News bites

South Africa

18 hospitals set to collapse

The Eastern Cape's 18 community-run rural hospitals are in danger of collapse, doctors told Parliament last month. The community-run rural hospitals are known as 'provincially aided hospitals'.

They get a 90% subsidy from the Government, but were built by their communities and are controlled by a board of directors elected by these communities. There are two doctors at each hospital, who are paid to work 40 hours a week each – but in practice are on call 24 hours a day and work when they are called at night. The Eastern Cape health department has decided to slash these doctors' sessions to 20 hours a week, leaving them without enough pay to survive on, Adelaide Provincial Aided Hospital's Dr Susan Christiane told Parliament's health portfolio committee recently. 'The proposed plan is an insult,' Christiane said, adding that rural doctors would have no choice but to head for cities to find work. The Government will then have to contract doctors from the nearest large towns for 20 hours a week each. Christiane said it would cost more money to get outside doctors who will only work 20 hours a week and who will charge the Government for transport and accommodation.

Limpopo public health system on verge of collapsing

Various stakeholders say the provincial public health system in Limpopo has collapsed almost entirely. Cosatu, the South African Council of Churches and health professionals have pointed to a chronic shortage of medicine as well as a lack of basic equipment. The Junior Doctors Association of South Africa (JUDASA) in the province says there have been many avoidable deaths in hospitals across the province as a result of shortages and maladministration. These and other bodies repeatedly called for the sacking of health MEC Mariam Segabutla, who was eventually fired in January. JUDASA say they are hoping the new MEC will turn the situation around.

South Africans gaining weight rapidly

South Africans are gaining weight at a faster rate than the global average. That's according to the latest study published in the *Lancet*. The research suggests that between 1980 and 2008 the proportion of overweight men in South Africa climbed from 27% to 62% and women from 57% to 73%. The news is worrying, as obesity increases the risk of diabetes, heart disease and strokes. Dietician at the Heart and Stroke Foundation, Erika Ketterer, puts the blame on unhealthy lifestyles. Ketterer says there is a huge move away from the rural areas into the urbanised areas and cities and people are eating a much more western diet which is very high in fat, lower in carb and fibre – compared with the more traditional diet with major risks involved. She reiterated that the more overweight you are, the higher your risk is of developing high blood pressure and diabetes.

Medical billing decision pending

Uniform tariffs on varying treatment procedures for patients across the country may be introduced following moves by the South African Medical Association (SAMA) to standardise billing codes. Speaking at the conclusion of a meeting with the Competition Commission where talks centred on the *Doctors' Billing Manual,* SAMA chairperson, Dr Norman Mabasa, said he had asked for an exemption to allow the organisation to discuss the proposed standardisation. 'That book was outlawed in 2004 and it meant there was confusion over what doctors charge for treatment plans. It was also used by schemes to identify what you have done, what you were charging for and also disclosed how many units you used. By allowing it to be published again, we will have clear codes and standardise the tariffs. If you have an operation, it won't matter if it is done in Cape Town or Johannesburg, the most important thing will be the code and everybody will know how much they will be charged for that procedure, Mabasa said. A unit is a measure used by doctors and other health practitioners to describe the kind of treatment they have undertaken with a patient. A rand value is then attached to a unit. Mabasa said there would be codes for equipment as well.

Work with the private sector

The Gauteng health department is calling for tenders for a proposed new plan aimed at reducing the burden on overloaded public hospital pharmacies by delivering chronic medication to patients at home, in old-age homes, to health care centres and to mobile units. Long queues and administrative hassles mean that collecting chronic medication is a lengthy and often frustrating process and discourages patients from complying with their treatment. This is of particular concern for patients being treated with antiretrovirals and for HIV-related illnesses such as tuberculosis, where drug resistance can be a problem. Amendments to the Medicines and Related Substances Control Act in 2003 require doctors to apply for a dispensing licence and limit the dispensing fee they are able to charge on medicines. When the bill was introduced, it caused an outcry from medical professionals, who argued that the limited mark-ups and compulsory licensing would discourage doctors from dispensing medicine and that it would ultimately be the patients who would suffer. Recently, dispensing fees were back in the limelight as SAMA called for an urgent meeting with the Department of Health to discuss the new dispensing fees published in December's *Government Gazette.* The National Convention on Dispensing Chairman, Dr Norman Mabasa, questioned the rationale behind setting doctors' dispensing fees below those of pharmacists, as it did not take into account the costs of providing drugs to patients. Mr Mabasa said it also discouraged some doctors from dispensing, thus indirectly limiting access to medicines.

Africa

Cash in hand keeps HIV at bay

Giving young women small, regular cash payments can reduce their dependence on sexual relationships with older men, which also lowers their HIV risk, according to a new study by the World Bank. Malawi's south-eastern Zomba district, where the survey took place, has high rates of poverty and HIV – up to 22% compared with a national prevalence of about 12% – but the study found that 18 months of cash transfers, with or without conditions attached, decreased the participants' risk of HIV infection by 60% . 'The study has shown that girls who have a modest amount of income ... maybe don't decrease their number of sexual partners, but do choose to have safer sexual partners or those closer to their own age, and maybe based on emotional attachment rather than financial need,' the World Bank's newly appointed director of HIV and AIDS programmes, Dr David Wilson, said. Nearly

4 000 young women between the ages of 13 and 22 years took part in the Schooling, Income and HIV Risk (SIHR) study, some of whom were given the equivalent of up to R80 in cash each month, while others had their school fees paid. It was the first large-scale, rigorous study proving that cash transfers can have a significant impact on HIV infection, which had previously only been shown in small, observational studies. 'The study really does suggest a case in which cash transfers give women agency,' Wilson said.

International

Heart risk for women whose mum's had strokes

Women whose mothers have suffered strokes are at a far higher risk of having a heart attack, research shows. They are also significantly more likely to have a stroke themselves. Researchers believe that women may be more at risk of inherited forms of heart disease, whereas in men it tends to be triggered by lifestyle factors such as diet, drinking and smoking. The Oxford University scientists suggest that GPs should ask women specific questions about their family history of heart disease when trying to establish whether they are at risk of a stroke or heart attack – including which relatives were affected and how old they were. They warn that it may be a more important predictor of future heart problems than obesity, blood pressure, heavy drinking or smoking. The researchers looked at more than 2 200 female patients who had suffered a stroke, heart attack or angina. They found that a far higher proportion of the women's mothers had suffered a stroke compared with their fathers. The study, published in the American Heart Association's *Circulation: Cardiovascular Genetics,* also found that the women with heart problems were more likely to have a sister who had suffered a stroke than a brother. In an earlier study on the same group of women, researchers found that they faced a higher risk of heart attack before the age of 65 if their mothers had also had a heart attack at an early age. Other researchers have shown that a daughter's stroke risk is linked to her mother's history of stroke. Lead author Amitava Banerjee, from the Stroke Prevention Research Unit at Oxford University, said: 'Our study results point towards sex-specific heritability of vascular disease across different arterial territories, namely coronary and cerebral artery territories. Moreover, traditional risk factors such as high blood pressure, smoking and diabetes don't account for heart attack risk as clearly in women as in men, and tools to gauge risk in women are inadequate. There is clearly room for improvement in predicting heart attack risk in women. Existing tools to predict heart attack risk ignore family history or include it simply as a yes or no question, without accounting for relevant details such as age, sex and type of disease in patients compared with their relatives. Family history of cardiovascular disease is under-used in clinical practice.' Some 55 000 women die from heart disease every year, compared with 66 000 men. But researchers fear that, unlike men, many are unaware of the potential early warning signs. A recent survey by the British Heart Foundation discovered that just 1 in 10 men or women over 50 discusses heart disease with their GP.

Got a drinker in your life? Your health is at risk – research

If you have a heavy drinker in your life, your own health and well-being could suffer as a result, according to a New Zealand study. The survey of more than 3 000 people, reported in *Addiction,* showed that people with a family member, friend or colleague who drank heavily generally gave lower ratings to their own health and well-being. Compared with people who didn't have heavy drinkers in their lives, they also did less well on standard measures of general health, such as chronic pain, anxiety and depression symptoms, and had lower overall satisfaction with life. The average effect was similar to what's been seen in studies of people caring for somebody with a disability, said lead researcher Sally Casswell, at Massey University in Auckland, New Zealand. 'There is a relationship between exposure to heavy drinkers and reduced personal well-being and poorer health status in this cross-sectional general population sample,' she wrote. 'Exposure to heavy drinkers may have negative impacts for others.' Casswell acknowledged, however, that the findings do not prove that being around a heavy drinker was the root of study participants' problems, noting that the study is just 'a snapshot at one point in time. So ... some other explanation is possible,' she told Reuters, adding that people with poorer well-being may be more likely to attract heavy drinkers into their lives. In addition, people who know heavy drinkers might drink heavily themselves, tend to be less educated or have lower incomes. But none of these explained the findings. The new study included 3 038 12 - 80-year-olds, who were asked whether they had any heavy drinkers in their life. 'Heavy drinking' was not defined but was left to participants to define. Overall, about 1 in 3 said they had at least one heavy drinker in their life in the past year. Most often, it was a friend, family member or partner, but in some cases it was someone at work. Not surprisingly, people who actually lived with a heavy drinker had the lowest scores on measures of general health and personal well-being. But even people with relatively minor exposure to heavy drinkers, such as those with a co-worker or a more distant relative who drank, generally reported lower satisfaction than people who had no heavy drinkers in their life. In contrast to research on families with a member in treatment for alcohol problems, she said, 'what the current study does is get more of a sense of the size of the problem across an entire population'. She added that this should be considered in debates about polices aimed at heavy drinking, such as raising the price of alcohol or stricter enforcement of drunk driving laws and minimum drinking age.

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