News bites

International

Serb doctors visit war crimes suspect Mladic

A team of Serbian doctors visited Bosnian Serb ex-army chief Ratko Mladic in early November as he awaited trial for war crimes and genocide in The Hague, a court official confirmed. Nerma Jelacic, spokeswoman for the International Criminal Tribunal for the former Yugoslavia (ICTY), told journalists Mladic, 69, had complained of health problems at each of his appearances before the court and asked to be examined by Serb doctors. ICTY chief prosecutor Serge Brammertz said in October that his health was 'an area of concern'. Mladic pleaded not guilty to a further charge, the murder of more than 30 Muslims at Bisina in southwest Bosnia on 23 July 1995. Mladic, also dubbed 'the Butcher of Bosnia', already faces 11 counts of genocide, war crimes and crimes against humanity for his role in Bosnia's 1992 - 1995 war. Among other charges he is accused of master-minding the murder of some 8 000 Muslim men and boys over six days in Srebrenica in July 1995 in Europe's bloodiest episode since World War II. Brammertz asked the court in August for the trial to be split in two – one dealing solely with Srebrenica and the second with the rest of the charge sheet: the 44-month siege of Sarajevo, which claimed some 10 000 lives, crimes committed in other Bosnian municipalities, and the kidnapping of UN personnel. However, the court on 13 October rejected the demand, saying two separate proceedings 'could prejudice the accused, render the trial less manageable and less efficient, and risk unduly burdening witnesses'. The trial is expected to start early in 2012.

Africa

'Progress' in rolling back malaria – says Partnership

A report by the Roll Back Malaria Partnership finds progress is being made in cutting malaria deaths, especially among children in Africa. The Partnership, which is composed of several UN and international aid agencies, says many lives are being saved because of the widespread distribution of insecticide-treated mosquito nets and the use of combination therapies or ACTs.

The UN-designated Decade to Roll Back Malaria ended in 2011. The Partnership, which is working to reduce cases and deaths from this disease, called 2010 a milestone year for malaria control. Currently, the UN reports 860 000 people still die from malaria. Most of these deaths occur among children in Africa. While this number is unacceptably high, Jan Van Erps of the Roll Back Malaria Partnership Secretariat says this still indicates an improvement. 'For years, we have been saying to you one child is dying every 30 seconds … well, today … we are saving a life every two to three minutes,' Van Erps said.

The Partnership notes more lives are being saved now because global malaria funding increased 10 times from 2004 to 2009 to nearly $1.8 billion. In addition, there has been a big increase in global production of insecticide-treated nets to 150 million and a huge advance in the procurement of artemisinin-based (a herb that works against drug-resistant strains of malaria) combination therapies to 160 million.

Representative of the Global Fund for AIDS, Tuberculosis and Malaria, Stefan Embled, says the Fund is providing 70 per cent of the money for anti-malaria programmes in 83 countries, most in Africa. 'In at least 10 endemic countries in Africa, there are declines in new malaria cases and an impressive decline in malaria-related child mortality of between 50 and 80 per cent,' Embled said. But, many problems remain in fighting this deadly disease. Andrea Bosman of the World Health Organization's Diagnostics, Drugs and Resistance Program, says access to life-saving treatment remains relatively poor. 'Many of the children, the most vulnerable groups, when they have fever, they seek malaria treatment and receive very often non-ACT treatment,' Bosman said. 'So, sub-standard medicines or highly inefficacious medicines. We have a major problem, especially in the private sector where there is a lot of sub-standard medicines, inefficacious anti-malarias and a large use, unfortunately, of mono-therapies. And, we know from the experience of other medicines that the large use of mono-therapies promote the development of drug resistance.'

South Africa

USA may grant R3.8bn for AIDS fight

Early indications are that the US government is preparing to give R3.8bn to South Africa to further help its sterling efforts in combating HIV/AIDS. The South African government, under President Jacob Zuma's leadership, has come a long way since the country was crucified internationally over former president Thabo Mbeki's HIV/AIDS strategy. The Americans are so impressed with the way the government is currently tackling the AIDS crisis that they have pledged to continue financing and providing technical assistance to the government for the fight against the virus. 'South Africa is leading the way in Africa in taking ownership of health issues, particularly the fight against HIV/AIDS,' said Elizabeth Trudeau, a spokesperson from the US embassy in Pretoria. 'We are proud to be partners with the SA government due to the way it is addressing the prevention, stigmatisation and treatment of HIV/AIDS,' added Trudeau. 'South Africa has both the capacity and the leadership to continue leading Africa in this fight.' On the 50th anniversary of the establishment of the American international aid organisation (USAID), by USA president John F Kennedy on 3 November 1961, Trudeau said that USAID was involved in several big projects in South Africa, including the AIDS initiative. The USA's commitment to fighting HIV/AIDS began in 2003 under USA President George Bush's President's Emergency Plan for AIDS (Pepfar), the cornerstone and largest component of the USA's Global Health Initiative. In 2010, Secretary of State Hillary Clinton and SA Foreign Minister Maite Nkoane Mashebane signed a partnership framework which detailed the joint commitment of both countries, and outlined a forward plan in the fight against HIV/AIDS.Through the Pepfar programme, South Africa has received almost R25bn to support HIV/AIDS prevention, care, and treatment.

Nightmare birth ordeal at hospital

She heard the nurses break her unborn son's collarbones and cut his muscles in an attempt to squeeze him out of the birth canal. His bloody body was later wrapped in plastic, just like 'a braai pack', and given to his family to be buried. This evidence emerged in the Pretoria High Court early in November when a mother claimed R550 000 in damages from the Mpumalanga MEC for Health over her ordeal at the Philadelphia Hospital in Dennilton. Rezael Tshabangu was 41 when she was admitted on 8 February 2006 for the birth of her fourth child, a *laatlammetjie* (baby born long after other children). The treatment she received led to her son being stillborn and left her with

physical problems and facing the possibility of needing a back operation one day. She was also depressed and 'a totally different person'. Judge Tatu Makgoka ordered that the MEC pay Tshabangu R515 000 in damages – R215 000 towards her future medical care and R300 000 for her pain and suffering. The court had found the nursing staff were 100 per cent liable for the damages suffered by Tshabangu, a cleaner at a clothing outlet. Counsel for the MEC offered to pay Tshabangu R150 000 for her suffering, but the judge said this was a 'tragic case' and the sum offered was 'ridiculous'. Tshabangu and her husband, Isaac Mathibe, said while the money would go towards their expenses, it would not bring their baby back. Judge Makgoka also had stern words for the health authorities. He said the 'lackadaisical manner in which health authorities treated people had to be condemned'. He said the staff at the Philadelphia Hospital had been 'grossly negligent and careless, which amounted to a dereliction of duty'. Tshabangu testified that when she fell pregnant she first went to the Kalafong Hospital, where she was told she would have to have a caesarean section. She had told this to the nurses at the Philadelphia Hospital when she went into labour. 'A nurse accused me of just being lazy to push and said I was afraid of labour pains.' Tshabangu said she endured an hour and 20 minutes of excruciating pain as she tried to deliver the baby. She cried bitterly as she testified how the child's head eventually emerged. The staff struggled to get the baby out and Tshabangu said she was convinced she was going to die. She was very emotional as she described how she heard the nurses 'smash' the infant's collarbones and 'cut some of the muscles' to try and 'squeeze' the baby out. She heard and felt this. Her son was so disfigured by the time he was delivered that she was not allowed to see him. His corpse was whisked away. It was handed to her family the next day to be buried. 'When I fetched it, it was covered in plastic bags. It looked like a braai pack,' Tshabangu's mother-in-law, Debora Mathibe, said. The baby was covered in blood, she said. 'I could see its broken bones.'

Traditional healers curse exclusion from NHI talks

The Traditional Healers Association (THO) is up in arms over government's failure to consult with them on the country's first National Health Insurance (NHI) scheme and claim it is part of a pattern of 'sabotaging' traditional healers in South Africa. Phephsile Maseko, the national co-ordinator of the THO, said the organisation, representing hundreds of traditional healers (sangomas and herbalists), had not been included in talks on the NHI and threatened to march on parliament if traditional healers were not included in the scheme The first phase of the NHI is scheduled to be rolled out in 2012 and be fully implemented over the next 14 years at a projected cost of R376 billion. 'The South African Health review for 2007 reported that 72% of the black South African population utilises traditional medicine, while trade in traditional medicine generated R2.9 billion per year, which was 5.6% of the National Health budget. These figures alone should demand that we be consulted, but still this has not happened,' said Maseko. Dr Bevan Goqwana, chairman of the Health Committee which will advise the Department of Health on the final NHI implementation plan, stressed that traditional healers are not being discriminated against, but rather that the problem lay in regulation and accreditation. 'The problem we face with traditional healers is that anyone can say that they are one. What we need from them before we can consider whether they'll be covered by the NHI is proof of whether their treatments work,' he explained. 'We can't have just anyone coming forward and saying that they should be covered by the NHI, but we wouldn't want to leave them out of the NHI either. I can't see why they won't be covered by the NHI. The same will go for alternative and complementary medicine.' In order to be considered for inclusion in the NHI, traditional healers will need to be registered with the appropriate health practitioners council. However, the THO is still waiting for government to establish an interim council to provide a regulatory framework for traditional healers. Maseko accused the Department of Health of dragging its feet to establish the interim council and claimed that this was 'another way to sabotage traditional healers'. 'Medicine has become politicised,' she alleged. 'Conglomerates see us as a threat and that is why we are not being consulted.' Goqwana conceded that in the past traditional healers had 'been discriminated against and that there have been delays in remedying these problems with government'. However, he countered that the delay was largely due to there being no clear leadership within the traditional healers' sector. 'We can't fix these problems if they do not come forward,' he said.

Chris Bateman

SINGLE SUTURE

Blood platelets get a new job: fighting invaders

Platelets just got a lot more interesting. As well as helping blood to clot, they also play a role in driving immune responses.

When bacteria enter blood they rapidly become coated in platelets, says Dirk Busch at the University of Munich in Germany. These sticky cell fragments then direct bacteria to the spleen, where they are engulfed by dendritic cells – immune cells that trigger a full-blown immune response.

This process relies on the interaction between a platelet receptor called GPIb and a blood protein called C3, which sticks to bacteria. When mice bred to lack C3 were injected with *Listeria monocytogenes*, platelets failed to surround the bacteria. Instead, they were destroyed by a different immune cell, the macrophage.

Although the macrophages cleared the bacteria, the lack of C3 prevented the formation of immunological memory, which enables the immune system to remember foreign invaders and respond to a future attack. Ultimately, Busch says it might be possible to boost platelet response to improve vaccines.

New Scientist, 9 November 2011.