News Bites

International

Pigment marvels

Twin boys of radically differing skin colour have been born in a one-in-a-million chance to a German father and Ghanaian mother in a Berlin hospital, doctors at the clinic have announced. The twins, born by Caesarean section, came into the world on 11 July. But details were kept from the public until the press were invited to the clinic to see the delighted parents Florence (35) and father Stephan (40).

Hospital authorities said the non-identical, or biovular, twins were definitely full brothers, with the same father. The probability of a birth of this kind was one in a million. 'Ryan came first, and everything was as usual. But when Leo was born, I couldn't believe my eyes,' said Birgit Weber, the doctor who carried out the Caesarean.

Weber said she had been present at 10 000 births over almost 20 years of hospital experience and had never seen anything quite like this. Ryan, who weighed 2.650 kg, is distinctly lighter in skin colour than Leo, who was born weighing 2.606 kg. Doctors at the clinic in the east of Berlin said a similar case had been recorded in Middlesborough in England last year. There is also reported to be a case in the eastern German city of Leipzig.

Kidney removed via belly button

Brad Kaster recently donated a kidney to his father, and he barely has a scar to show for it. The kidney was removed through a single incision in his belly button, a surgical procedure Cleveland Clinic doctors say will reduce recovery time and leave almost no scarring. 'The actual incision point on me is so tiny I'm not getting any pain from it,' Kaster (29) said. 'I can't even see it.'

Kaster was the 10th donor to undergo the procedure at the Cleveland Clinic. Dr Inderbir S Gill said it could make kidney donations more palatable by sharply reducing recovery time. The clinic says the return-to-work time for single-point donors is about 17 days, versus 51 for the traditional multi-incision laparoscopic procedure.

More than 80 000 Americans are awaiting kidney transplants. Last year there were about 13 300 kidney donors in the USA, and about 45% were living donors, according to the Organ Procurement and Transplantation Network.

In South Africa, according to the Organ Donor Foundation, last year (2007) there were 209 kidney transplants, of which 57 were adults, 7 were adolescents and 7 paediatric transplants were live-related. Fourteen adult kidney transplants were non-related and 34% of kidney donors were related to the recipient.

There are roughly 1 000 people in SA currently waiting for a kidney transplant.

Africa

African gene variant ups HIV risk

A gene variant that emerged thousands of years ago to protect Africans from malaria may raise their vulnerability to HIV infection, but help them live longer once infected, researchers said last month.

The findings could help explain why AIDS has hit Africa harder than all other parts of the world. People with the version of the gene have a 40% higher risk of becoming infected with the HIV, researchers in the USA and Britain wrote in the journal *Cell Host & Microbe*. In Africa, the gene variant may account for 11% of HIV infections, the researchers said. Sexual behaviour and other social factors cannot completely explain why more than two-thirds of the world's 33 million people infected with HIV live in sub-Saharan Africa, the researchers said. So genes may be playing a pivotal role. The gene in question controls a protein on the surface of red blood cells.

But even as it elevates a person's susceptibility to HIV infection, having this version of the gene seems to slow the progression of AIDS. Those with the variant who have been infected with HIV live roughly 2 years longer than people who do not have it, the researchers said.

Having the variant has become 'a double-edged sword', said researcher Sunil Ahuja of the University of Texas Health Science Centre at San Antonio. About 90% of people in sub-Saharan Africa have this gene variant, and about 60% of Americans of African descent also possess it.

According to the United Nations, of the 2.1 million people who died of AIDS worldwide last year, 1.6 million were from sub-Saharan Africa. The protein linked to the gene is called Duffy Antigen Receptor for Chemokines, or DARC. People with the variant do not have this particular receptor – a type of molecular doorway into cells – on their red blood cells.

People lacking the receptor are protected against infection by a malaria parasite known as *Plasmodium vivax*. This parasite is not the one responsible for the multitudes of malaria deaths that now occur yearly in Africa, but is still seen in some parts of Asia and the Middle East. The researchers believe the gene variant arose long ago, perhaps protecting people in Africa against a deadly strain of malaria that may have swept through populations. 'We're probably talking about tens of thousands of years ago', said Robin Weiss of University College, London.

The researchers made their findings in black Americans, not in a population in Africa. They looked at 1 266 HIV-infected people in the US Air Force who were tracked since the 1980s, as well as 2 000 non-infected people. They found the variant to be far more common among the US blacks infected with HIV than those not infected.

Only a small proportion of people not of African descent carry this genetic mutation, and it is just about absent in people of European descent, the researchers said.

Malawi death rate down by 35%

The death rate among adults in rural Malawi has declined by 10% since the introduction of antiretroviral therapy, and in areas with the highest death rate it may have declined by up to 35%, according to findings from a London School of Hygiene and Tropical Medicine study published in the 10 May edition of *The Lancet*.

The study also showed a much higher death rate and lower treatment access among those who lived in more remote areas, suggesting that the chief gap in equity of treatment access is between those who live in rural areas and those who live in larger villages or close to highways, rather than along the lines of gender.

Free antiretroviral therapy began to be introduced in Malawi in 2004 with support from the Global Fund to Fight AIDS, TB and Malaria; by the end of 2006 just over 81 000 people had been enrolled on treatment, a substantial achievement in one of the poorest countries in Africa.

Prior to the introduction of free antiretroviral therapy in Malawi, males aged 15 had a 43% probability of dying before they reached the age of 60, and 63% of the deaths in this age group were attributable to AIDS. Adult HIV prevalence has stabilised around 14% over the past 10 years.

Researchers from the London School of Hygiene and Tropical Medicine evaluated the impact of antiretroviral therapy on mortality in the northern district of Karonga, on the shores of Lake Malawi. The study utilised demographic data collected in the Karonga prevention study, a door-to-door census in 2002, and information on mortality from 230 population clusters followed up between 2004 and 2006.

South Africa

'We need private health care' – Mkhize

The proposed National Health Insurance Bill was not an attempt to rid the country of the private health sector, KwaZulu-Natal Finance MEC Zweli Mkhize said in July.

Delivering the closing address at the Conference of the Board of Healthcare Funders which ran from 14 to 18 July in Durban, Mkhize said: 'The challenge for us is to try and create a particular kind of partnership between private and government sectors which will ultimately ensure that people get the benefits of the kind of resources... to improve health resources across the spectrum.' Abolishing private health care was not the way 'the country wishes to move', said Mkhize, who is also a National Executive Council member in the ruling African National Congress.

He said the African National Congress' Polokwane conference at the end of 2007 had looked back at what had been achieved and 'the gaps' of the past 15 years. 'Our concern is that, looking at the [United Nations] millennium development goals, we don't think the country is doing very well and do not believe that we will be able to achieve those targets,' he said.

Mkhize pointed to rising infant mortality rates as well as incidents of tuberculosis, including the drug-resistant strains. Public institutions were faced with a loss of staff from public hospitals due to immigration as well as movement into the private sector. Mkhize, who was the KZN health MEC between 1994 and 2004, said the increasing costs within the private health sector as well as the declining percentage of the population covered by the private health sector were a concern. Further investment was needed in health infrastructure, especially public facilities. 'Public hospitals need to be so invested... that they will be able to compete with the private sector.'

Mkhize told delegates that the sight of trade union members 'waving their red T-shirts' was about affordability. 'We need to understand we are not dealing with a socialist ideology. We are dealing with a simple matter of affordability. They are saying we can't afford it. There is a challenge of affordability and that takes us back to the question of prices.' He said that he would like to see more people in lower income brackets being covered by medical aid schemes.

HASA welcomes NIH

The Hospital Association of SA (HASA) has welcomed government's initiative to establish a National Health Insurance (NHI) system to provide health care cover for all South Africans. This proposal was put to Cabinet last month by Health Minister Manto Tshabalala-Msimang.

'The private hospital sector fully supports the concept of a National Health Insurance,' said HASA board member Biren Valodia. 'We believe that universal health cover for all South Africans, if properly designed and implemented, is one of the measures that can help increase affordability and access to health care in this country.'

Valodia, who attended the BHF conference, said the private hospital sector had a positive contribution to make, and looked forward to engaging the government and other health care stakeholders in this process. However, Valodia reiterated the association's opposition to a draft legislation imposing a process of price regulation on the private health care sector. He said HASA had not changed their view that the process set out in the draft National Health Amendment Bill amounted to price regulation and that the legislation be withdrawn.

'The bill would result in the National Health Reference Price List, currently a recommended price guide, becoming the mandatory default price in the event that negotiations between hospitals and funders reach a stalemate. This is price regulation.' The private hospital sector remained disappointed at the level of consultation and negotiation over the draft health legislation, Valodia added.

Med schemes overspend on admin

An average of 15% of South Africans' medical scheme contributions are not spent on health care, the BHF also heard. Professor Heather McLeod, a visiting associate professor at the University of Cape Town, said that globally an average of 4 - 5% of contributions was spent on costs not related to health care, including administration and advertising. Germany's medical schemes had the next highest non-health costs, with an average of 8%. However, among South Africa's 124 medical schemes there were massive variations on what portion of member contributions was spent on non-health care costs. 'There are huge variations in administration fees. There is a higher level for open schemes than for closed schemes.'

In South Africa, an average of R78 per month per beneficiary was spent on administration, while for restricted medical aid schemes the average was R50.90 per beneficiary per month.

The best was Impala Medical Plan, which spent R3.50 per beneficiary per month. McLeod said that fee incentives within the health care sector were driving up costs and increasing duplication of services within medical schemes. Speaking after her presentation, McLeod said: 'There is far too much choice and far too much complexity.' She believed the optimal number of medical schemes would be about four or five. This, she said, would keep a competitive edge.

CHRIS BATEMAN