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Antiretroviral rollout in South Africa fails to meet demands

Patients with end-stage AIDS are being turned away from public treatment sites as the South African national health department struggles to meet the high demand for antiretroviral treatment, says a new AIDS activist group.

This assertion contradicts Health Minister Manto Tshabalala-Msimang's statement in August, 2004, that so few patients asked for treatment that the already extended deadline of March, 2005, for getting 53 000 people on antiretrovirals was unlikely to be met. The original target date was March, 2004, but only 8000 patients of an estimated 500 000 at an advanced stage of HIV, are currently on treatment.

Drug therapy is a cornerstone of the government's HIV/AIDS treatment plan. The latest national HIV and syphilis antenatal seroprevalence report showed that 5.6 million people are infected—about 28% of the sexually-active population. The Civil Society Monitoring and Evaluation Forum was recently launched to actively monitor progress of the rollout of antiretroviral drugs. It said in a report that demand for treatment was high, and waiting lists for treatment at some sites ran to between May and August next year.

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Reuters

Health Minister—Tshabalala-Msimang

The forum includes the Treatment Action Campaign, the Aids Law Project (ALP), the Health Systems Trust, the Centre for Health Policy, Médicines Sans Frontières, and mining giant Anglo American. Fatima Hassan of the ALP blamed weak political leadership in some provinces for discrepancies in drug delivery across the country's nine provinces.

The richest provinces—Western Cape and Gauteng—provided treatment to about 60% of public-health patients (3830 in Western Cape and

2800 in Gauteng). KwaZulu-Natal, which has the highest HIV prevalence of 35.7% is treating only 535 patients. The delivery problems have been caused by staff shortages, the inability to fill medical posts, and the lack of transport in rural areas. Hassan said "the unnecessary slow drug procurement process is frustrating the efforts of some provinces to scale-up speedily". She said there was also no drug, covering the three therapies needed, that had been registered in South Africa.

The forum is taking government to court (Nov 2, 2004) to force it to release information publicly about the extent of its treatment campaign and implementation timelines. Hassan said the forum had asked for access to this information in Annexure A of the government's treatment operational plan announced in November, 2003, but has been refused.

Health Ministry spokesman, Sibane Mngadi, said the government would defend its position in court. Annexure A "does not exist", he said. "On Cabinet's request, the department devised an HIV/AIDS treatment plan, which was then presented to Cabinet and published. Annexure A was not part of the presentation and therefore not adopted by the health department."

Adele Baleta

China revises law on infectious diseases

China has revised its 15-year-old Law on the Prevention and Control of Infectious Diseases that was adopted by China's top legislature, the National People's Congress. Severe acute respiratory syndrome, lung anthrax, and highly pathogenic strains of avian influenza are to be treated as class A diseases. The new law also upgrades tuberculosis, neonatal tetanus, and schistosomiasis from class C to class B.

For the first time, the law has included an independent clause for AIDS, ruling that: "all levels of government must strengthen AIDS prevention and control, and work in a bid to curb the further spread of the disease". Moreover, medical personnel

and government officials involved in epidemics who delay reporting, give false information, or cover up the real situation of a contagious disease will be held legally liable.

Safety is also highlighted in the revision. Disease-control agencies, laboratories affiliated to medical institutions, or research bodies must manage virus samples correctly, and violations that lead to the spread of any disease could lead to criminal punishment.

The revision has more focus on human rights. Although all units or individuals are subject to preventive measures such as investigation, testing, collection of samples, isolation, and providing truthful information, there is equal emphasis on privacy issues for

medical institutions. For example, local governments are obliged to ensure that basic living standards for quarantine are upheld.

The law now clearly states the government's responsibility in securing funds for disease prevention in poor areas, and for people who cannot afford treatment. "The revised law has made clear obligations for different institutions and departments, which in turn will reinforce monitoring of infectious diseases", says Dai Zhicheng, former chief of the Department of Disease Control, Ministry of Health. However, he also notes that it will take follow-up regulations to clarify certain clauses for practice.

Ma Guihua