for Conciliation, Mediation and Arbitration to pay the employee R1 000 but, eight months down the line, this has not been done.

Another case being investigated by the ALP involved a woman in the northern suburbs who took her domestic worker to the local family doctor to be tested. The worker was locked out of the house after the doctor found she was HIV-positive, and her employer passed her money through the window and told her to leave.

Call on welfare minister to intervene on AZT

The National Council for Child Welfare has called on Welfare Minister Geraldine Fraser-Moleketi to rescind the Government's decision not to continue with a ground-breaking pilot project to provide HIV-infected women with AZT (Zidovudine)

Andre Kallis, the council's national director, said they were shocked and astonished by the decision taken by Health Minister Dr Nkosazana Zuma and the interministerial committee.

"We view the decision as shortsighted and to the detriment of our country," he said

Aids experts, activists, doctors and researchers this week called on the Government to reconsider its decision not to go ahead with the project, after UNAids figures released on Monday showed that about 20% of pregnant women were infected this year

Pilot projects implemented locally and in Thailand show that AZT cuts mother-to-child transmission by up to 50%.

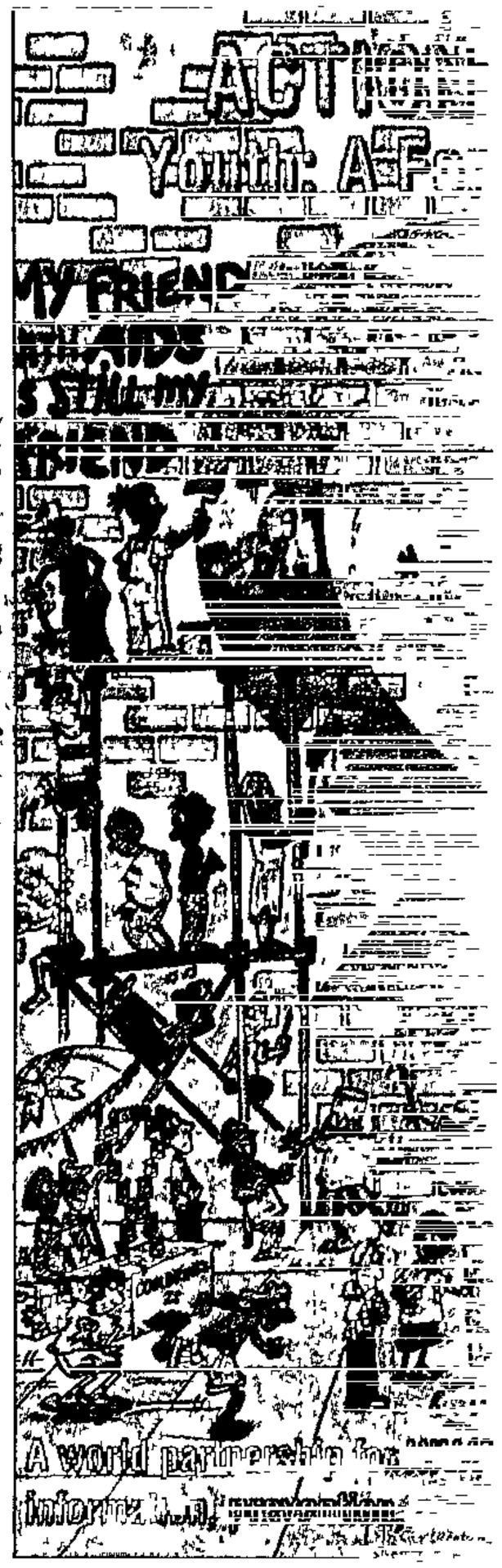
Transmission is thought to occur more commonly towards the end of pregnancy and during labour, and local research is focusing on a short course of AZT during the last three to four weeks of the pregnancy – at a cost of R300 per treatment.

Zuma announced two months ago that the Government would stop all pilot projects in the provinces and, instead, focus attention and money on prevention strategies.

Kallis said the cost of treating a child living with Aids would amount to thousands of rands, while the cost in terms of human suffering without the AZT intervention was immeasurable

"The numbers of HIV-infected children is increasing daily and child-care resources, community capacity and infrastructure, as well as healthcare facilities, are already being tested to the extreme to provide special and intensive care required for these children.

"The compounded stress and agony of an infected mother, caused by the emotional trauma of having an infected child, a child with Aids and dying from the disease, is morally unjustifiable in the presence of preventive options," Kallis said.



Get the message ... one of the posters " " follow-up there will be a disclosure and HIV/Aids sufferers and others will speak out a

Focus on

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Of the ... fected with HIV or ... third are between ... of age, Samba said.

Statistics showed ... day about 7 000 ... worldwide were ... virus, and there ... HIV infections during Africa every minute.

These facts ... into action" to stop the disease, he said ... make serious effor... the unfavourable ... expose our youth to ... ery, pain and death.

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In another case, a doctor at a major Johannesburg hospital organised for his domestic worker to be tested without her informed consent. She was asked to leave after she tested HIV-positive.

"The irony is that these people will treat HIV-positive people but not employ them," Hassan commented.

After the ALP intervened, the doctor was ordered by the Commission for Conciliation, Mediation and Arbitration to pay the employee R1 000 but, eight months down the line, this has not been done.

Another case being investigated by the ALP involved a woman in the northern suburbs who took her domestic worker to the local family doctor to be tested The worker was locked out of the house after the doctor found she was HIV-positive, and her employer passed her money through the window and told her to leave.

: on AZT

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Get the message ... one of the posters distributed on World Aids Day earlier this week. As a follow-up there will be a disclosure-and-acceptance meeting in Soweto tomorrow. Affected HIV/Aids sufferers and others will speak out at the meeting at the Ipelegeng Community Centre.

Sufferers to speak out in Soweto

In a bid to remove the stigma attached to people living with HIV/Aids, infected Soweto residents will "disclose their status" at a high profile community gathering tomorrow

The National Association of People Living with HIV/Aids (Napwa) will stage a disclosure campaign as a follow-on to World Aids Day on Tuesday

A recent Napwa disclosure-and-acceptance meeting in Ladysmith, KwaZulu Natal drew 1 000 people. It is hoped even more people will attend at the Ipelegeng community centre in Soweto

Kate Herbert of Napwa said yesterday "There are, as yet, no local pop stars, princesses nor politicians disclosing themselves or offering hands-on support for people living with HIV/Aids."

Herbert said the presidential declaration on HIV/Aids promoted breaking the silence and facing the realities of the epidemic.

"The campaign has found support from a range of stakeholders, from Aids organisations to President Mandela and Health Minister Nkosazana Zuma," said Herbert.

Dr Glenda Gray, co-director of the peri-natal research unit at Chris Hani Baragwanath Hospital, will be one of the speakers at the meeting (9am to 1pm) Gray has been at the forefront of research into the transmission of HIV from mother to child during labour.

The campaign will start with a service led by the Salvation Army.

"There will be an opportunity for those people who haven't disclosed to do so," said Ben Masuku of Napwa.

For further information, phone Napwa at (011) 403-8113 or 982-5451.

Focus on youth, says WHO's Africa director

Harare – Government, political and civic leaders needed to develop appropriate policies and laws to help control the spread of HIV/Aids and to care for those infected with the deadly virus, the World Health Organisation said yesterday

WHO regional director for Africa, Dr Ebrahim Samba, speaking in the Zimbabwe capital, said he was focusing his message on the young people of Africa.

Of the 30 million people infected with HIV or Aids, at least a third are between 10 and 24 years of age, Samba said.

Statistics showed that every day about 7 000 young people worldwide were infected with the virus, and there were three new HIV infections among the youth of Africa every minute.

These facts should "goad us into action" to stop the spread of the disease, he said. "We must make serious efforts to remove the unfavourable conditions that expose our youth to disease, misery, pain and death.

"We must redouble our efforts to combat HIV/Aids by enhancing our commitment, our resolve and our resources. We must also remember to harness and utilise the energy and strength that the young people possess.

"They are a powerful instrument to bring about change in their families, in the lives of their peers and in the society (in which) they live."

All sectors of society needed to work towards removing unfavourable conditions that exposed youth to hardship, illness and hopelessness as well as cultural practices that put young people in danger.

Samba highlighted several areas in which action could be taken.

- Family life education needed to be introduced in school and college curricula as a matter of survival;
- Youth initiatives such as Aids prevention and counselling clubs, voluntary community care and support clubs needed to be set up,
- Health and counselling services and treatment facilities needed to be youth friendly;
- Communities, non-governmental organisations, the private sector and young people themselves needed to provide support and assistance to affected families through social-service programmes.

"We must resolve to make the lives of those already affected less painful by providing adequate treatment, healthcare and social support, so that they can be active and productive for as long as possible," Samba said.

"The longer we are able to keep them alive and active, the greater the chance that they will benefit from effective drugs and vaccines against HIV/Aids whenever these become available."

The WHO was working with partners within the United Nations system, and outside, to make drugs that would prolong the lives of Aids patients.

"We need the political commitment and support of all governments to achieve maximum success in this endeavour," Samba added. – Sapa

Fighting AIDS is everyone's task

Escalating AIDS cases signal our ignorance

Although World AIDS Day on Tuesday, December 1 was a day when everyone was touched about the threat of AIDS, many people still don't understand the nature of the threat ... and how it touches each one of us.

(9a) CP 6/12/98

WHEN was the last time you had unprotected sex? Is it a year, a month, a week ago or how about last night?

Do you know how to use a condom properly or the difference between HIV and AIDS?

Do you assume that all AIDS campaigners are HIV positive?

And when was the last time you took an AIDS test, or at least collected information on this disease that will soon hold mankind hostage – like diseases such as leprosy did in biblical times?

If your answer to most of these questions is negative, you are one of the estimated 37 million people who, just because their HIV status is unknown, assume they are immune to AIDS and its effects

You are one of those people who will only start to realise the reality of living with AIDS when someone they know dies from the disease

You are one of the people who, on World AIDS Day, wore the red ribbon to signify you were aware of the disease – even though you don't understand the issues surrounding the epidemic

World AIDS Day is a day AIDS campaigners love to hate

Children, adults, company executives, government representatives and the homeless all wore the international red ribbon

Although it was a day when everyone was touched somehow or other by the threat of AIDS, the meaning of the threat is not yet clear to most of us

Government representatives may have worn ribbons as part of an election campaign For executives, company branding was uppermost on their agenda as they attached their company logo to AIDS placards

Since AIDS was diagnosed in South Africa as long ago as 1982 and AIDS deaths followed soon after, one wonders what went wrong in educating people about the disease – which continues to spread rapidly.

The figures on AIDS deaths are depressing and grim – revealing our continued ignorance about the infectious disease

About 3 million people already live with HIV and AIDS, and South Africa is said to have the fastest growing epidemic in the world – a huge threat to our social and economic welfare

More than seven Africans are infected with the disease every minute, and 1 500 new infections are recorded in our country every day Twenty percent of our workforce, it is predicted, will be HIV-positive by 2000, while 60 percent of the infections will occur in the 15-25 age group

Migrant workers, sex workers, women, long-distance truck drivers, young people, especially adolescents engaging in sexual activities at an early age, prisoners, persons with STDs (sexually transmitted diseases), street children and infants born to infected mothers are quoted as vulnerable groups likely to get the disease

Fr Mapula Nkadimeng

After proclaiming that South Africa "had closed its eyes for too long as a nation because we were hoping that truth was not so real," Deputy President Thabo Mbeki launched an awareness campaign with the Partnership Against AIDS in October

The programme, which involves various sectors of society pledging their support to combating the disease, kicked off with advertisements in the media up to December 1

An AIDS co-ordinator was appointed to liaise between government's inter-ministerial committee on AIDS and other sectors

Before these changes, AIDS – like any other disease – was thrust on the exhausted shoulders of the Health Ministry, with occasional interventions by the Welfare Ministry It has mainly been the responsibility of NGOs such as the National Association of People Living With AIDS (NAPWA) to keep the flame burning

AIDS campaigners have pointed out that President Nelson Mandela has failed on many occasions to address South Africa and Africa about AIDS before he steps down from the presidential chair

Clearly there is a great need to change our education strategies on AIDS in various sectors of society

After Mbeki had addressed the nation, youth, business, unions, celebrities, women's groups, sportsmen and other civil organisations made pledges on October 9 on how they would help spread the message

The same groups attended gatherings throughout the country on December 1, but South Africa needs to realise that pledges and posters are not enough

After the banners have been taken down and folded and the posters thrown in the bins, we need to realise that until a cure is found, a consistent education campaign on AIDS is important for our country to survive in the next millennium

Let us not wait to be robbed of our loved ones before we start to learn about AIDS or offer to help pople living with AIDS

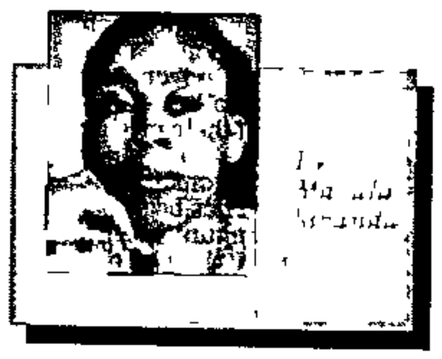
And if we are too busy to help, let us get involved on a personal level by abstaining from sex or using condoms

And let us no longer take AIDS seriously only on December 1

RECEIVING SUSTENANCE... *An unidentified baby is on World Aids Day, December 1 The home cares for 21*

Fighting AIDS is everyone's task

Escalating AIDS cases signal our ignorance



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The figures on AIDS deaths are depressing and grim – revealing our continued ignorance about the infectious disease

About 3 million people already live with HIV and AIDS, and South Africa is said to have the fastest growing epidemic in the world – a huge threat to the country's economic development.

Yet, despite the grim statistics, it took the government almost a year to declare AIDS a national disaster.

After proclaiming that South Africa "had closed its eyes for too long as a nation because we were hoping that truth was not so real," Deputy President Thabo Mbeki launched an awareness campaign with the Partnership Against AIDS in October

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RECEIVING SUSTENANCE... An unidentified baby is fed at House Bethesda, a home for abandoned children and children suffering from HIV/AIDS on World Aids Day, December 1 The home cares for 21 babies. ■ Pic: AP

Aids deaths doubling annually

Star 9/12/98 (92)

By Anso Thom
Health Reporter

Gauteng hospitals are beginning to feel the impact of Aids, with deaths doubling annually, Dr Liz Floyd, director for communicable diseases at the Gauteng health department, said yesterday.

"At one stage, one-third of all Aids/HIV-related admissions at Chris Hani Baragwanath hospital were dying

"We also saw during the flu epidemic in April that the pneumonia period was surprisingly long," impacting severely on patients with Aids/HIV," she said.

Floyd said 30% of paediatric admissions and 50% of adult medical admissions at Gauteng hospitals were HIV related.

"We try to move them as soon as possible to hospices or into home-based care programmes, but many die in hospitals," she said.

Floyd's comments followed those by Dr Steve Tsovey, medical director at Medinfo, that the 40% increase in mortality rates at Natalspruit hospital on the East Rand could be attributed to Aids

Projections indicate that within three years almost 250 000 South Africans will die of Aids each year and that this figure will rise to more than 500 000 by 2008

Liquidation of Virodene body sought

Star 9/12/98

(92)

Four minority members of Cryopreservation Technologies (CPT), the close corporation behind the anti-Aids agent Virodene, yesterday launched an urgent Pretoria High Court application to have CPT liquidated.

They cited irreconcilable differences between members and insolvency as the reasons for the application.

Clinical assistant Dr Carl Landauer, neurosurgeon Dr Gabriel du Preez, Pretoria businessman Charles Fourie and accountant Stefanus Maartens, who have a 27,7% interest in CPT, launched the application.

The application was opposed by five other members, including researcher Olga Visser and her former husband Zigi.

The application was postponed to January 19 next year.

The Vissers also launched a counter-application to oust their four opponents from CPT and from the recently formed company Virodene Pharmaceutical Holdings Pty Ltd.

Fourie in an affidavit said serious differences existed among CPT members.

These differences came to a head in November last year when the high court granted an interim order which prevented the Vissers from trading in Virodene – Sapa

AIDS battle should involve all

BD 10/12/98 (92)

SA needs political leadership to avoid the effects of the HIV epidemic, writes **Alan Whiteside**

SOUTH Africans were bombarded with data on the AIDS epidemic on December 1, World AIDS Day This year the global focus was on southern Africa. This was partly because Peter Piot, the head of the United Nations (UN) AIDS body, was in SA, but also because President Nelson Mandela, at last, made a public pronouncement on the issue

This day also saw the release of two important new publications The first was from the health department, the second was the UN Development Programme's SA National Human Development Report, which focused on HIV/AIDS Both publications warn of a looming crisis for SA and call for urgent action

The problem is that most people in SA are not seeing evidence to suggest that AIDS is an issue for the country The reason is that most of the data relates to the HIV epidemic, not to AIDS People with HIV can lead normal, productive lives and cannot, except by testing, be distinguished from those who are not infected

It is estimated that the period between infection and illness is between five and eight years There are an estimated 3,2-million people in SA who are infected, but that does not translate into 3,2-million South Africans falling ill and dying — yet Furthermore, most of those with HIV have no idea that they are infected

The reality is that SA is experiencing one of the most serious HIV epidemics in the world In 1990 fewer than 0,5% of the adult population was infected By this year the estimation rose to 13% There is wide variation between and even within provinces

The data on HIV prevalence comes from the antenatal surveys carried out every year by the health department Last year, the most recent year for which figures are available, HIV prevalence indicated in these surveys ranged from 6,3% in the Western Cape to 26,9% in KwaZulu-Natal However, in the Cape metropolitan health region, HIV prevalence was 8,4% while Empangeni in KwaZulu-Natal recorded a prevalence of 34%, the highest level in SA.

The message is that, in some parts of the country, a concerted prevention campaign could significantly reduce the level at which the epidemic peaks That is not to say that prevention should not be a priority throughout SA. Even in the areas with the highest levels of HIV infection, the majority of people are uninfected and there are always new cohorts becoming sexually active

Clearly, given the current levels of HIV prevalence, prevention activities to date have not been successful It appears that, since 1990, HIV has spread without check. The result is that millions of South Africans are condemned to death or to being orphaned.

The apparent bankruptcy of prevention efforts to date have resulted in government calling for new initiatives and the latest theme is Partnership against AIDS This was the call of Deputy President Thabo Mbeki on October 9, when he addressed SA on behalf of the president and it has been echoed by many others since.

However, the problem is that AIDS is only beginning to be among us and it is not clear what the arguments are for everyone to get involved

The question that really needs to be answered is what effect an increase in AIDS will have in terms of illness and death and how that should influence our response

It is clear why government needs to respond Preventing AIDS is in the public interest Dealing with illness and death will be the responsibility of government

The health departments will have to provide care, which is expensive and means that resources have to be diverted from other uses The welfare departments will be called on to provide care for the many hundreds of orphaned children Yet for those not directly affected the question is why and how should we respond, apart from feeling very sorry for AIDS-hit families

Furthermore there are actually two responses being asked of South Africans — the first is to support prevention efforts and the second is to deal with the inevitable increase in illness and death the country faces

Research shows that, at the moment, AIDS is not seen as an issue by most of the private sector. With a few exceptions, they are either ignoring it or taking steps to reduce their exposure to the disease This is done by reducing the impact (excluding HIV positive people from employment is illegal and impractical, but is still being done), however, firms can resort to multiskilling, casualisation of labour and downsizing

All is being driven by the new labour legislation and it may stand the companies in good stead as the AIDS epidemic gains momentum Companies can reduce or shift the costs of the disease Medical benefits can be reduced or restricted and it is certain that insurance premiums will rise or payouts decrease

At the level of the national economy, it is uncertain what impact AIDS will have It is possible that, because SA has a more sophisticated economy with a well-developed financial sector, it may be vulnerable, but the reality is that the actions of international currency speculators or the European Union negotiators may have a greater effect in one day than AIDS has in 10 years

The real impact of the disease is felt at the household level It is the poorest families and above all women, who will bear the brunt of AIDS. This will be seen in some development indicators

For example, it is projected that life expectancy in SA has already fallen from 65 to 55 years and this decline will continue Both infant and child mortality rates will rise and it will be the poorest communities that will suffer most

The human cost aside, there is one very serious result of the epidemic which has not been quantified and is only now becoming evident This is the effect on society in general

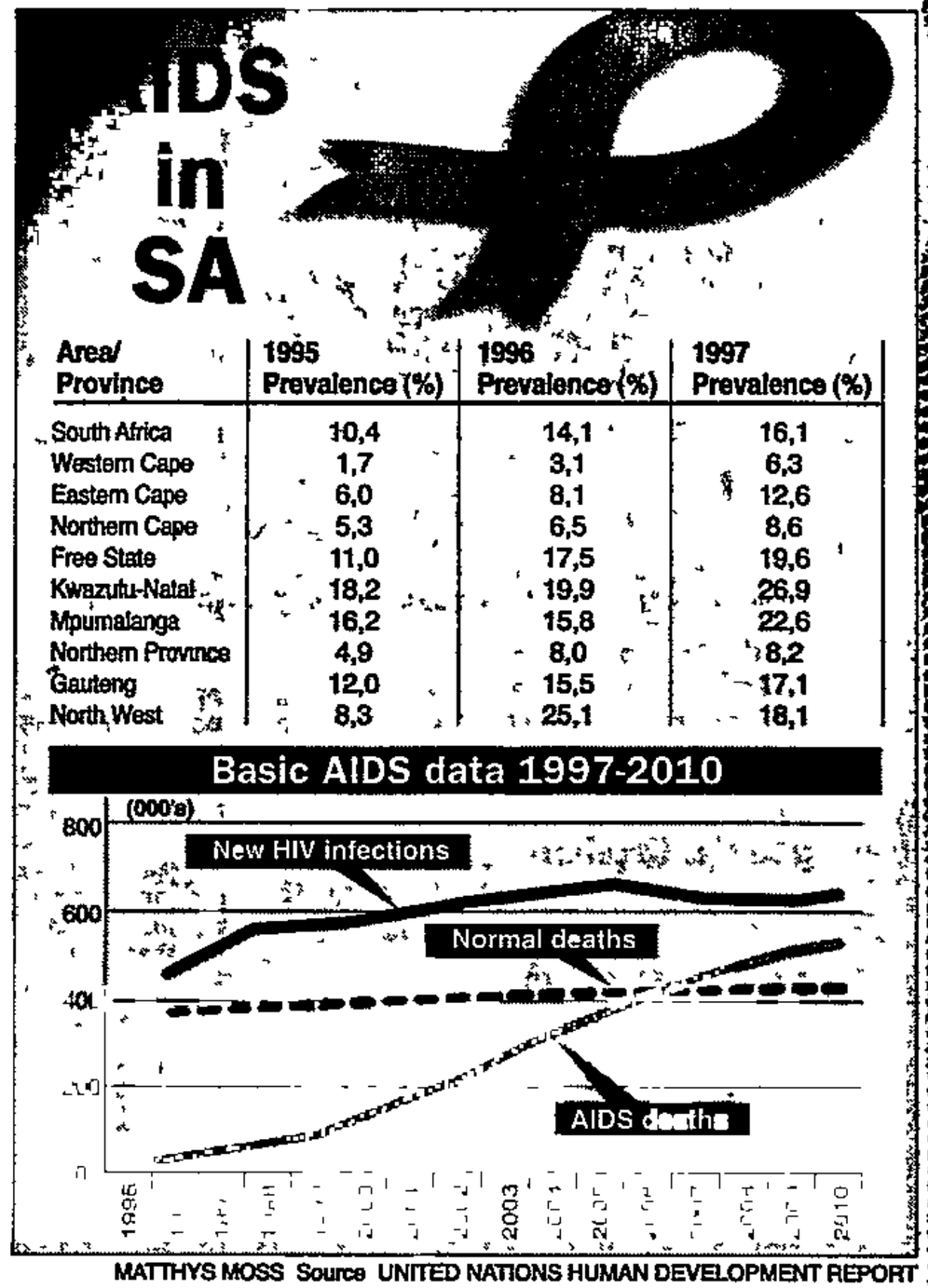
There is growing evidence to suggest that in the countries where the governments try to cover up or ignore the problem and there is discrimination and stigma, the fear of the disease and the belief that "everyone is infected" may lead to political and social instability

Also, in nations with a strong civil society, the epidemic is less likely to spread rapidly There is also evidence that where the epidemic has led to reassessment of basic human relations, including womens' rights and powers, there is more chance of prevention working

SA is once again at a crossroads. Our society is already wracked by divisions, AIDS has the potential to widen them On the other hand, political leadership, openness, an honest attempt to address the problem, with a realisation of what it may cost if we do not deal with AIDS, could make SA stronger

As we end the decade, we face the challenge of AIDS and so far it is the most important issue to confront our new society That is why we all need to become involved and for a new partnership If this works we will benefit in many ways that go beyond the epidemic

□ Whiteside is a professor with the University of Natal's health economics and HIV/AIDS research division.



Area/ Province	1995 Prevalence (%)	1996 Prevalence (%)	1997 Prevalence (%)
South Africa	10,4	14,1	16,1
Western Cape	1,7	3,1	6,3
Eastern Cape	6,0	8,1	12,6
Northern Cape	5,3	6,5	8,6
Free State	11,0	17,5	19,6
Kwazulu-Natal	18,2	19,9	26,9
Mpumalanga	16,2	15,8	22,6
Northern Province	4,9	8,0	8,2
Gauteng	12,0	15,5	17,1
North West	8,3	25,1	18,1

MATTHYS MOSS Source UNITED NATIONS HUMAN DEVELOPMENT REPORT

Draft policy for Aids at school

(92) Saweton 11/12/98

By John Mojapelo

TODAY Minister of Education Professor Sibusiso Bengu publishes in the *Government Gazette* for public comment the draft national policy on HIV-Aids for pupils and teachers in public schools and students and lecturers in further education and training institutions

Because of the increase in infection rates, the ministry concedes that pupils, students and teachers with HIV-Aids will increasingly form part of the population of schools and tertiary institutions

The draft policy deals, among other things with the following

- Non-discrimination and equality with regard to pupils, students and teachers with HIV-Aids,
- HIV-Aids testing and the admission of pupils to schools, students to institutions or the appointment of teachers,
- Attendance of schools and institutions by pupils or students with HIV-Aids,
- Disclosure of HIV-Aids-related information and confidentiality,
- Prevention of HIV transmission during play activities and sports,
- Refusal to study with or teach a pupil or student with HIV-Aids or to work with an educator with HIV-Aids, and
- Education on HIV-Aids

On the question of HIV-Aids testing, the draft policy states there is no medical or scientific justification for routinely testing pupils, students or teachers for evidence of HIV infection

Prerequisite

Therefore, the draft policy states "The testing of pupils or students for HIV-Aids as a prerequisite for admission to or continued attendance at a school or institution is prohibited.

"The testing of teachers for HIV-Aids as a prerequisite for appointment or continued service is prohibited"

It adds that it is impossible to know with absolute certainty who has HIV-Aids and who does not.

"Testing for HIV-Aids and excluding those who test positive are therefore not considered meaningful ways in which to achieve an HIV-Aids-free school or institution environment," the policy says

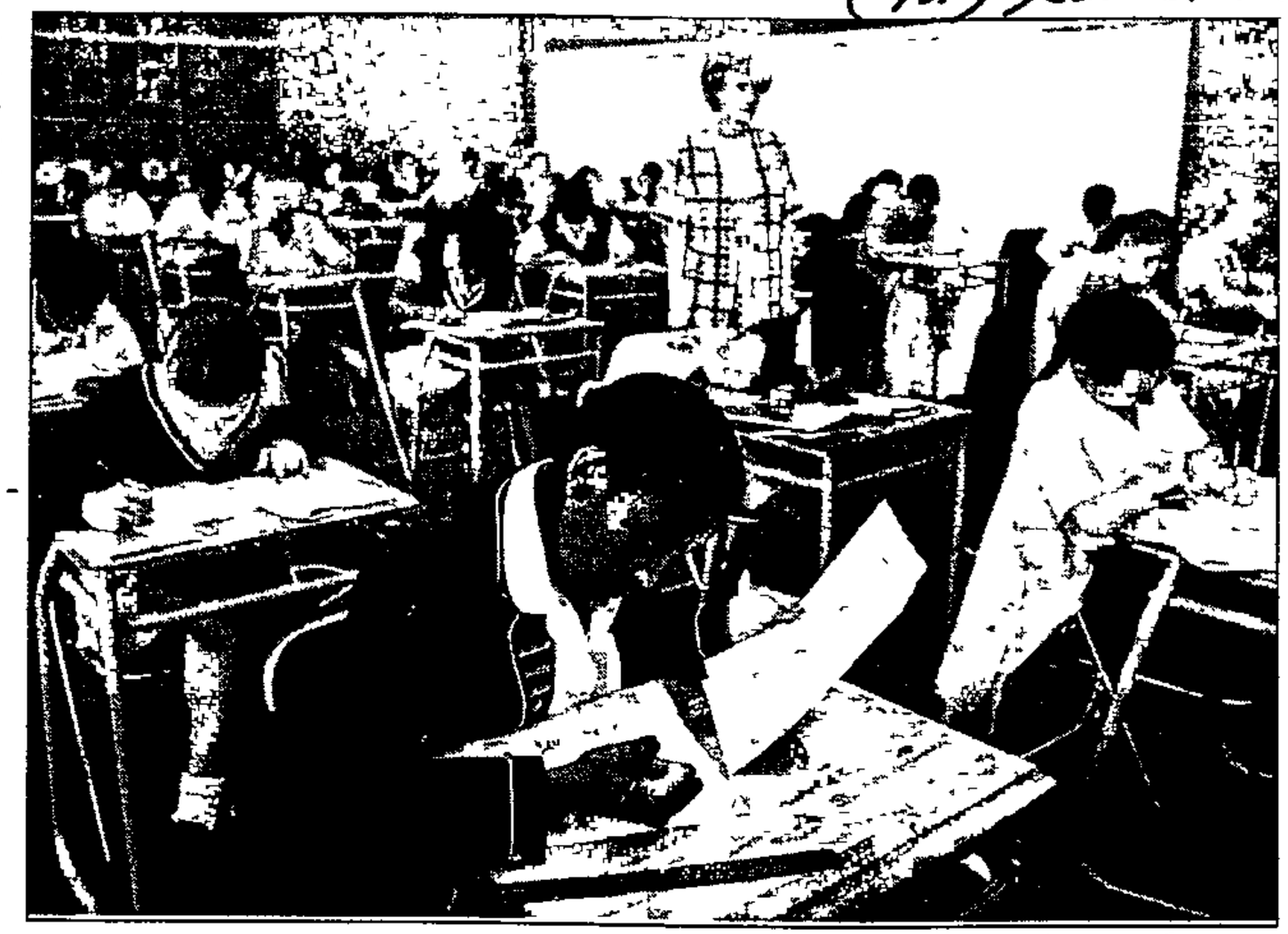
It continues 'Compulsory disclosure of a pupil's or student's HIV-Aids status to school or institution authorities respectively is not advocated as this would serve no meaningful purpose

"Any pupil or student with HIV-Aids or his or her parent, would be free to disclose such information voluntarily"

The draft policy adds that pupils and students with HIV-Aids should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability

Likewise, teachers with HIV-Aids should lead as full a professional life as possible with the same rights and opportunities as their colleagues with no unfair discrimination against them

"Their infection as such does not expose others to significant risks within the school, institution or professional environment that cannot be eliminated by ordinary measures or reasonable adaptations," the draft policy continues



Flashback ... pupils sitting for matric examinations this year. Today the Ministry of Education publishes a draft national policy on HIV-Aids for pupils, students, lecturers and teachers for public comment. PIC PAT SEBOKO

Attend classes

Pupils and students with HIV-Aids are expected to attend classes in accordance with statutory requirements for as long as they are able to function effectively and pose no medically significant risk to others at the school or institution

However, if and when pupils and students with HIV-Aids become incapacitated through illness, or pose a medically significant risk to others at a school or an institution, the school or institution should make academic work available to them for study at home

Current scientific evidence suggests that the risk of HIV transmission during teaching, sport and play activities is also insignificant.

Contact sports such as boxing and rugby could, however, probably be regarded as representing a higher risk of HIV transmission than other sports, although the inherent risk of transmission during any such sport is very low

If it is ascertained that a pupil, student or teacher poses a medically recognised significant health risk to others, appropriate measures may be taken Pupils and students must receive education about HIV-Aids in the context of life-skills training on an ongoing basis

HIV-Aids education should not be presented in an isolated learning content. The purpose of education about HIV-Aids must be seen as a prevention of the spread of HIV infection, to allay excessive fears of the epidemic, to reduce the stigma attached to it and to instill non-discriminatory attitudes towards persons with HIV-Aids

"Education should ensure that pupils and students acquire age-appropriate knowledge and skills in order that they may adopt and maintain behaviour that will protect them from HIV infection," the policy document says

A suitably qualified person or institution shall do voluntary testing for HIV only at the request of a teacher

Teachers or prospective teachers with HIV infection are entitled to the same rights and opportunities as people with other serious life-threatening conditions They shall be treated in a "just, humane and life-affirming way"

No teachers with HIV-Aids infection or perceived to be infected with HIV-Aids shall be unfairly discriminated against.

"Teachers shall be provided with sensitive, accurate and up-to-date information about reducing the risk of HIV-Aids infection. "All teachers shall be informed about HIV-Aids to prevent work disruption and rejection by colleagues of a teacher with HIV-Aids infection," the draft says

Maintain confidentiality

The confidentiality of any medical information concerning infected teachers shall be maintained at all times in terms of the teacher's right to privacy.

Concerning recruitment and continued employment, the draft policy states that HIV-Aids status should not be a basis for appointment or dismissal of a teacher, nor for refusing to conclude or to continue or to renew an employment contract.

HIV-Aids status should also not be a criterion for refusing to train, develop and or promote an educator

Teachers with HIV-Aids shall be governed without discrimination by agreed existing sick leave procedures

When a teacher with HIV-Aids develops an Aids-related condition, he/she and the employer should agree on a medical examination to determine the teacher's ability to continue to perform his/her duties

Breach of contract

The refusal to work with a teacher with HIV or one with an Aids-related condition shall be regarded as a breach of the employment contract

In fact, an employer shall have the right to institute disciplinary measures, including the right to terminate the contract of a teacher who refuses to work with a colleague with HIV or one with Aids-related illness

- Comments should be directed to the Director-General, Private Bag X895, Pretoria 0002, for attention Ms M Locke, faxed to (012) 326-9128 or e-mailed to swart c@educa.pwv gov.za

The closing date for comments is February 6

(The writer is chief director of the Department of Education's communication services)

Aids IN THE ARMY

AFRICA'S MILITARY TIME

The epidemic sweeping the continent could seriously compromise the

The African renaissance has two basic requirements the advent of democracy and regional stability But both are bound to remain elusive as Aids devastates the armies of Africa

The rate of HIV-infection in the Congolese and Angolan armies is estimated to be at least 50% Uganda (66%), Malawi (75%) and Zimbabwe (80%) In some African countries three-quarters of military hospital beds are occupied by Aids patients and some airforces have had to cut back flights because air crews are too sick to fly

Now Metropolitan Life Aids researcher Dr Thomas Mühr estimates that about 40% of the SA National Defence Force — about 40 000 people — are HIV-positive Applicants who test positive are not admitted into the uniformed ranks of the SANDF but after this soldiers are not tested again unless they are to be sent on peacekeeping operations from which infected soldiers are precluded

» There is an argument for the army to test more regularly «

The defence force is sitting on a time bomb " says Civil Military Alliance chairman Dr Ken Ingham "They are doing everything humanly possible, but, yes, there is an argument for the army to test more regularly To test initially and not to follow it up is hard to defend "

The top brass in the SA Military Health Service (SAMHS) favours regular HIV testing of uniformed troops and is rethinking the decision taken two years ago to stop testing soldiers who wanted to extend their service contracts, The army desisted because it appeared to the public it was firing people because they had the virus

While disputing that as much as 40% of the army are infected SAMHS acting surgeon general Major General Rinus Jansen van Rensburg concedes that Aids has the potential to "seriously compromise" the military readiness of the SANDF "It is imperative that the defence force manages the prevalence of chronic disease in respect of uniformed members through regular and comprehensive medical examinations to ensure military readiness," he says

Mandatory military HIV testing was first introduced in 1985 in the US army, which conducts compulsory HIV screening of all new recruits and biannual testing of active and reserve troops Most armies in sub-Saharan Africa do undertake some form of HIV testing Most of the 15 countries in the South and East African Civil Military Alliance test potential and serving members for the virus

"The first reaction of many organisations, not just the military, is to test to keep people who are HIV-positive from being recruited," says UNAids executive director Peter Piot "But the fact is that most infections occur after people have been recruited So testing isn't the answer to everything It's doubtful that involuntary testing is the answer to anything "

The SANDF does not admit any uniformed applicant who tests HIV-positive The test is part of a medical exam where anyone with a progressively debilitating or fatal disease is ruled out. "They need to be deployable," says SANDF director of medicine Brigadier General Rupert Cloete

FM 11/12/98

BOMB

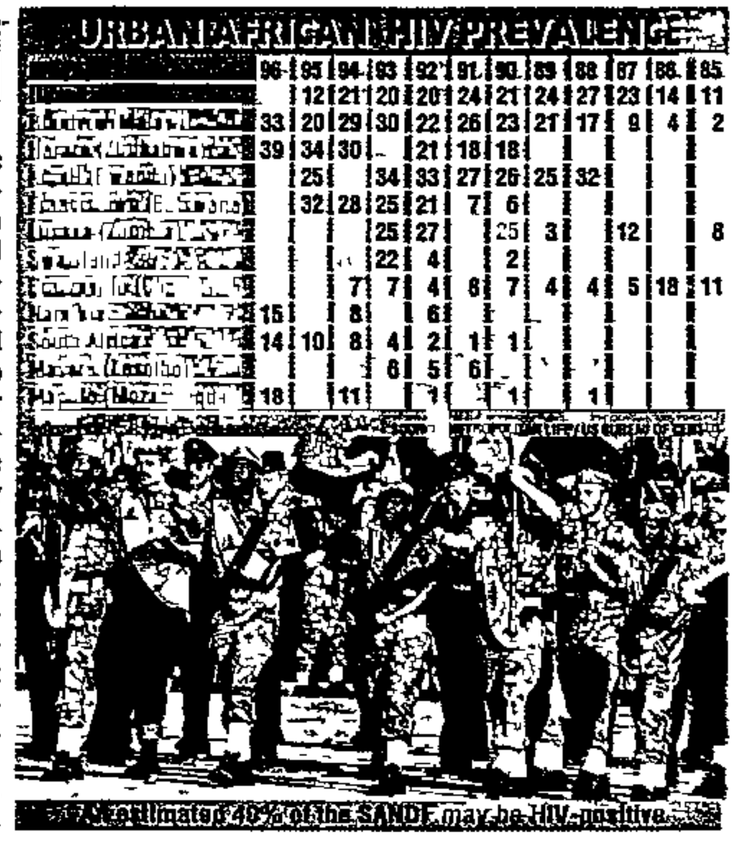
(92)

SANDF's military readiness

"We can't spend a lot of money training someone who can't do the job We've had soldiers dying from Aids two years after they've been admitted " The high rate of HIV-infection among the African armed services means some countries won't be able to deploy their full contingent or even half of their troops at short notice. This could pose a threat to the stability of a continent where legitimate governments rely on the support of operational armies

The argument that Aids will bring an end to war because soldiers and rebels will be too sick to fight each other doesn't wash with Ingham "Aids impoverishes a country, which leads to instability and war Democracy, law and order, peace and stability are the most important weapons to fight Aids And if you have instability, as in the Congo you can't conduct Aids preventive programmes "

UNAids estimates that in peacetime soldiers have a 2-5 times greater risk of contracting HIV than civilians, mostly because they are in the prime of life and physical fitness, away from home and surrounded by opportunities for casual sex. A military culture of risk-taking and peer pressure are also to blame This is how Mühr arrives at a 40% HIV-infection rate for the SANDF, which is roughly twice that among SA males aged 15-30 On the other hand, the military environment provides a golden opportunity to conduct preventive Aids education on a captive high-risk audience



An estimated 40% of the SANDF may be HIV-positive

The army runs a comprehensive Aids prevention programme which includes pre-employment counselling regular Aids education, targeted counselling about sexually transmitted diseases, specialised training for members in the medical and Aids fields and free condom provision But sometimes even the best intentions go awry as one former army commander found out — his loyal troops were all wearing condoms as instructed but had cut the tips off

Van Rensburg says it's not possible to evaluate the success of the HIV/Aids programme without tracking changes in HIV prevalence in the army, but the programme has been lauded at national and international forums and is considered to surpass those of other African militaries

Claire Bisseker

Document on AIDS gazetted

Primarashni Pillay

LEARNERS and educators who have HIV/AIDS do not have to disclose their health status to authorities at their school or institution, says a draft policy document which will be gazetted today (92)

The document was developed by the education and health departments, and took into account international standards and constitutional guarantees

It says that if people with HIV/AIDS voluntarily disclose their status to authorities, there should be no discrimination against them. "On the contrary, they should be treated in a just, humane and life-affirming way".

However, if these people pose a health risk to others, "appropriate measures should be taken".

The document says learners and educators must receive education about HIV/AIDS in the context of life skills education

Education minister Sibusiso Bengu said that because of the increase in HIV/AIDS infection rates, learners and educators with the disease will increasingly form part of the population at schools and institutions

BD 11/12/98

Pregnant women have a right to AZT, says Kadalie

JENNY VIALL
HEALTH REPORTER

(92)
ARG 11/12/98

Giving AZT to pregnant women to prevent them passing an HIV infection to their babies is a human rights issue, says Rhoda Kadalie, a former human rights commissioner now working on the District Six land claim.

Ms Kadalie was present at the launch of a campaign – on the St George's Cathedral steps – which aims to draw attention to the unnecessary suffering and AIDS-related deaths of people in South Africa

"I don't like money being spent on defence at the expense of AZT

"Women's rights are a priority. I'm tired of generalised notions of human rights we have concrete ways to attend to issues that affect people with HIV and I don't see why we're spending billions on arms," she said

"We must invest in our people, otherwise our economically active population will be wiped out."

The campaign, being run by the National Association of People Living with AIDS/HIV, is calling on Health Minister Nkosazana Zuma and Finance Minister Trevor Manuel to meet HIV/AIDS organisations to discuss introducing an AZT programme for pregnant women.

They also want the Government to develop a plan to provide people with HIV with affordable treatments Yesterday 10 people fasted in support of this campaign, on March 21 next year 1 000 people will fast and on June 16 there will be a march to Parliament

CAPE TIMES
TUESDAY, DECEMBER 15, 1998 ★

DRAFT POLICY UPHOLDS RIGHTS

Move to protect pupils with HIV

(92) CT 15/12/98

EDUCATION MINISTER Sibusiso Bengu has released a draft national policy on HIV/Aids for schools and tertiary institutions and is inviting public comment before finalising it. Education Writer **PRISCILLA SINGH** reports.

TEACHERS, students and pupils living with HIV/Aids will not have to disclose their status to school or campus authorities, according to the national Department of Education's draft policy

It also says pupils, students and educators may not be unfairly discriminated against and should be treated in a "just, humane and life-affirming way"

Releasing the draft policy, Minister of Education Sibusiso Bengu said that a growing number of primary and secondary school pupils as well as students might be affected, as young people were sexually active

"Because of the increase in infection rates, learners, students and educators with HIV/Aids will increasingly form part of the population of schools and institutions," Bengu said

"In addition, more and more children who acquire HIV prenatally will, with better medical care, reach schoolgoing age and attend primary schools"

The draft policy was compiled in accordance with the policy of the South African Law Commission In drawing it up, the Department of Education took into account international standards and constitutional guarantees, as well as provisions of the SA Schools Act, the Further Education and Training Act and the Employment of Educators Act

The draft policy says pupils and students with HIV/Aids should be allowed to lead a full life and be given an opportunity to receive an education to the maximum of their ability. Similarly, teachers with HIV/Aids should lead full professional lives and have the same rights and opportunities as others

Although it would not be compulsory for pupils, students and educators to disclose their status, the draft says that any pupil or student with HIV/Aids, or his or her parent, might do so voluntarily

If a pupil, student or teacher poses a health risk to others, appropriate measures must be taken, it says

More important, the draft policy emphasises life-skills training It stipulates that pupils, students and teachers must be educated about HIV/Aids, but says this education should not be given in isolation and should be presented in a way that is scientific and easily understood

Once finalised, the policy will apply to public schools, universities and colleges

The provinces' MECs for education are to be responsible for implementing the policy

Public comments may be faxed to (012) 326 9128 or e-mailed to Swart C@educ pwv gov za

All individuals, organisations or governing bodies submitting comments must include their name, address, telephone and fax number

Government 'reviewing policy on AZT' while Aids-help calls mount

(92)

By Anso Thom
Health Reporter

The Government is regularly reviewing its decision not to fund the AZT drug used to reduce the transmission of HIV from mother to child during birth, according to the Aids Directorate's outgoing director Rose Smart.

Smart, speaking at a Partnership Against Aids media conference yesterday, said "resources don't exist at the moment to fund this" but the Government was reviewing its decision on a regular basis

Smart said the directorate aspired to provide anti-retroviral therapy to all adults, but added that it was "inaccessible and impossible" at this stage

She said one of their major obstacles in combating the epidemic was the level of denial generated at many levels

"Many people or groups don't believe they can contract Aids/HIV, it's an attitude of 'it happens to other people'."

Smart noted that their greatest challenge was to find ways to personalise the epidemic among younger people, where the infection rate was at its highest

Government also monitored the impact of the public awareness campaigns and the Partnership Against Aids following World Aids Day on December 1.

Statistics made available by Lifeline, the organisation responsible for the Aids Helpline, revealed a significant increase in calls around World Aids Day

In Gauteng there was a 30% increase, in the Free State also a 30% increase with a major drop in hoax calls, and in the Western Cape there was a 50% increase

Smart said a significant number of Western Cape callers were prisoners and factory workers

In KwaZulu Natal, the province that was bearing the brunt of the HIV/Aids epidemic, the helpline recorded a 300% increase in the number of calls.

Mtholephi Mthimkhulu of Partnership Against Aids said the business sector was also in the process of implementing various programmes to raise awareness among employees, while the trade unions had launched a HIV/Aids programme on World Aids Day

Two-thirds of national government departments have also started programmes for their employees.

Thursday December 17 1998 **SOWETAN**

Aids leads to big rise in mortality at hospital

By Charity Bhengu

THE Gauteng health department said yesterday the number of Aids deaths at Natalspruit hospital on the East Rand had largely contributed to a 20 percent rise in mortality at the hospital this year alone

"The increase in mortality is broadly in line with trends expected from the Aids epidemic The fact that the major increases are in medicine and paediatrics at the hospital supports this assertion," said department spokesman Mr Popo Maja

According to the department, patient deaths had risen by 20 percent Most were paediatric deaths The percentage is a tip of the iceberg compared with an estimated 120 000 Aids deaths in South Africa this year alone, a departmental report stated

The department said the impact of HIV and Aids illness and deaths was not confined to Natalspruit but affected all hospitals

Between 26 and 70 percent of adults suffering from Aids were admitted in Gauteng hospitals in 1997.

About 30 percent of patients between the ages of one and five years were admitted for HIV and Aids-related diseases at Chris Hani-Baragwanath Hospital

At King Edward VII Hospital in KwaZulu-Natal, about 40 percent of adult patients had HIV-related conditions

Maja refuted claims of staff shortages and said Natalspruit had specialists in six of the seven major disciplines – internal medicine, paediatrics, obstetrics and gynaecology, surgery, orthopedics and radiology

The post in anaesthetics was in the process of being filled

Democratic Party spokesman Mr Jack Bloom said "Staff deficiencies were partly to blame, with seven specialist posts needed in the major disciplines, and vacancies for a medical superintendent, five professional nurses, therapists and six administrative staff"

Bloom insisted that patient deaths at Natalspruit were not 20 but 40 percent – from 991 deaths in 1995 to 1 415 this year

Child deaths in paediatrics also increased by 20 percent from 207 to 279

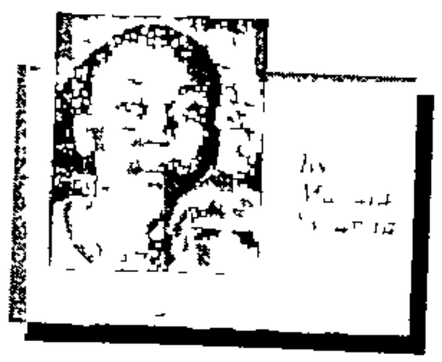
"The figures prove that conditions are deteriorating badly and the suspension of the superintendent on fraud charges Other staff members being investigated on theft charges, cases of absenteeism and gross insubordination haven't helped matters," Bloom said

Who will care for those left behind?

(92) CP 20/12/98

Thousands of mothers who have fallen victim to AIDS in South Africa have died, leaving us a tragic inheritance – their orphaned babies, often also infected with the HIV virus As the AIDS epidemic worsens, the number of AIDs orphans keeps growing – and they need our help.

THE number of children orphaned by AIDS since the beginning of the epidemic in the early '80s has risen to 8, 2 million worldwide and an estimated 87 percent of children worldwide who are infected with AIDS through their mothers are in sub-Saharan Africa.



In South Africa there are over 200 000 children who have lost one or two parents because of AIDS, while many have been infected

By 2005 there will be nearly a million children under the age of 15 orphaned by AIDS, and by 2010 as many as 61 out of of every 1 000 infants born in SA are expected to die before the age of one year due to the disease

The care of orphans will become one of the greatest challenges for our country as many will end up in child headed households with no access to basic rights such as education, nutrition and security

As the country with the second fastest rising AIDS epidemic in the world, SA is starting to experience one of the cruel side-effects of HIV and AIDS – the care of children orphaned by disease and those who have inherited it from their mothers

There is a 30 percent chance of the AIDS virus passing from mother to child – the child is either born with it or is infected through breastfeeding.

The chance of the mother transmitting the disease to her child can be reduced by the use of the AZT drug, but recently our government made an announcement that it could not afford to put pregnant women on the drug as it is too expensive

Most AIDS orphans live in orphanages, hospices or non governmental institutions Cotlands in Turffontein and Bethesda in Soweto are examples of such institutions

At Cotlands, the innocent face of AIDS stares at you through the eyes of Siphamandla, one of the more than 20 toddlers residing in the AIDS hospice

Of the 20, most were abandoned at birth A few still have contact with their mothers Some mothers are too sick to visit their children

Sleeping peacefully in his cot, little Siphamandla is often racked with diarrhoea and other recurring infections which are common in AIDS babies Sinala and Sapho on the other hand are dubbed the two "Dennis the Menaces" of the hospice Looking healthy and cute, the two crawl around and play with various toys It is difficult to think that they may not live to see their first day at school.

Working with children who already have a death sentence hanging over their heads has become second nature to assistant director Jackie Schoeman

Schoeman is one of the staff of 100 who are responsible for taking care of the AIDS hospice and the baby sanctuary at Cotlands which houses more than 64 children.

The death of each child brings on a new grief said public relations officer, Vanessa Pearman.

"Everyone takes it badly when it happens I remember one October day when I was told that the baby I had been playing with an hour earlier had died. It was so sudden I just could not believe it," she said.

Schoeman has lost count of how many children they have buried since the hospice started operating in 1995

For Theresa Mokhesi, a sister at Soweto's Bethesda Centre, the death of young Khotso, the first AIDS baby admitted when the centre opened in 1993, will always be etched in her memory He died in 1996

"We had taken children with full-blown AIDS who died after staying with us a short while but Khotso was the first child we took in at 18 months when we opened the centre and he was one of our own. Out of the caregivers here he had chosen me as his mother and I grieved him like my own "

Just like at Cotlands, the staff of thirteen at Bethesda often undergo counselling to deal with the pain associated with their job Bethesda currently has 22 children between birth and seven years

"When we started, we applied for a licence to keep children under five as we did not expect them to outlive that age, but our seven year-olds are the healthiest and have not even started displaying symptoms of the virus " said Mokhesi.

For now, institutions like Cotlands and Bethesda are two of the few centres taking care of AIDS orphans, but Mokhesi said she was afraid that the increasing number of orphans in the next five years will be a great economic drain on South Africa

If further help is not forthcoming from the community soon, Mokhesi is afraid that these institutions will no longer be able to take in the expected demand in future.

Principal paediatrician at Natal's Grey's hospital, Dr Neil McKerrow, said one out of every four children in SA will be orphaned after 2000, once the toll of AIDS has reached its plateau.

Community involvement to help combat this problem has only been measured in theoretical responses so far

Research carried out recently in Natal to measure the will of communities to participate revealed that 78 percent of the sampled population were willing to adopt children, but only 42 percent were willing to adopt or care for children with AIDS

But "what people say they will do and what they are actually willing to do are two different things," said McKerrow

Most AIDS campaigners warn that a massive education campaign is necessary to educate communities to get more involved if our country is to survive the influx of AIDS orphans in the future

Like normal children, AIDS orphans also need to have their rights protected

When he addressed the nation about AIDS in October, Deputy President Thabo Mbeki's message regarding AIDS orphans was: "We shall work together for those living with HIV and AIDS and for the orphans When we lend a hand, we build our own humanity and we remind ourselves that, like them, each of us can become infected."

IN THE SHADOW OF DEATH *These toddlers from the Cotlands AIDS hospice have inherited HIV from their mothers Many will not live to see their first day at school* ■ *Pic. THULANI SITHOLE*

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(92) cl 20/12/98

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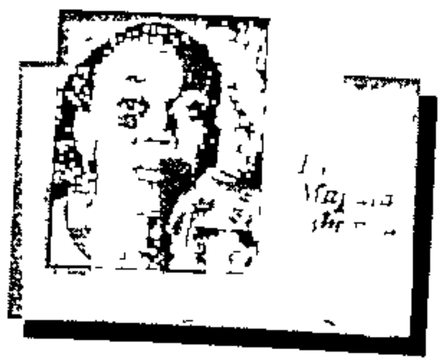

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IN THE SHADOW OF DEATH *These toddlers from the Cotlands AIDS hospice have inherited HIV from their mothers. Many will not live to see their first day at school.* ■ *Pic: THULANI SITHOLE*

New steps to help HIV-positive learners

BD 21/12/98 (92)

James Eedes

TERTIARY institutions and schools may be required to help HIV-positive students and pupils incapacitated by the disease to study at home

In terms of draft government policy, the institutions would be required to "make academic work available for study at home" for such students But students will be expected to attend classes "for as long as they are able to function effectively and pose no medically significant risk to others at the school or institution" Thereafter they should be allowed to continue their education at home

The main aim of a draft policy document, published by the education department in the Government Gazette, is to end discrimination against HIV/AIDS sufferers The policy is also intended to ensure "a safe school and institution environment" and the implementation of appropriate HIV/AIDS education programmes

Central to the policy is that tertiary institutions and schools will no longer be able to deny a person admission or participation in normal educational activities on the grounds of actual or perceived HIV status Similarly, discrimination against HIV-positive teachers will be prohibited

Other provisions of the policy are that students and teachers may not be compelled to disclose their HIV status and that routine testing of students and teachers will be outlawed as there is "no medical or scientific justification" for it

The document specifically states that HIV-positive students "should not be denied the opportunity to receive an education to the maximum of their ability"

Places of learning will be required to follow "standard infection control procedures and good hygienic practices"

In essence, this means minimising exposure to any blood or bodily fluids and ensuring the availability of suitable first aid equipment to deal with any situation where the risk of transmission exists, such as with cuts or bleeding noses

The policy will also require education institutions to offer HIV/AIDS education, the purpose of which will be to "prevent the spread of HIV infection, allay excessive fears about the epidemic, reduce the stigma attached to it and instil nondiscriminatory attitudes"

The draft policy is intended only as a set of broad principles "The governing body of a school or institution should preferably give operational effect to the national policy by developing and adopting an HIV/AIDS policy at school and institutional level "

Education department spokesman Duncan Hindle said the policy was part of a government-wide response and was "long overdue" The department has called for comment before February 6

Row brews over free AIDS kits for health staff

ARG 21/12/98 (92)

GLYNNIS UNDERHILL
SPECIAL CORRESPONDENT

Thousands of three-day kits of the anti-AIDS drug AZT have been offered free of charge to South African health care workers who have been exposed to the HIV virus by a needle-stick injury.

But Health Minister Nkosazana Zuma's department has failed to take up the offer from Pharmaceutical company Glaxo Wellcome and the post-exposure preventative kits are gathering dust on a shelf, says director Peter Moore

"All the medical and dental schools in South Africa have taken up the offer, as have various hospitals and district health offices But we still haven't received word from the Department of Health," he said

The offer was made to the department in November last year and acknowledged But more than a year later it has not been accepted

International guidelines recommend the use of two or three antiretroviral medicines, which include AZT and 3TC, for one month to health care workers after exposure to the virus The three-day starter packs of AZT and 3TC for protection against HIV infection were launched to enable health care workers to have immediate access to these medicines

But the downside is the rest of the months' supply of the drug would have to be supplied by another source, at a cost of about R1 500 The Government recently announced it was cancelling a multi-million rand pilot project to test the use of AZT on pregnant women infected with the HIV virus The treatment, if made available, would save many infant lives.

Budgetary constraints were the reasons given for the project cancellation, which provoked outrage among AIDS activists

In spite of repeated attempts to find out why the Department of Health and Dr Zuma's office have not taken up the free offer of the post-exposure kits, the Cape Argus had no response to faxed questions.

"We have a stockpile of the post-exposure kits as we anticipated a rush on them. But they have a two-year shelf life, and now have only 18 months before they expire, so they should be used up soon," said Dr Moore

A nurse who works with HIV and AIDS patients in Cape Town said she could not understand why the Government had not jumped at the free offer "It would certainly be a comfort to me to know the starter kits were around," she said

Virodene fight 'just beginning'

ARG 21/12/98 (92)

Johannesburg – Sponsors of the anti-aids drug Virodene have vowed to continue their fight to have the drug accepted after the Medicines Control Council (MCC) ruled out clinical trials.

Larry Heidebrecht, spokesperson for Virodene Pharmaceutical Holdings (VPH), said: "This is not the end of the road for Virodene, it's just the beginning

"We will probably appeal the decision in the new year The MCC has moved the goalposts continuously since the start"

Mr Heidebrecht said this was the sixth time the MCC had officially rejected the drug.

At the beginning of last year the council banned the controversial drug, claiming it contained a toxic solvent used in the plastics industry.

It decided last week to again bar trials of the drug after reviewing an application by the South African developers – Argus Correspondent

Education dept sets guidelines in HIV/Aids policy document

(92) Star 22/12/98

OWN CORRESPONDENT

Durban — Pupils and students with HIV/Aids may not be prevented from going to school, university or technikon, nor may a teacher be dismissed if he or she has contracted the disease.

In its draft policy on HIV/Aids, published in the Government Gazette, the national Education Department said there was an "insignificant risk" of transmission in schools and institutions

"There are no known cases of HIV transmission in schools or higher education institutions," it stated.

Testing for the disease is prohibited and HIV/Aids sufferers may not be compelled to disclose if they have the illness to authorities. However "voluntary disclosure should be welcomed", the document said

Schools and institutions will be required, where possible, to make academic work available to students and pupils who are too sick to attend school

Students will be required to attend classes "for as long as they are able to function effectively and pose no medically significant risk to others"

The main aim of the new policy, which has been welcomed in KwaZulu Natal where infection rates are estimated to be more than 30%, is to prevent discrimination against Aids sufferers, to increase awareness of the disease and to prevent its spread

"Learners and students with HIV/Aids should lead as full a life as possible and should not be denied the opportunity to receive an education," the policy document says.

According to the department, scientific evidence suggests that the risk of HIV transmission during teaching, sport and play activities is insignificant if ordinary hygiene precautions are adhered to.

These precautions include the training of teachers, pupils and students on how to cope should a situation arise where there is a risk of transmission.

In contact sports, such as rugby, proper wound management in the case of bleeding should prevent transmission

The policy makes Aids education compulsory and says that a continuing HIV/Aids education programme must be implemented at all schools and institutions.

KwaZulu Natal education spokesperson Mandla Msibi said the new policy would, for the first time, give the department directives on how to deal with Aids sufferers in the province's schools and institutions

The public has until February 6 to comment on the policy

United States Ambassador James A. Joseph says his country supports South Africa's Partnership Against Aids campaign.
PIC US EMBASSY

Aids campaign unites us to fight pandemic

(92) Sowetan 23/12/98

By James A Joseph

THE national Partnership Against AIDS campaign is a new initiative focused on South Africa but it reminds all of us from widely different parts of the world that the pandemic of Aids knows no boundaries

Aids is not confined to a particular community or country It is as much an issue for foreign affairs as it is for domestic health It is an issue that affects all areas of the world and all sectors of a society – government, civil society, labour and business

The need is crucial for all of us to join forces and find common ground so that, together, we can make a difference

In a recent letter to Deputy President Thabo Mbeki, United States vice president Al Gore pledged his support for South Africa's Partnership Against AIDS Campaign, launched by Mbeki on October 9

Gore also expressed his shared concern over the HIV/Aids epidemic and how it has affected both our countries, our communities, and our families

Gore's pledge of support for the campaign will be carried out in the following ways

US community

First, the official US community in South Africa (the embassy, consulates, and all US government agencies) will establish for its staff a workplace programme on HIV/Aids that will include awareness, counselling and education, as well as a re-affirmation of our non-discriminatory practices

Second, we will support the South African Government's HIV/Aids programme by providing funding support of R59,2 million over five years, through the US Agency for International Development (USAid)

This programmatic support will augment ongoing initiatives of the US Centres for Disease Control and Prevention (CDC) in areas of education in the fight against sexually transmitted diseases, tuberculosis, and surveillance, the US National Institutes of Health in clinical research and international networks, and a variety of non-governmental collaborative efforts

The shared concerns expressed by Gore are a reflection of the investments and lessons which we have learned in the US over the past 15 years

Research on treatment, improved counselling, vaccine development and, most importantly, encouraging and enabling preventive behaviour have been among the hallmarks of the American government's response to the epidemic

We have also worked diligently with labour, business, universities, and non-governmental organisations to promote workplace policies, to encourage a better understanding of the epidemic, to demystify the disease, and to promote acceptance of people living with Aids as full and productive partners of society

Getting the attention of the myriad publics that must be mobilised against Aids requires a continuing reminder that the victims of AIDS are rarely strangers

Our colleagues

They are our colleagues in the workplace, they are our neighbours, they are our children, they are our immediate family, they are the global families of humankind

In helping them, we are helping ourselves

Though the science and epidemiology of the disease differs between our two countries, the concerns and the impact are similar Mbeki's call for a Partnership Against Aids is an inspiration for all of us to redouble our efforts to combat the epidemic

Although not all of us are infected with HIV, we are all affected by it As the Deputy President stated "HIV/Aids is not someone else's problem, it is my problem .It is your problem"

Reiterating the words of vice president Gore, the US government is pleased to pledge its support for the Partnership Against Aids Campaign

The American people join in solidarity with the South African people in mourning the lives of so many who have already been lost to Aids

We vow to continue our work together to protect those who remain at risk

(The writer James A Joseph is the United States ambassador to South Africa)

Africa's plague in a world of plenty

(92) mtg 24/12/98 - 7/1/99

Finding a cure for Aids may take years, but the medical fraternity is attempting to stop the spread of the disease, writes **Stuart Hess**

Suffer little children. If an Aids vaccine is not found soon, many more children will contract the disease. PHOTOGRAPH. NADINE HUTTON

While the world looks forward to a future in which infertile couples can have children via genetic cloning, and people with missing limbs can be given fully functional robotic hands, arms or legs, the people of Africa face a major struggle as the Aids epidemic continues its unstoppable march through the continent

Although South Africa has been at the forefront of some significant innovations in health care this century — notably Professor Chris Barnard s heart transplant at Groote Schuur in 1967 — those triumphs may be overshadowed as more people contract the Human Immunodeficiency Virus and Aids related deaths accelerate

A researcher at the Medical Research Council (MRC), David Wilkinson, says Aids will lead to a social breakdown as many families lose breadwinners and loved ones

"We are going to see a continued increase in the number of new infections which will place enormous pressure on the sector," says Wilkinson "We will see an almost total breakdown in the health system "

Wilkinson says South Africa has made significant strides in the past two years in raising awareness of the disease and believes the country will lead the rest of the continent in finding a vaccine to kill the C-strain virus, most common in sub-Saharan Africa.

Already the MRC has developed a relationship with the community in Hlabisa, KwaZulu Natal, to test new drugs on residents who have contracted Aids "The community are totally open to the idea because it is addressing a crucial need," says Wilkinson.

Research in the developing countries is still far behind work being done in Europe and the United States, where a drug has been produced which stops the virus replicating. But at a cost of $10 000 per year, it is far too expensive to be used locally

"Finding an Aids vaccine will take years There are hopeful signs, but there have been hopeful signs before," says Wilkinson

His colleague, Gita Ramjee, is studying the spread of the disease in urban centres, especially among prostitutes Researchers at the MRC in KwaZulu Natal have been testing a new drug with prostitutes

Called vaginal microboside, the medication, which comes in the form of a cream, is applied inside the vagina and prevents the transmission of HIV during intercourse The local experts are working in conjunction with scientists in West Africa and Thailand and the results of the study are expected in June 1999

However, while the world seeks a product which will kill the Aids virus, scientists in the field of genetics want to use the virus to combat genetic ailments such as the visual impairing disease, retinitis pigmentosa, and various forms of cancer

"We are using our molecular technology to study the Aids virus " says the associate professor of human genetics at the University of Cape Town's medical school Jacquie Greenberg

"It is a very powerful virus and it would be wonderful if we could utilise it to help rather than harm the human race We would like to adapt the virus by nullifying its deleterious effect and then use it as a carrier to deliver healthy genes into the human body," says Greenberg. "This way it could be used during gene therapy to replace genes or repair faulty genes '

Genetic researchers are also concerned with the controversial topic of cloning and many believe that one day it will be possible for infertile couples to have children using cloning techniques

Greenberg believes scientists still have a lot to study in the field of cloning before reproducing children. "Right now cloning is a very valuable tool for molecular geneticists and the more it is used, the more we learn about how it can be used " says Greenberg The cloning of humans for reproductive purposes is still a long way off '

As local scientists continue to study new ways of improving health, the government is trying to improve the quality of health care available at the 486 primary health care clinics built since 1994 The Department of Health wants to provide each clinic with X ray machines and ultrasound equipment The advances made in radiology mean the equipment is of a higher quality and more importantly, it is cheaper

A professor in radiology at the University of Natal, Peter Corr says the next big step is to link the clinics with larger hospitals through telemedicine ' As the images [from X ray or ultrasound] are downloaded digitally they can be linked via a network of telephone lines," says Corr. "This will enable more experienced doctors in urban areas to help staff in rural hospitals and clinics "

Studies done internationally have shown that, through radiology, diseases such as breast and liver cancer can be detected before they become life threatening

Swopping stethoscopes for bones

Stuart Hess

In 10 years time traditional herbalists, faith healers and bone throwers could be examining patients who are admitted to public hospitals

In terms of new proposals before government, traditional healers will have to register with an association, which could eventually see them plying their trade at institutions such as Groote Schuur Chris Hani Baragwanath or King Edward VIII

It is still unclear if the proposed association will fall under the authority of the Medical Association of South Africa or be totally independent There are currently more than 200 000 traditional healers operating in South Africa as opposed to 23 000 allopathic (Western) doctors For many South Africans traditional healers provide the first point of medical contact

They are interwoven into the society, both culturally and spiritually Many health researchers view traditional healers as an untapped resource as they can educate people about all aspects of preventable diseases, especially in rural areas where healers are often the first to be consulted It is believed that the trade in traditional medicine is worth nearly R2 3 billion per year

There is a great deal of division among traditional healers about whether they should be integrated into the health system or establish an independent association

The head of the Traditional Healers Organisation, Nhlavana Maseko, believes the sectors should continue to operate separately "This traditional system is an indigenous one which is totally different from the modern system, so the two cannot be integrated," says Maseko "We want to establish the traditional system parallel to the modern system '

The Traditional Healers Organisation says it represents more than 180 000 traditional healers from South Africa and a number of neighbouring countries including Swaziland, Zambia and Zimbabwe Maseko ideally wants to see the two sectors referring patients to each other

This view is shared by the president of the National Traditional Healers Association of South Africa, Patience Koloko However, Koloko wants traditional healers to be incorporated into the South African Interim Medical and Dental Council (SAIMDC) as this would provide them with more benefits, such as recognition from hospitals and other doctors

Because we are not part of the SAIMDC we can t work in hospitals and our patients cannot receive medical treatment from us there " says Koloko

The president of the Traditional Doctors, Herbalists and Spiritual Healers Association, Phillip Kubukeli, believes traditional healers are not taken seriously and any attempt at drawing up legislation which will ensure their recognition should be accelerated

"We do refer patients to hospitals because there are diseases we can not cure However, when doctors cannot heal something they make no attempt to contact traditional healers, ' says Kubukeli

He accused Western medical bodies such as the World Health Organisation of acting selfishly as they do not share the results of research done on substances provided to them by the traditional healers

A researcher at the Medical Research Council Tony Mbewu, says both sectors should learn to work together as there is a lot they could learn from each other "Traditional healers have always conducted their practice remembering that the mind, body and soul are intertwined, says Mbewu ' Western medicine had to rediscover these factors and study how the environment, [the mind], spirituality and family influence one s health '

Many observers believe the implementation of primary health care will see residents in rural areas being referred between doctors and traditional healers

Healing powers Traditional healers remember that 'the mind, body and soul are intertwined'

Call to stop imports of faulty condoms

Jonny Steinberg (92) BD 28/12/98

FEARS that SA has been importing millions of faulty condoms have prompted health professionals to call for an overhaul of the health department's condom procurement procedures.

Health experts said yesterday it was uncertain how many faulty condoms government had imported. However, this year alone two batches of more than 4-million condoms were sent back to manufacturers in India and China after Cape Town prostitutes complained to the nongovernmental organisation which distributed them. As many as 48 out of 200 in some test batches broke, posing a threat to government's anti-AIDS campaign.

Ninety-five percent of the estimated 190-million condoms used in SA each year are bought by government.

The calls for an overhaul of procurement procedures were first made at a crisis meeting in September, reflecting alarm that the system does little to prevent the import of faulty condoms, mainly from Asian countries. Stricter quality testing has been recommended.

The New York Times reported yesterday that SA's condom procurement system was so poor it "practically invited manufacturers to ship their cast-offs" to it.

Wayne Myslik, a health consultant who attended September's crisis meeting, said yesterday that "SA inspectors would visit a factory once a year, test a single sample chosen by the manufacturer and give it the SA Bureau of Standards seal. This is obviously far from adequate. We have recommended that this be replaced by a procedure culled from international best practice."

Participants at the meeting also castigated the health department for the way it stored condoms. "Government's tender conditions say nothing about condom wrappers," Myslik said "Condoms wrapped in plastic are vulnerable to heat; latex degrades very quickly in the wrong conditions We recommended that government insist that manufacturers wrap condoms in foil."

It is unclear whether the health department has drafted new tender conditions in response to the criticism Health ministry spokesman Vincent Hlongwane said the issue would be clarified today.

Another concern raised is that government has been buying only one size of condom, the standard 53mm variety "A condom cannot be too small," Myslik said, "but it certainly can be too big Those most likely to respond to condom education campaigns are those who are just becoming sexually active ... often young adolescents, many of whom need smaller condoms. If they are difficult to use, people will simply stop using them."

Myslik cautioned it would be alarmist to assume that SA was flooded with faulty condoms. "No one knows the full extent of the problem "

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Health department to get strict on condoms

(92) BD 29/12/98

PRETORIA — The health department denied yesterday it was distributing faulty condoms, but said that it was changing its procurement policy to reduce the chances of defective condoms being issued

Senior specialist David Coetzee said the department bought more than 140-million condoms for free distribution this year, of which 1-million were sent back to a factory in India because they were inclined to tear

The faulty condoms were replaced

"We do not believe that the condoms presently distributed in SA are of poor quality," he said

Coetzee said the department was changing its tender specifications for condoms to bring them in line with World Health Organisation standards

Until recently, only some batches of condoms produced by local and overseas manufacturers for the department were tested by the SA Bureau of Standards (SABS)

"From the start of the next financial year each batch will be checked by the SABS before the condoms are distributed This step will reduce the possibility of faulty condoms being distributed," Coetzee said

Manufacturers hoping to receive contracts for the supply of condoms to the department would have to pass the SABS test first

A daily newspaper reported yesterday that health professionals had called for an overhaul of the department's condom procurement procedures out of fear that the country was importing millions of faulty condoms

The daily quoted the New York Times as saying the country's condom procurement system was so poor it "practically invited manufacturers to ship their cast-offs" to SA

The department distributes free condoms to nongovernment bodies such as clinics

Coetzee said a formal complaints system was being set up in terms of which clients could list complaints about condoms on a questionnaire

He said the department investigated all complaints received about defective condoms, and acted accordingly

A recent assessment revealed inadequacies in the department's distribution of condoms, resulting in over- or under-supplies in some areas A new system would be piloted in Mpumalanga in March, and in North West and the Eastern Cape in September, Coetzee said —Sapa

EU donates R175-m to help SA fight Aids

(92)

Sowetan 1/12/98

By Mokgadi Pela

THE European Union (EU) is to donate a further R175 million to help fight HIV and Aids-related problems in South Africa

Announcing this yesterday, head of the EU delegation in South Africa, Mr Michael Laidler, said "This massive aid package serves to underline our commitment to minimising the spread of HIV within South Africa and our determination to alleviate the impact of the epidemic on the economic and social fabric of this country".

Already, the EU channels about R180 million to both government and non-governmental agencies involved in addressing the HIV/Aids pandemic

This money is targeted at boosting health programmes and facilities in the HIV/Aids sphere, improving awareness and prevention campaigns, providing technical assistance and assisting in monitoring and surveillance of the spread of the disease

"Together with the South African Government, our funding is filtering through to all sectors of society, making a real difference to those living with HIV/Aids daily," Laidler said

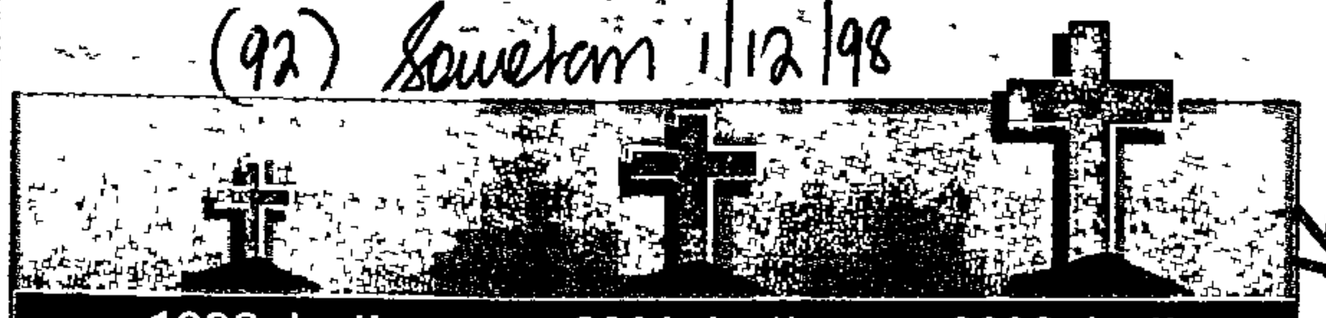
Over the last 10 years, the EU has committed about R1,4 billion in direct support to HIV/Aids interventions in over 90 developing countries as well as to regional and international initiatives Of this total, 54 percent is allocated directly to Africa

SA's Aids time bomb

(92) Sowetan 1/12/98

HIV infections		
Daily	1 Jan to 30 Nov	SA Population
1 500	550 000	40 million

A baby with aids at Cotlands in Turffontein, Johannesburg It is projected that 250 000 South Africans will die of Aids annually. PIC CLEMENT LEKHANYANE



1998 deaths	2001 deaths	2008 deaths
127 000	250 000	500 000

By Mokgadi Pela

THE United Nations Programme on HIV-AIDS (UNAids) and the Government yesterday issued a fresh call for safer sex amid reports that more than 3,2 million South Africans are HIV-infected.

The call coincides with the World Aids Day today and comes at a time when South Africa has been declared one of the hardest-hit Sub-Saharan countries after Botswana, Zimbabwe, Namibia and Swaziland.

According to UNAids, 168 000 people have Aids while 127 000 have died from the disease this year. It is projected that nearly 250 000 South Africans will die of Aids annually.

By 2007, the figure will have doubled to more than 500 000 a year The cumulative figure of Aids-related deaths is expected to exceed the one million mark by 2001 and more than four million by 2008

Briefing the media in Johannesburg yesterday, Welfare and Population Minister Mrs Geraldine Fraser-Moleketi said 1 500 infections occurred in South Africa daily – totalling more than 550 000 new infections during 1998. This figure represents between 12 percent and 14 percent of young adults who have the highest levels of infection

In KwaZulu, one in four pregnant women were HIV-infected while one in five were HIV-positive in Mpumalanga, the minister said.

"The epidemic in some provinces is developing later than in others, but all provinces will have severe epidemics," Fraser-Moleketi said.

Geneva-based UNAids executive director Dr Peter Piot said: "I'm here to express our concern about Aids infection in this country as well as to support the growing momentum in the struggle against Aids as shown by the recent partnership against this epidemic

"We are concerned that the distribution of infection shows that young people, particularly girls and young women, are being infected rapidly. This means our hard-won gains in health are being wiped out. The impact of Aids will be felt at the economic level."

Piot called on South Africans to target youths by preaching education messages in a sustained way "Over and above that, we have to bring Aids into the open. When it's hidden, it gives rise to discrimination"

Health Minister Dr Nkosazana Zuma said: "We need to extend the partnership against Aids to the very local level We need to preach prevention messages to young people and advise them to either abstain from sex or use condoms when they engage in sex. We also have to stop discriminating against people with Aids."

More reports on pages 2, 4, 12, 13, 22 to 29.

Executive director of the Joint United Nations Programme on HIV/AIDS, Dr Peter Piot, at the release of a UN-sponsored report on HIV/AIDS and Human Development in SA.
Picture TREVOR SAMSON

Rise in AIDS infections will strain SA's budget, says UN

BD 1/12/98

Primarashni Pillay (97)

SA's rapid increase in HIV/AIDS infections would affect economic growth and place strain on the national budget, the United Nations (UN) representative in SA, David Whaley, said yesterday

The major effect would be felt in the health, education, and welfare, sectors

Whaley released a UN-sponsored report on HIV/AIDS and Human Development in SA in Johannesburg The release coincided with World AIDS Day today

More than 3,2-million people live with HIV/AIDS in SA and about 1 500 people are infected by the virus each day According to a report by the UN and the World Health Organisation, seven out of 10 people newly infected with HIV this year are living in sub-Saharan Africa

It is estimated that by the end of 1998, 22,5-million people, including 1-million children, will be living with the virus in Africa

Young people in their economically most productive years were affected by the virus, with negative results for the workforce Life expectancy in SA was likely to fall from 60 years to 40 by 2010

Women in particular were susceptible to the virus as they had limited powers in negotiating safe sex, Whaley said Some of the reasons for the growth in infections were attributable to migrant labour and poverty

Whaley said the growth of infections in SA would entail added costs in caring for and providing basic services to people living with the virus "The impact of this will also be felt in individual communities and families where it is not just a question of the redeployment of resources, but the loss of income and an increase in medical costs "

Since the workforce would be affected, the retraining of staff generated further costs, said Dr Peter Piot, executive director of the Joint United Nations Programme on HIV/AIDS Profits were also affected by health care costs and work hours lost to illness and the attendance of funerals

The report says that the effect of HIV/AIDS on the economy takes time to build up "No country has yet seen the full impact of HIV and AIDS

"This will come only some years after HIV prevalence has peaked, indeed it will take generations to work through the full social and economic ramifications "

CAPE ARGUS, TUESDAY, DECEMBER 1, 1998

Apocalypse now as AIDS toll rockets (92)

350 deaths each day

ARGUS 1/12/98

ARGUS CORRESPONDENT

Johannesburg – AIDS has already claimed nearly 130 000 South African lives this year – about 350 a day – and the rate of new infections is estimated to be 1 600 a day, says Welfare Minister Geraldine Fraser-Moleketi.

Speaking on the eve of World AIDS Day today, she said South Africa also had about 100 000 AIDS orphans

"This will rise to 590 000 by 2003 and 1 6-million by 2008."

This year, just over 50% of all new infections in southern Africa had happened in South Africa and at least 168 000 people had gone from being HIV positive to having full-blown AIDS

Between one in seven and one in nine adults in South Africa were living with HIV

UNAIDS programme head Peter Piot warned yesterday "We know now that in spite of these already very high levels of HIV infection the worst is still to come in southern Africa. The region is facing human disaster on a scale it has never seen before"

Ms Fraser Moleketi predicted that almost 250 000 HIV positive South Africans would die annually within the next three years and that the figure would rise to 500 000 a year by 2007 "The cumulative number of AIDS deaths by 2001 will be over a million – and over 4-million by 2008," she said

Infant mortality was expected to rise by around 20% due to transmission of HIV from mother to child, while deaths among children aged between 1 and 4 could show a 150% increase from 1995 to 2003

Ms Fraser Moleketi said the average life expectancy was likely to fall from around 60 to 40 by 2008.

Dr Piot, in Johannesburg for World AIDS Day, admitted that it was not understood exactly "what was going on" in the southern African region.

"We know that migration patterns for economic reasons, poverty and exclusive compounds (hostels) for men play a role, but that doesn't explain it all."

He said the country desperately needed a vaccine and the commitment and political will to bring down the number of new infections.

According to a report released by the Department of Health, the impact of HIV/AIDS illnesses and deaths was already obvious in hospitals Last year about 40% of adult medical inpatients at King Edward VII Hospital in Durban had HIV related conditions In Gauteng hospitals the proportion varied from 26% to 70%

At Chris Hani Baragwanath Hospital in Soweto 30% of patients aged 1 to 5 were HIV-infected as early as 1996.

Cape teenagers speak out page 10
Place of nothing left to lose page 17

'Why we must speak up about our hidden pain'

SPECIAL REPORT

GLYNNIS UNDERHILL

Rick Stephen said he used to be introverted and selfish before he found out he was living with HIV "People think I am being funny when I say it, but HIV is the best thing that has happened to me"

Twelve years ago, Rick found out he was HIV-positive and he thought his world would crash.

Today, he exudes energy and determination as he helps others come to grips with the disease and offers support to those, like him, who opt for "voluntary disclosure" of their HIV and AIDS status

"Knowing I have HIV has definitely made me a better person Coming to terms with having HIV meant I had to throw all the rubbish out of my life. Now, I really love my work and I live each day as it comes," he said.

A former retail manager, Mr Stephen works at the Cape Town offices of the National Association of People living with HIV/AIDS The offices might be modest, but the energy levels are tangible, as members of this non-governmental organisation work on AIDS projects involving the community

Voluntary disclosure is one of the issues which AIDS organisations are placing as a priority on the agenda.

ROY WIGLEY

AIDS disclosure: Rick Stephen feels he is a better person because he is living with HIV

"I think disclosure will pave the way and help destigmatise HIV and AIDS They have to have a face and be seen But we still have to foster and create a safe environment for people to disclose their status," said Mr Stephen.

He felt AIDS activists should try to encourage high-profile sufferers to start disclosing they had AIDS, which would help others to come forward.

"No one in a high-profile position in this country has yet stepped forward.

"But there are cabinet ministers, High Court judges, doctors and lawyers who have HIV and AIDS

When he almost died last year of cancer of the throat, which was exacerbated by the virus, his friends rallied around, offering him love and support.

"I though I was a goner But then I fought back and said, 'You are not going to beat me.'

"It is difficult because I know 200 people who have died of AIDS in this country," he said.

His disclosure of his HIV status has helped him conquer his fear, but for another 30-year old AIDS activist, it has presented a few problems.

Some members of her family have been upset she spoke out about having HIV, she said.

The attractive woman, who asked for her name to be withheld, said that when she heard she was HIV-positive, her first inclination was to commit suicide.

But, instead, she used the power of positive thinking and began a new chapter in her shattered life. Her voluntary disclosure to her family and friends that she was HIV positive was what helped her to pick herself up from the depth of despair, she said.

Choosing to tell the world she was HIV positive was the hardest decision she had ever made.

While her family still cannot accept her need to go public, for her it proved to be the right choice

"I have been HIV-positive for three years now and I think I have been very lucky in that the people that I have disclosed to have been very supportive of me."

Lack of funding from Province angers activists

ARG 1/12/98

AIDS activists are angry that the provincial government did not provide any funding for a three-day programme of events celebrating World AIDS Day in Cape Town. (92)

Run on a shoestring by cash-strapped non-governmental AIDS organisations, events held at the weekend in Guguletu and Gardens to mark World AIDS Day attracted hundreds of people

Earl Spencer, who was one of the sponsors who came to the rescue with a donation of R1 000, will be a special guest at the World AIDS Day film at the Labia tonight.

Organised by HIV and AIDS support group Positive Link, the National Association of People Living with HIV/AIDS and other non-governmental organisations, the World AIDS Day events should have received full Government backing, say upset AIDS activists.

Deputy President Mbeki has pledged Government partnerships with non-governmental organisations like the Association of People with AIDS, but activists say this promise looks hollow

It was time to wake up, they said, as projections showed that, by 2005, one in five South Africans could have the HIV virus.

Johan Smit, spokesman for provincial Minister of Health and Social Services Pieter Marais, said the Western Cape government had received no national Government funding for World AIDS Day this year.

"We normally get funding from the Government, but there wasn't any this year," he said.

"We have funded non-governmental organisations to the tune of R1,7-million this year, and we expected some of it to be used for World AIDS Day"

Mr Smit said Mr Marais was committed to the AIDS partnership, as he had illustrated in his speech delivered at a World AIDS Day event held at the Gardens Commercial High School.

Meanwhile programme organisers were disappointed that Minister of Health Nkosazana Zuma at the last minute cancelled her appearance as a key speaker at the event in Gardens on Sunday

Dr Zuma's representatives contacted the organisers last Thursday to say she had election commitments

SA's rocketing Aids statistics baffle experts

(92) Star 1/12/98

Nearly 390 deaths a day as SA replaces the rest of the subcontinent as the main centre of the HIV epidemic

By Anso Thom
Health Reporter

The Aids scourge has already claimed nearly 130 000 South African lives this year– about 390 a day – and the daily rate of new infections is estimated to be 1 600, Welfare Minister Geraldine Fraser-Moleketi said yesterday

The minister, speaking on the eve of World Aids Day today, said SA had about 100 000 Aids orphans And SA accounted for more than half the new infections in southern Africa this year.

At least 168 000 people had progressed from being HIV-positive to developing full-blown Aids, she said.

UNAids programme head Dr Peter Piot, in the country for World Aids Day, said it was "an unprecedented crisis" which needed a vaccine, and the political will to bring down the number of new infections.

He admitted the organisation did not understand exactly what was going on in the southern African region It is known that migration patterns, poverty and hostels for men played a role "but it doesn't explain it all; we don't understand it completely".

Fraser-Moleketi said population growth could even be negative after 2000, with average life expectancy likely to fall from around 60 to 40 years by 2008

Fraser-Moleketi predicted almost 250 000 would die annually within three years, rising to 500 000 by 2007. The cumulative number of Aids deaths by 2001 would be more than 1 million, and more than 4 million by 2008

Infant deaths were expected to rise by around 20% because of mother-to-child transmission. Deaths among children aged between 1 and 4 could rise by 150% from 1995 to 2003.

"In 1998 there are already an estimated 100 000 Aids orphans. This will rise to 590 000 by 2003 and 1,6 million by 2008," the minister said

Piot pointed out that estimates in Botswana, Namibia, Swaziland and Zimbabwe showed that more than one person in five between 15 and 49 years old were living with HIV or Aids Piot said between one in seven and one in nine adults in SA were living with HIV.

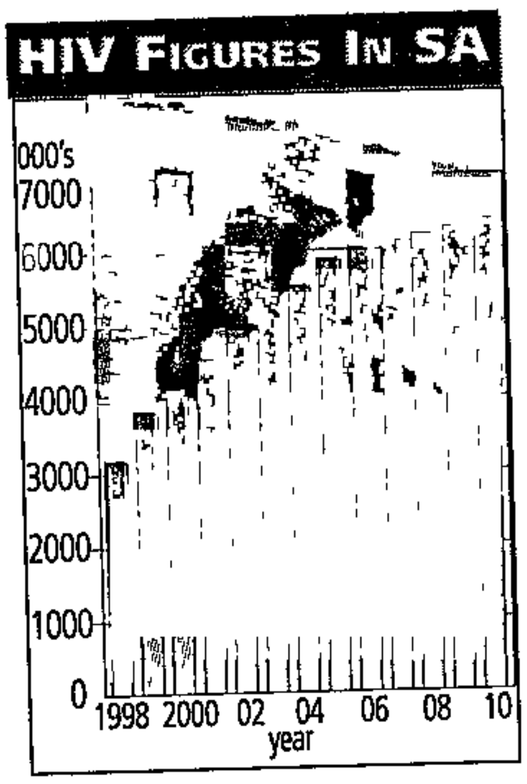
"Despite these already very high levels of HIV infection, the worst is still to come in southern Africa The region is facing human disaster on a scale it has never seen before."

■ A Department of Health report said last year around 40% of adult medical in-patients at King Edward VIII hospital in Durban had HIV-related conditions.

In Gauteng hospitals, the proportion varied from 26% to 70% At Chris Hani Baragwanath hospital in Soweto, 30% of patients aged 1 to 5 were HIV-infected as early as 1996

Projections in the report indicated that national adult infection levels could be well over 20% by 2005, with almost 6 million South Africans HIV infected in that year

▶ **More reports, picture** ..Pages 6 and 12



Shock claim about HIV in police force

Star 1/12/98

About a quarter of all SAPS members are infected and figures could double soon, health and union sources warn

By Phalane Motale
Crime Reporter

More than 33 000 members of the South African Police Service – nearly a quarter of the police force – are estimated to be infected with the HIV/Aids virus, according to Health Department sources.

And there are warnings that unless the Government comes up with immediate preventative measures, the figure could double within the next five years.

Research done by the Health Department indicates that the number of infected SAPS members is between 20% and 25% of the 135 000 men and women in blue.

"In both the police and army, we find a very high infection rate among those who were either serving in the Caprivi, or in exile," one source said.

"If nothing is done, we would soon have a 50% (infection) rate, similar to countries such as Uganda and Malawi," he said

"Unless the SAPS learned from the SANDF and embarked on Aids-awareness programmes, the situation could get out of hand," he warned.

This view was supported by two major police unions – the South African Police Union (Sapu) and the Police and Prison Civil Rights Union (Popcru) – which both warned that an epidemic could lead to drastic staff shortages in the police force.

Sapu's national organiser, Shamira Huluman, said the union's death-benefit scheme statistics showed that 200 union members had died of Aids in the past two years.

"The reaction to this problem should not be denial or defence, but acceptance that urgent, proactive and preventative intervention is needed," she said.

Abe Witbooi, secretary-general of Popcru, said: "We as a union are very much aware, and concerned about, the high number of affected members within the service."

Witbooi said the SAPS had never conducted any survey to determine the number of affected members because they did not take the matter seriously.

But SAPS human resources spokesperson Senior Superintendent Strini Govender denied the claims.

He said if the unions' claims were correct, then Polmed (the medical-aid scheme for SAPS members) would have been bankrupt a long time ago.

> **"Reaction should not be denial or defence"**

He said the only figure at his disposal was that of 50 police officers currently undergoing counselling and stabilisation treatment for Aids.

Govender said internal workshops were regularly run to educate SAPS members on the dreaded disease. However, Witbooi called this comment "a blatant lie".

"I expect (police) management to know that one need not exhaust medical-aid funds when you're in the early stages of the disease. Polmed would therefore only feel the pinch at an advanced stage," Witbooi said.

Call for comprehensive AIDS plan

(92) BD 2/12/98

Discrimination against those infected 'is a new form of apartheid'

Deputy Arts and Culture Minister Brigitte Mabandla at yesterday's unveiling of an AIDS memorial wall in the Newtown cultural precinct. Picture ROBERT BOTHA

Stephané Bothma

GOVERNMENT's AIDS programme was too fragmented to effectively control the rapidly spreading disease in SA, Witwatersrand university AIDS Law Project head Mark Heywood said yesterday

The disease infects about 1 600 people each day About 3,5-million citizens live with the disease which has killed 130 000 people this year.

Heywood called for the urgent establishment of a statutory national AIDS commission comprising experts in the field to drive and sustain a comprehensive programme

"SA has a host of experts in the field of HIV/AIDS. We need enough money for a nationally co-ordinated, daily visible AIDS programme We need affordable drugs for the millions who have already contracted the disease," Heywood said.

He said the R80m made available by government for the health department's Partnership on Aids project, was not nearly enough to tackle the AIDS epidemic Costs of treating HIV-positive patients varied from R1 500 to R4 500 a day, he said. "What is totally unacceptable is that 3-million people are going to die of AIDS in a country which has the expertise and ability to do something about it — but nothing is being done " Cost effective treatments were available to about 85% of patients

It had become evident that discrimination against carriers of the virus increased as rapidly as the epidemic, the conference was told.

According to Fatima Hassan, of the AIDS Law Project, several private companies still insisted on pre-employment HIV testing of candidates, including South African Airways.

In the public sector, only the SA National Defence Force insisted on pre-employment testing She said only 17 of the 137 life insurance companies in the country offered life cover to carriers of the virus, but a host of conditions were applicable in most instances.

New legislation controlling medical aid schemes prohibited any discrimination, Hassan said Only 8% of the country's black population held membership, while 72% of whites in the country were members.

"Discrimination against HIV-positive citizens is SA's new form of apartheid," she said, accusing large mining and pharmaceutical companies of not contributing to the battle against the disease

She said mining houses were guilty of spreading AIDS further through their policies of single-sex hostels and migrant workers

The profit margin of pharmaceutical companies was way too high and government and business must get together to make AIDS drugs more affordable, she said.

She lashed out at the Interim National Medical and Dental Council, claiming the body was fostering discrimination against those who were living with HIV.

"The council is very slow at investigating claims against doctors who test without knowing consent and against doctors who break confidentiality. The council does not take seriously the human rights violations by its members "

Statistics released by welfare minister Geraldine Fraser-Moleketi this week indicated that SA had about 100 000 AIDS orphans and that the country accounted for more than half the new infections in southern African this year By 2003 there will be 590 000 AIDS orphans and 1,6-million by 2008

In the past year, at least 168 000 people had progressed from being HIV positive to developing full-blown AIDS. Fraser-Moleketi said population growth could even be negative after 2008, with the average life expectancy dropping from 60 to 40, while infant deaths were expected to increase by 20%

Comment: Page 13

Nurses gave rubber stamp of approval

(92)

JUDITH SOAL
HEALTH WRITER

CT 2/12/98

WHEN the government decided there would be free condoms for all it didn't take into account the whims of nursing sisters at community clinics

Recent research at four municipal clinics in Montagu and Grabouw has found that the sisters only distribute condoms where they see fit

"All of the sisters at the clinics said they 'knew' who would use the condoms," said Landon Myer of UCT's social anthropology department

"They also 'knew' who would waste them, from adolescents in search of inflatable toys to overly optimistic older men. These people were discouraged from taking condoms"

New applicants for condoms were asked what they were going to do with them — and with whom

"One 14-year-old was told he had to produce his girlfriend before he could have any," said Myer.

"Another factor was language. There has been an influx of Xhosa speakers to the Grabouw area, yet most of the clinic staff are Afrikaans-speaking. The Xhosa speakers had less access to health care and to condoms," he said

"This restrictive attitude undermined the government's attempts to promote condoms to prevent the spread of HIV

'We don't know what to do. There comes a pestilence against us. But our eyes are upon Thee...' (The Rev L M Mthombeni in his opening World Aids Day prayer in Mtubatuba.)

ALONE: Some of the orphans who attended a World Aids Day function at 121 Battalion in Mtubatuba yesterday

Orphans of our Aids wasteland

(92)

ET 2/12/98

MTUBATUBA: Aids is no longer someone else's problem. It can no longer be considered a gay problem, or a Congolese or Malawian problem. It is sweeping through South Africa, leaving a trail of devastation in its wake. Special Assignments Team **ROGER FRIEDMAN** and **BENNY GOOL** report.

FOUR months ago, Phiwe and Muzi Hlabisa had a mother Six months ago they had a mother and father, but now they have neither. Their parents are buried in unmarked graves in the front garden of their modest house. This is what Aids does

Phiwe, 15, and Muzi, nine, were among a group of about 25 orphans introduced to President Nelson Mandrally attended by about 1 500 people outside this northern KwaZulu-Natal town yesterday

There is a crisis in KwaZulu-Natal, and the orphans are but one manifestation of it At least they will live Other children, who picked up the virus from their mothers while in the womb, will not be so lucky

"Because this disease is so new, and because it spreads mainly through sex, prevention requires of us that we speak of it in a way that our traditions, our cultures and our religions provide little guidance.

"We must repeat over and over again our appeal to young people to abstain from sex for as long as possible If you decide to engage in sex, then use a condom.

"We must repeat over and over again our appeal to all men and women to be faithful to one another, but otherwise to use condoms We appeal to all sexually active people who have not tested, to have the test for the virus and if you are infected to openly seek the support of the community

"But we do know that we can only make this call upon those who have been affected if the community accepts its responsibility to give support to people living

institutions, our places of worship and recreation must work to eradicate the discrimination that denies support and dignity to those who need it As traditional leaders, *amakhosi*, and people of influence in our communities, provinces and nation, let us set an example

"South Africans have overcome obstacles which others thought were insurmountable, because we joined hands to work for the good of all rather than remaining divided by less important things," Mandela said.

● More than 26% of the population of KwaZulu-Natal is HIV-positive, according to the provincial health department. Mtubatuba, where KwaZulu-Natal's World Aids Day rally took place, is part of a district that includes the towns of Hlabisa and Hluhluwe At Hlabisa Hospital, about half of the patients are HIV-positive Health workers in the area say that every weekend, funerals are held for young people who

ALONE: Some of the orphans who attended a World Aids Day function at 121 Battalion in Mtubatuba yesterday.

Orphans of our Aids wasteland

MTUBATUBA: Aids is no longer someone else's problem. It can no longer be considered a gay problem, or a Congolese or Malawian problem. It is sweeping through South Africa, leaving a trail of devastation in its wake. Special Assignments Team **ROGER FRIEDMAN** and **BENNY GOOL** report.

FOUR months ago, Phiwe and Muzi Hlabisa had a mother. Six months ago they had a mother and father, but now they have neither. Their parents are buried in unmarked graves in the front garden of their modest house. This is what Aids does.

Phiwe, 15, and Muzi, nine, were among a group of about 25 orphans introduced to President Nelson Mandela, Zulu King Goodwill Zwelithini and Home Affairs Minister Mangosuthu Buthelezi at the World Aids Day rally attended by about 1 500 people outside this northern KwaZulu-Natal town yesterday.

There is a crisis in KwaZulu-Natal, and the orphans are but one manifestation of it. At least they will live. Other children, who picked up the virus from their mothers while in the womb, will not be so lucky.

Buthelezi referred yesterday to "a call of danger which now rises from the inner soul of the Zulu nation". He said that "it holds the lethal power to decimate our nation and turn our villages into ghost towns".

On Monday, the *Cape Times* visited Hlabisa Hospital, about 50km north-west of Mtubatuba. There, a compassionate paediatrician, Douglas Simkiss, has grown so used to the carnage that he told us almost matter-of-factly: "Last Wednesday, I had to tell five mothers that their babies were HIV-positive — which meant that they too were carrying the virus."

Mandela had hoped to visit the hospital yesterday, before circumstances beyond his control forced a change in arrangements.

"We have come to Mtubatuba for World Aids Day because this province and this area have been hard hit by this deadly virus," he said. "We had hoped that today, before this rally, we could visit a community that has been badly affected by Aids, and pay our respects to those whose lives were taken by the disease.

"We want our communities to be able to say to our country: Come and witness the reality of Aids, see the devastation in our community; see the fresh graves, see the courage of those who live with the infection and of the children who have lost their parents.

"We must remove the silence that leads companies to say to a newspaper: 'We want to put an advertisement in your paper, but it must not be near anything about Aids'.

"It is the silence that leads us, when we see all the signs in our friend's face to speak of anything else, rather than ask: 'Do you have Aids? How can we help?'

"It is the silence that hangs over our cemeteries when we bury loved ones knowing they died of Aids, but not speaking of it. It is the silence that is letting this disease sweep through our country, adding 1 500 people each day to the more than three million already infected. It isolates those who need our support and help. It threatens to undermine our efforts to grow our economy and build a better life for all our people.

"It is time to break the silence."

Mandela said the government was grateful to KwaZulu-Natal for having the courage to declare that it has a high rate of infection.

"Because this disease is so new, and because it spreads mainly through sex, prevention requires of us that we speak of it in a way that our traditions, our cultures and our religions provide little guidance.

"We must repeat over and over again our appeal to young people to abstain from sex for as long as possible. If you decide to engage in sex, then use a condom.

"We must repeat over and over again our appeal to all men and women to be faithful to one another, but otherwise to use condoms. We appeal to all sexually active people who have not tested, to have the test for the virus and if you are infected to openly seek the support of the community.

"But we do know that we can only make this call upon those who have been affected if the community accepts its responsibility to give support to people living with HIV/Aids.

"All of us, in our communities, in our educational institutions, in our workplaces, in our media, in our financial institutions, our places of worship and recreation must work to eradicate the discrimination that denies support and dignity to those who need it. As traditional leaders, *amakhosi*, and people of influence in our communities, provinces and nation, let us set an example.

"South Africans have overcome obstacles which others thought were insurmountable, because we joined hands to work for the good of all rather than remaining divided by less important things," Mandela said.

● More than 26% of the population of KwaZulu-Natal is HIV-positive, according to the provincial health department. Mtubatuba, where KwaZulu-Natal's World Aids Day rally took place, is part of a district that includes the towns of Hlabisa and Hluhluwe. At Hlabisa Hospital, about half of the patients are HIV-positive. Health workers in the area say that every weekend, funerals are held for young people who are said to have died of TB, pneumonia, virulent influenza, diarrhoea or other diseases — but the real reason is complications arising from HIV/Aids.

See Insight, Page 19.

MEETING MADIBA: President Nelson Mandela and aide Zelda le Grange with one of the orphans at Mtubatuba

Experts ask Zuma to rethink AZT decision

Star 2/12/98 (92)

Don't stop this research, say speakers on World Aids Day

By Anso Thom
Health Reporter

Health Minister Dr Nkosazana Zuma's decision to discontinue a groundbreaking pilot project to provide HIV-infected women with AZT (Zidovudine) came under renewed fire on World Aids Day yesterday

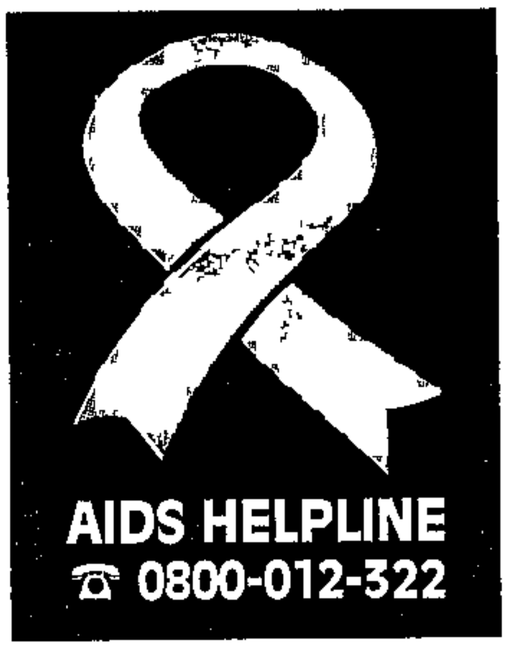
Aids experts, activists, doctors and researchers called on the Government to reconsider its decision after UNAids figures released on Monday showed that about 20% of pregnant women were infected with HIV this year alone

Pilot projects locally and in Thailand show AZT cuts mother-to-child transmission of HIV by up to 50%.

Transmission is thought to occur more commonly towards the end of pregnancy and during labour. Local research is focusing on providing a short AZT course during the last three to four weeks of labour – at a cost of R300 per treatment.

Zuma announced two months ago that the Government would stop all pilot projects in the provinces and instead focus attention and money on prevention strategies

But Zuma's spokesperson,



Khangelani Hlongwane, said yesterday it was still up to the provinces to decide whether to continue with pilot projects

Dr James McIntyre, co-director of the CHB peri-natal research unit, confirmed they were negotiating with foreign funders as well as the Government in an effort to continue the research, which would provide the Government with answers it desperately needed.

Many believed the Government would save more by supporting the projects than by withdrawing.

"We are not entirely sure which costs the Government is working on, but very comprehensive costing models exist," McIntyre said.

Pat Francis, programme manager at Wola Nani, a support organisation for women with HIV/Aids, also expressed concern, but said: "In terms of orphans, it must be more economically viable to care for healthy orphans."

Marion Stevens of the Women's Health Project said they supported AZT intervention and pilot projects in principle –but warned that primary healthcare was battling to meet simple requirements, such as paying for electricity bills

"We have to ask the question as to how they are they going to manage to get AZT together and provide formula (the alternative to breast milk)," Stevens said

Dr Peter Piot, executive director of UNAids, said there was no reason why pilot projects should not continue: "We must start on a small scale and learn from it."

Dr Claudine Mtshali, chief director of national programmes at the Department of Health, said last week the department was willing to reconsider the issue if necessary

"As more information becomes available we will revisit the (mother-to-child-transmission) issue," Mtshali said.

Dramatic increase in Aids orphans

Sowetan 2/12/98

(92)

By Charity Bhengu

THE intake of HIV-positive babies who have been abandoned or orphaned by Aids has increased dramatically at the Johannesburg Child Welfare Society this year.

The organisation received an average of 18 abandoned babies in a busy month of whom about five were HIV-positive.

Most babies had been abandoned or their parents had died from Aids

From April to October this year, the organisation received 113 abandoned babies, 32 of whom were HIV-positive.

Ms Jackie Loffell of the Johannesburg Child Welfare Society said "Compared with the previous year the figures are climbing"

In Gauteng, an average of 100 babies are abandoned each year, the majority being HIV-positive orphans

According to the Gauteng health department, the HIV and Aids epidemic is producing large numbers of orphans

It estimated that in 2005 a million children under the age of 15 would lose their mothers to Aids

Many orphans would end up in child-headed households or on the streets

They would have to deal with the trauma of losing parents, and the stigma surrounding HIV and Aids

"Care for Aids orphans has become one of the greatest challenges facing the country," the department said

Meanwhile, care for HIV-positive children was being threatened by crippling problems in the foster care grant payment system

Loffell said the Gauteng welfare department owed money to about 42 foster families Others reported that their grants had stopped

Said Loffell "We are appealing to the Minister of Welfare to strengthen community care provisions for children affected by Aids and HIV"

Many foster parents were pensioners or came from poor families Reliable payment of grants was essential

"Foster parents are performing a vital public service and do not deserve to be subjected to endless hardship," she said

The Government has acknowledged that it is difficult to find foster homes for HIV-positive children and children's homes struggle with the needs of sick and dying children

● **See also page 8.**

New Aids drug tested in SA

(92)

Sowetan 3/12/98

By Claire Keeton

A NEW drug for people living with Aids – which is being tested on patients at Ga-Rankuwa, near Pretoria – could be an appropriate treatment for people with Aids in Southern Africa

Initial results suggest that patients on the drug Inactivin had gained weight and were healthier, and that Inactivin would be more affordable than the cocktail of drugs presently used in developed countries to treat people with Aids

"It looks promising and our information shows no negative side effects," said Professor Wimpie du Plooy, head of Pharmacology at the Medical University of South Africa (Medunsa)

He said "It seems that Inactivin would be much less expensive than the antiretroviral drugs used now and the company has indicated that they would be prepared to consider the price"

Medunsa was given official approval in October by the Medicines Control Council (MCC) and its own Medical Ethics Committee to do clinical trials with Inactivin on male Aids patients

Earlier this year the MCC rejected trials with Virodene for Aids patients because they had not undergone peer review and the drug was linked to liver damage

Du Plooy said the toxicology of Inactivin had already been completed and the drug was first tested on a few patients in the United States There was one patient in Belgium, two in Switzerland and another two or three in France

"Our group is the biggest in the world," he said

Volunteers for local trials came from the Aids clinic in Garankuwa, where Medunsa is based, and there was a flood of patients prepared to do the trials "It was amazing how quickly the word spread," said Du Plooy

A select group was chosen after a few days of screening which included tests for other diseases and a willingness to be on the trial

Du Plooy said clinical trials began on a second group of patients last week and the original group was visiting the project again this week

The patients were all male as the drug has a compound related to steroids

"Inactivin (bromine epiandrosterone) is related to a male hormone and female patients could undergo masculinisation," said Du Plooy

He said this would make it difficult to interpret results with women and the trials must first "prove Inactivin works"

Those on the trial were removed from the Aids clinic to protect their identity and they received injections on a daily basis for six days

"This is the beauty of the drug It is not for the rest of your life," Du Plooy said

Preliminary results indicated that the patients' CD4 count, which indicates immune status of the body, had started to improve

Working against Aids

The labour movement struck a major blow against the spread of HIV with the launch of their programme against the disease last week, writes **Mokgadi Pela**

(92) Sowetan 4/12/98

THE trade union movement's launch of a HIV-Aids and sexually transmitted diseases (STDs) programme in Midrand this week shows the coming of age of the labour movement.

It has finally accepted that the disease is upon us and that it needs decisive action by all sectors of society to avoid a disaster

Another sign of maturity on the part of the unions is the gradual acceptance of condoms as a means to combat the spread of STDs and HIV-Aids This is a far cry from the days when any advice to use condoms was viewed as a sinister attempt to thwart the growth of the black population

No one is better qualified to stress the central role of the labour movement than Congress of South African Trade Unions deputy general secretary Zwelinzima Vavi

He addressed the audience at the launch of the campaign "From now on we will work towards changing the sexual behaviour of leaders and members alike

"We will also ensure that condoms are distributed at sleep-over meetings This would have been unimaginable a few years ago because we thought we all had a duty to produce soldiers for Umkhonto we Sizwe "

So impressed was Minister of Telecommunications Jay Naidoo at the launch of the union campaign that he said "I have no doubt that this is the most important meeting in the fight against Aids

"Let's mobilise our people in the fight against Aids in the same way as we were able to usher in a new democracy "

Naidoo also called on senior members of society and celebrities to publicly declare their HIV status if they test positive

National Council of Trade Unions deputy general secretary Mahlomola Skhosana also addressed the launch

He said the labour movement was committed to the partnership against Aids announced by Deputy President Thabo Mbeki on October 9 in order to secure the future of the country

"One of the major challenges facing us is changing the mindset in the townships that Aids is a myth We should also enlist the services of spiritual leaders to overcome this problem," Skhosana said

Federated Unions of South Africa general secretary C Milani said "It is crucial for union shop stewards to look at their own attitudes towards people with Aids

"We should remember that a worker living with HIV and Aids requires protection against discrimination Sustained education therefore becomes a necessary corollary in the battle against Aids and STDs "

At the Aids awareness rally in Pretoria on International Aids Day on Tuesday. PIC REUTERS

Projections show that unless something is done to reverse the spread of the virus in South Africa, about 20 percent of the country's labour force will be afflicted with this disease by 2000

Gauteng Premier Mathole Motshekga hit the nail on the head when he said "HIV-Aids plays havoc with the country's economy If we are not going to wage the struggle against this disease, we'll be working against the good efforts of those who are reconstructing this country

"HIV will result in absenteeism, scarcity of skilled labour and generally affect the economy and productivity negatively The poor households will become even poorer as they lose their breadwinners

"Trade unions cannot afford to stand on the sidelines in the midst of this epidemic "

Deputy Finance Minister Gill Marcus told the audience 'This launch must break the silence We are told of the funerals, but pretend it's not happening We need to speak openly about condoms

"We need to engage our community in care-giving We know that the child-grandparent relationship is going to increase as parents die of Aids "

Health Minister Nkosazana Zuma called on the labour movement to "break the taboo of the condom Let's popularise condoms so that men don't feel they are not man enough if they use them

"It's cool to use a condom Let's tell workers and teenagers that smart guys use a condom "

Also at the function was the general secretary of the Azanian Workers Union, Patrick Mkhize

He told *Sowetan* "This launch comes six months after we launched our campaign to raise awareness among our members in Durban

"We believe it's time we came out of the closet and began to discuss Aids in our meetings, churches and homes For a long time now, we have buried our heads in the sand and pretended Aids does not exist

"The latest figures showing that over 3,2 million South Africans are living with HIV and that about 390 people die daily of Aids This is cause for concern

"We are here to commit ourselves to the partnership against HIV and Aids "

Judging by the sentiments expressed by all these unionists, there is a ray of hope that South Africa may succeed in averting a disaster of unspeakable proportions

The labour movement has committed itself to real and decisive action This may be the best gift it can bequeath to future generations"

Youth bear brunt of Aids, says WHO

(92) Sowetan 4/12/98

HARARE – Government political and civic leaders needed to develop appropriate policies and laws to help control the spread of Aids, the World Health Organisation (WHO) said yesterday

WHO regional director for Africa, Dr Ebrahim Samba, speaking in the Zimbabwe capital, Harare, yesterday said he was focusing his message on the young people of Africa

Of the 30 million people infected with HIV on the continent at least a third were between 10 and 24 years of age, Samba said

Statistics showed that every day about 7 000 young people worldwide were infected with the virus, and there were three new HIV infections among the youth of Africa every minute

"We must make serious efforts to remove the unfavourable conditions that expose our youth to disease, misery, pain and death, he said

"We must redouble our efforts to combat HIV and Aids by enhancing our commitment and resolve"

All sectors of society needed to work towards removing unfavourable conditions that exposed youth to hardship, illness, hopelessness and practices that put young people in danger

Samba highlighted several areas in which action could be taken

- family life education needed to be introduced in school and college,
- youth initiatives such as Aids prevention and counselling clubs, voluntary community care and support clubs needed to be supported,
- health and counselling services and treatment facilities needed to be youth-friendly, and
- communities, non-governmental organisations, the private sector and young people themselves needed to provide support and assistance to affected families through social service programmes.

"We must resolve to make the lives of those already affected less painful by providing adequate treatment, health care and social support," Samba said

'The longer we are able to keep them alive, the greater the chance that they will benefit from effective drugs and vaccines against Aids whenever these become available"

WHO was working with partners in the United Nations to produce drugs that would prolong the lives of Aids patients

"We need the political commitment and support of all governments to achieve maximum success in this endeavour," Samba said – *Sapa*

CAPE TIMES
THURSDAY, DECEMBER 3, 1998 ★

NO COUNSELLING GIVEN

Testing the limits of HIV discrimination

CT 3/12/98 (92)

JOHANNESBURG: Pre-employment testing is resulting in the unlawful discrimination of HIV/Aids carriers in certain companies, as well as in the SANDF, reports **ANSO THOM.**

AT least three well-known companies and the SA National Defence Force (SANDF) have been accused by the Aids Law Project (ALP) of refusing to employ people living with HIV/Aids after pre-employment testing

Fatima Hassan, attorney at the ALP, said they had cases where job applicants at South African Airways, Liberty Life and Holiday Inn were turned away after their status became known.

She said they were aware of cases where members of the SANDF were discriminated against or fired once theire status had been established

While it is not illegal to require pre-testing with consent, it is against legislation to discriminate on the basis of a positive status

Hassan said they had proof that all SANDF job applicants underwent pre-employment testing

Major Louis Kirstein, spokesperson for the defence force, refused to comment

He referred instead to an internal newsletter, which stated "Should HIV positivity come to light as part of medical examinations done on a sick patient in order to reach a diagnosis, such a member is medically boarded and medically reclassified in terms of the medical standards for the SANDF

"The member continues to serve within the SANDF, but under certain limitations as far as his/her utilisation is concerned"

Hassan said one case was pending with the Commission for Conciliation, Mediation and Arbitration and another with the Johannesburg High Court, where people who had applied for SAA cabin attendant positions were turned away because they were HIV positive

'If they don't pass the medical, we are unable to offer them employment' — Liberty Life

"One of my clients had passed all the interviews," Hassan said.

"The final hurdle was the medical examination where he was tested without adequate pre-test or post-test counselling.

"He was told by the SAA doctors he had been turned down because he would not be able to take some of the vaccines required for some destinations," she added

She said her client was told the vaccinations, required for some countries, would kill him "because you've got Aids"

SAA spokesperson Leon Els confirmed that any flight attendant had to undergo a pre-employment test

"They have to get vaccinations for certain destinations we fly to and this could affect the health of an infected person," Els said

Asked whether they were prepared to accommodate infected people on those routes not requiring vaccinations, such as Europe or North America, Els said flight attendants had to be able to fly to all destinations

He also said SAA was not prepared to accommodate them on domestic flights

Hassan said they had cases of Holiday Inn and Liberty Life carrying out pre-employment testing

Mike Jackson, executive director of financial services and human resources at Liberty Life, confirmed that they carried out pre-employment testing.

He said they did not employ people who were living with HIV/Aids.

"Our policy is that we want all out staff to have the full benefits we can offer and from an underwriting point of view this would require testing

"If they don't pass the medical we are unable to offer them employment," he said, adding that Liberty wanted to steer away from two classes of employees — one enjoying the full benefits and the other not

A women was apparently denied a waitress position at the hotel group after she tested HIV positive

Hugo Lambrechts, human resources director for Holiday Inn, said he found the accusation bizarre.

"We don't require pre-employment testing.

"But we rather concentrate our company's resources on educational processes."

Employee Aids pre-testing slammed

By Anso Thom
Health Reporter

At least three well-known companies and the SA National Defence Force have been accused by the Aids Law Project (ALP) of refusing to employ people with HIV/Aids after carrying out pre-employment testing.

Fatima Hassan, attorney at Alp, said they were dealing with cases where job applicants at SA Airways, Liberty Life and Holiday Inn were turned away after their status became known

She said Alp was aware of cases where members of the SANDF were discriminated against or fired once their status became known

While it is not illegal to require pre-testing with consent, it is against legislation to discriminate on the basis of a positive status

Hassan said Alp had proof that all SANDF job applicants underwent pre-employment testing.

The only comment of Major Louis Kirstein, spokesperson for the defence force, was to refer to an internal newsletter, which states "Should HIV positivity come to light as part of medical examinations done on a sick patient in order to reach a diagnosis, such a member is medically boarded and medically reclassified in terms of the medical standards for the SANDF.

"The member continues to serve within the SANDF, but under certain limitations as far as his/her utilisation is concerned."

Hassan said one case was pending with the Commission for Conciliation, Mediation and Arbitration and another with the Johannesburg High Court where people who had applied for SAA positions were turned away as they were HIV-positive.

"One of my clients .. was told by the SAA doctors he had been turned down because he would not be able to take some of the vaccines required for some destinations," Hassan said

Leon Els, SAA spokesperson, confirmed that any flight attendant had to undergo a pre-employment test "They have to get vaccinations for certain destinations we fly to and this could affect the health of an infected person," he said.

Hassan said Holiday Inn and Liberty Life were also carrying out pre-employment testing.

Mike Jackson of Liberty Life confirmed the organisation carried out pre-employment testing, and said they did not employ people who were living with HIV/Aids.

Hugo Lambrechts, human resources director for Holiday Inn, said he found Alp's accusation bizarre "We don't require pre-employment testing, but rather concentrate our resources on educational processes"

Need for policy on prisoners with HIV, say activists

By Phalane Motale
Crime Reporter

Aids activists, warning that a lack of action and resources to fight the epidemic in South African jails was a bigger threat to society than crime, have urged authorities to come up with realistic policies regarding inmates who are living with HIV/Aids

The call on the Department of Correctional Services to formulate a policy to deal with infected inmates who are being paroled was made by Veronica Khoza, project co-ordinator of the Mamelodi, Pretoria-based Tateni Home Care Nursing Service, a non-governmental organisation that takes care of prisoners living with Aids

Department spokesperson Barry Eksteen confirmed that of the 138 000 prison population, there were 1 417 prisoners with HIV and 72 with full-blown Aids.

"The department does have a management strategy to deal with Aids in prisons, which includes testing on prisoners being done only upon request by the inmates, and maintaining confidentiality on all diagnosed patients," he said

Khoza told inmates at Zonderwater Prison on World Aids Day that, with nearly 1 500 prisoners living with the virus, South African prison facilities still did not take their needs into account

At least 42 inmates died of the virus at Zonderwater since June last year, according to the prison hospital's statistics

"Most infected inmates do not die of Aids, but rather of depression and stress because they are, in a way, rejected by the system, which includes fellow cellmates," she said

Khoza warned prisoners that the virus affected everybody, irrespective of background, race, religion or social status

Joyce Malope of the National Association for People Living with Aids, and who had herself been diagnosed HIV-positive five years ago, told cheering inmates that those living with Aids were also people, and needed to be treated with dignity

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Unions add support to Aids battle

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By Mokgadi Pela

THE labour movement was praised for launching an ambitious programme to combat Aids and sexually transmitted diseases as part of the partnership against the pandemic.

The programme was launched at Gallagher Estate, Midrand, on Tuesday night by leaders of the Congress of South African Trade Unions (Cosatu), Federated Unions of South Africa (Fedusa), National Council of Trade Unions (Nactu), independent trade unions, Gauteng Premier Mr Mathole Motshekga and Health Minister Dr Nkosazana Zuma

Speaking at the launch, Motshekga said: "Trade unions have come to accept that HIV and Aids are the scourge of our continent and plagues that mow down our brothers and sisters in Africa. It has to be stopped by our joint effort to educate teenagers and adults about the dangers of unsafe sex

"Trade unions have a duty to impress on members that they should lead responsible and healthy lives. Within trade unions, you should become advocates of responsible attitudes and fight discrimination against those who are infected"

Fedusa general secretary Mr C Milani said, "It is crucial for union shop stewards to examine their own attitudes towards people with Aids A worker living with Aids requires protection against discrimination".

Cosatu deputy general secretary Mr Zwelinzima Vavi said: "The rate of infection in mining towns sends a warning that South Africa might be wiped out by HIV and Aids. We therefore recommit Cosatu to the partnership against Aids".

Nactu deputy general secretary Mr Mahlomola Skhosana said: "We want to congratulate the Government for acknowledging that HIV and Aids deserve a joint approach

"One of the challenges facing us is to change the mindset prevalent in our townships of denying Aids. To overcome that, we should engage the services of our spiritual leaders for the sake of future generations," Skhosana said

Zuma said the next step for South Africa in the fight against STDs, HIV and Aids was to "break the taboo of the condom"

"We must popularise condoms and tell youngsters that it's cool to use them. The youth should know that smart guys use a condom," she said amid applause.