

# Editor's comment

## Getting it right



**BRIDGET FARHAM**  
ugqirha@iafrica.com

In this final edition of *CME* for 2008 one of the AIDS briefs discusses a major review that examined the fact that, in spite of accessibility of antiretroviral therapy in sub-Saharan Africa, there is still very high mortality in the first 12 months of treatment. And so the conundrum of HIV continues.

We probably know as much about the HI virus as we ever have done about any pathogen at any time in history. We also know that there are relatively effective treatments out there, albeit difficult to take and complete with major side-effects. We also know that the virus is 'clever'. It mutates its way out of most things – and the elusive HIV vaccine is looking ever more elusive as research goes back to the drawing board, starting all over again with laboratory studies.

We also know that in sub-Saharan Africa, and in southern Africa in particular, the stigma associated with HIV continues to be high and to erode the base of knowledge about the disease that could be leading to successful prevention and treatment initiatives. I recently read Jonny Steinberg's book *Three Letter*

*Plague*. I would recommend it to anyone in practice and to anyone who wants to try to understand the epidemic in South Africa. It doesn't actually clarify anything. In fact, it continues to confuse. Because that is exactly what the level of stigma is – confusing. At a recent meeting about public health issues centering on TB and HIV I was talking to a Brazilian sociologist who works for IAVI. Brazil has an HIV epidemic – admittedly not as serious as ours – but issues of stigma certainly used to arise. However, according to this man, they really are no longer substantial, and he was astonished to find how serious stigma still is in southern Africa. I suggested that he bought Steinberg's book as aeroplane reading on his way back to Rio.

What Steinberg highlights is a complex mixture of prejudice, a continuing idea that HIV was somehow introduced by whites to control black populations (and I thought that idea had died years ago) and fears for position in society if a person's HIV status is positive and known.

Our young gardener is HIV positive. He lives in Masiphumelele near Cape Town and potentially has access to a research

centre because the clinic is a trial site, but won't go near the place. He will be one of the many people who finally go for treatment when his CD4 count is in his boots and he is very sick, and may well die in the first 12 months of treatment as a result. HIV prevalence in Masiphumelele is very high – about 1 in 3 people in the settlement have the infection – so how, when you know that there is a really good chance that most of the people you know are HIV positive, does the stigma remain?

Perhaps the change in guard in the Department of Health may help. We can only hope so.

I cannot finish this editorial without profusely thanking Professors Forder and Wasserman for stepping in literally at the last minute to ensure that 2008 actually had an issue in November/December and that this issue covered microbiology. My profound thanks to them and to all the other authors who came to the table at such a late stage!

CME is published monthly by the South African Medical Association Health and Medical Publishing Group,  
Private Bag X1, Pinelands, 7430 (Incorporated Association not for gain. Reg. No. 05/00136/08). Correspondence for CME  
should be addressed to the Editor at the above address.

Tel. (021) 681-7200 Fax (021) 685-1395 E-mail: publishing@hmpg.co.za

Head Office: PO Box 74789, Lynnwood Ridge, 0040. Tel. (012) 481-2000 Fax (012) 481-2100

Please submit all letters and articles for publication online at [www.cmej.org.za](http://www.cmej.org.za)