

News bites

International

SA 'ideal site' to further Thai HIV vaccine research gains

One of the lead investigators in the uniquely successful Thailand HIV vaccine trial told the Paris International AIDS Vaccine conference in October that his team was keen to expand their trial work to South Africa.

Colonel Nelson Michael from the US Military HIV Research Program said: 'There is a lot of interest in contemplating a further study in South Africa, given the robust nature of the South African scientific community and the good infrastructure.'

South Africa was also an ideal trial site given the high level of HIV risk in the country, where over 10% of people over the age of 2 years are living with HIV, in comparison to just 1% of Thais.

Since the announcement in early October that the Thailand trial had shown a modest 31% protection against HIV infection, the researchers have faced criticism from their peers. Some claimed that the results were not statistically significant enough while others criticised the trial having been conducted among people facing low to moderate risk of HIV infection instead of high risk.

It was the biggest AIDS vaccine trial ever conducted, involving 16 400 Thai volunteers aged between 18 and 30 years. Half were given the vaccine and the other half a placebo.

AIDS slipping off international funding agenda – Piot

A shortage of money is threatening the AIDS battle at the very time when progress is being made against the epidemic and vaccine research is showing promise. This is according to Professor Peter Piot, former head of the United Nations AIDS Programme (UNAIDS), addressing the AIDS vaccine conference held in Paris this October.

'I am very concerned that AIDS is slipping off the agenda in many countries because of the financial and economic crisis,' said Piot. 'Politicians have put mega-money into bailing out the banks and insurance companies but they also have a moral obligation to address the social sector.'

Although four million people were now on antiretroviral treatment, an increase of 36% in just 1 year, 'we can't treat our way out of this epidemic,' said Piot. 'For every

person who gets antiretroviral treatment, there are two to three others who get infected. We have to invest in prevention, including vaccine research.'

'The big test will come next year when the US Senate votes on the next PEPFAR budget. Obama has already said that the aid money should not just go into AIDS, but also into maternal and child health. I am not sure what is going to happen. I think the people already on (ARV) treatment are fairly well protected but will there be money to enrol more people on ARVs? Will there be money for HIV prevention?'

Africa

Harare in race against time to patch up its sewage system

Workers trudge through foul-smelling mud in a trench seeping with clean drinking water and raw sewage in one of the Harare neighbourhoods hardest hit by last year's cholera epidemic.

The repair work is a race against time to patch the city's sewage system before the rainy season begins in November, when health workers fear the water-borne disease could erupt again. The 3-metre-deep trench cuts through Usuf Austin's driveway and runs the length of his block, forcing his family to leap across the hole to get into their house.

But he's happy for the crew to replace the leaky pipes blamed for fuelling the epidemic that killed more than 4 200 people and sickened nearly 100 000. 'The sewage was coming out day in and day out, 24 hours a day' when cholera first struck in August 2008, he said.

The epidemic erupted last year as post-election violence swept Zimbabwe, already crippled by a decade of economic decline blamed on controversial reforms by autocratic President Robert Mugabe. The country's collapsing public infrastructure added to chronically overburdened sewer systems and water shortages. This in turn gave freedom to the diarrhoeal disease, easily preventable with clean water and proper sewage.

The crew on Austin's road is one of dozens tearing up streets around the Zimbabwe capital, including much of the city centre, in a donor-funded drive to fix the worst of the sewer problems.

Zimbabwe declared an end to the cholera epidemic at the end of July, and only five cases have been reported since then, in a

rural district where periodic outbreaks are common. The outbreak last year had its epicentre in Harare, which accounted for most of the victims.

South Africa

Child support grant age threshold move welcomed

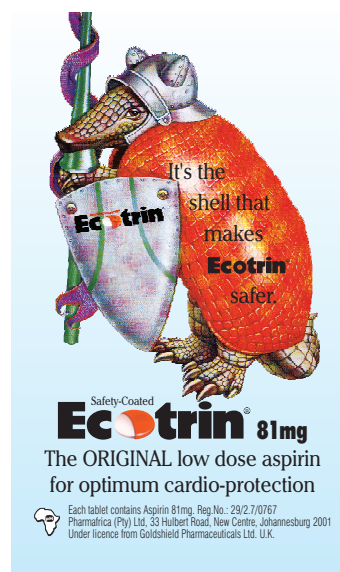
More than a decade of campaigning by civil society for a simple, vital and effective poverty alleviation measure to be implemented – extending of the Child Support Grant (CSG) from 15 to 18 years – bore fruit this October.

The Black Sash, the Alliance for Children's Entitlement to Social Security (ACCESS) and the Children's Institute (UCT) welcomed Cabinet's decision to approve the measure. They called it 'a significant milestone in our journey to realise the Constitutional rights of all our children to social assistance.'

'We are particularly pleased that the announcement is accompanied by a commitment to begin the rollout of the grant in January next year (2010) as well as the necessary budget calculations. We urge government to ensure that regulations and systems are in place to effect a smooth transition,' the groups said in a joint statement.

They cited evidence showing that the extension to 18 years would make a substantial positive difference for approximately 2 million poor children.

The report they were due to present to Parliament, just weeks before the announcement was entitled, 'When the grant stops, the hope stops.'



Medical aid costs to rocket

Medical scheme members will soon have to dig deep to pay double-digit increases as schemes add in higher health costs and spiralling claims by sickly and ageing members.

Medical schemes in October put rising prices and claims down to a pool of ageing and sickly members. One scheme suspects that a flood of anxious members was hastily seeking medical treatment before the government's proposed National Health Insurance system is implemented next year.

The country's largest medical schemes have announced increases of between 4% and 19% in 2010 contributions. They say claims have continued to outstrip contribution increases.

Dr Jonathan Broomberg, deputy CEO of the largest scheme, Discovery Health, said its contributions would rise 9.8%. 'The Discovery approach to setting premiums is to create a level of predictability for members and we have said medical contributions will be two to three percentage points above the CPI. There is not a public or private health system in the world where costs do not go up above inflation,' he said.

'The medical scheme population in South Africa is ageing, the prevalence of chronic diseases is increasing and doctors are identifying chronic diseases earlier and are aggressively treating them. I am not saying it is a bad thing because it prevents complications later on. Our cancer spending has doubled over the last four years.'

Peter Jordaan, acting principal officer of the fourth-largest scheme, Fedhealth, said there had been a surge in claims for medical procedures over the past year. 'We have looked at a weighted increase of 15.9%, so it is fairly high but responsible in making sure we stay around. We have surmised that with the proposed NHI, members are now going to get the procedures done that they have put off. It is one of the things they are watching because they are concerned that they might not have that private benefit in future.'

Free State's health woes 'a national problem'

The University of the Free State's medical school is in danger of being closed down, its new head told Parliament in October.

'There is a real issue of whether the school of medicine should be closed down in the Free State,' Professor Andries Stulting told Parliament's portfolio committee on

health. 'This is due to a permanent lack of training programmes, decreased student numbers and a decreased national subsidy for training.'

Stulting painted a dire picture of public health care in the Free State, citing a 'great financial crisis' due to health budget deficits. 'Is health care a priority in Free State? Unfortunately, clearly not.'

The province had seen a decline in life expectancy, unacceptably high mortality figures and a perceived disintegration of primary health care. 'There is a collapse of systems in the Free State. TB, HIV, primary health care, hospital services, training platforms, research, you name it, we are declining.' He said the Pelonomi public hospital in Bloemfontein was in crisis, with failing equipment, crowded wards and a staff shortage.

In some situations there were surgeons, but no doctors to give anaesthetics. There were also no dedicated trauma and orthopaedic theatres, while medical consumables were regularly out of stock.

'You can't fight a war without soldiers'

South Africa's public hospitals are in a bleak state with failing equipment, a lack of basic consumables and dwindling numbers of doctors, Parliament's Portfolio Committee on Health heard this October.

Professor Bongani Mayosi, the head of internal medicine at the University of Cape Town, told the committee it was taking up to three days for patients to get a bed in a public hospital.

'It takes about 24 hours a day for us to put 50% of people into a bed,' he said of Groote Schuur Hospital. 'These people are sitting on a chair or lying on a trolley. They are very sick. They need to be admitted. Some people wait up to three days to get into a bed. We regard this situation as completely unacceptable, something that you would not wish on your mother or father.'

Mayosi said surgical lists in many centres had been cut, equipment had not been renewed and there had been an overall decrease in tertiary level beds. The capacity to train new doctors had also been severely diminished. 'When you go to war you need troops. You can't fight a war without soldiers.'

South Africa is producing 0.58 doctors per 1 000 people, he said. Brazil and Mexico, with a similar gross domestic product per capita, are producing nearly 2 doctors per 1 000. 'As a result of this South Africa's infant mortality rate is a lot higher than it

should be and more people are dying from infectious diseases,' he said.

The reasons for the lack of progress are related to under-investment in the public health sector over the past 15 years.

DDT may cause androgyny in babies – experts

South Africa's use of the pesticide DDT for malaria control in the Limpopo River basin is likely to lead to an increase in babies being born with deformed sex organs or being born with both male and female genitalia.

This is the view of former CSIR scientist Anthony Turton, who delivered a lecture on the 'Crisis in our rivers' when he was awarded the Habitat Council's Conservation Award in Cape Town this October.

Because of DDT, banned in most of the world, South Africa faced a 'national propensity to androgyny for future generations,' particularly for babies conceived in high-risk areas like the Limpopo River basin. Turton, who now works at the Centre for Environmental Management at the University of Free State, left the CSIR last year after the CSIR board had gagged him for speaking out about South Africa's looming water crisis, and had refused to allow him to present his findings at a conference.

In his acceptance speech Turton said river quality was deteriorating from radioactive pollution from gold mines, biological contamination from dysfunctional sewerage works, and chemical pollution from pesticides like DDT.

DDT is banned worldwide as an agricultural pesticide under the Stockholm Convention. Limited use is allowed for the control of diseases like malaria.

'We know from published peer-reviewed research that a high correlation exists between the application of DDT as a (malarial) control measure and the birth of babies with deformed genitalia, either being born with both male and female organs, or with abnormalities associated with what we can broadly call gender-defining organs, and we also know this is affecting male fertility,' Turton said.

DDT is used to control malaria in the Limpopo River basin, which has an extremely high number of people using the river in relation to its flow.

CHRIS BATEMAN