News bites

International

WMA condemns tobacco company for challenging plain cigarette packaging

The World Medical Association (WMA) has condemned the legal action being taken by the tobacco company Philip Morris against the Australian government's legislation on plain cigarette packaging. Dr Mukesh Haikerwal, an Australian family physician and chair of the WMA Council, said he profoundly regretted the decision of Philip Morris and urged other countries to follow the example of the Australian government in banning logos on cigarette packets. Recently, the Australian legislation to enforce plain packaging of cigarettes completed its passage through parliament and is due to come into force in December 2012. Dr Haikerwal said: 'Australia is to be congratulated on becoming the first country in the world to introduce such legislation. When it is implemented, it will save lives. I hope this will encourage other governments around the world to follow the same path. They must not be bullied by the tobacco industry. Governments have a duty to do what they can to help smokers give up and choose a healthier way of life.'

Africa

Malaria vaccine trial results 'promising'

Some much-anticipated results have come in from a major trial of a vaccine against malaria. Trials have been done with the RTS,S vaccine, developed by GlaxoSmithKline (GSK), in seven African countries. The first phase three results, published online in the *New England Journal of Medicine*, show that the vaccine cut the risk of malaria infection by about half. Normally, a vaccine that decreases cases of infection by half would be considered a failure. But the numbers affected by malaria are so high – it is one of the biggest killers of children in Africa – that the World Health Organization has said this vaccine trial is worth pursuing.

The philanthropist Bill Gates, who has given billions of dollars to fund vaccines in the developing world, was upbeat: 'It is very promising. The very fact that this vaccine works gives us data about how to build better vaccines and it gives us a tool to combine with bed-nets, spraying, mosquito killing – all these different interventions – that will help us bring the number of deaths down quite a bit.' The upbeat message about the results has to be tempered by a couple of factors.

Firstly, there were more side-effects in the group vaccinated against malaria than in the control group who received a rabies vaccine. For example, there were cases of meningitis and seizures. This will need to be monitored carefully. Secondly, there is some evidence that the effectiveness of the malaria vaccine might have waned over a year. Andrew Witty, CEO of GSK, said that the trial would continue to follow up thousands of children in the future. 'Over the next couple of years we will get a very clear view on what's really happening with protection. Is it waning or is it that people are acquiring their natural immunity. Do we need a booster dose or not? All that will become clear.' Bed nets and insecticides will remain vital in the fight against malaria – the vaccine is no magic bullet – but even a jab that was 50% effective could save huge numbers of lives in the years to come.

South Africa

Medical aids pass on drug costs

The regulation of the single exit price (SEP) of drugs has caused the country's medicine prices to drop, but this benefit has not been realised much by medical aid members who are increasingly paying for medicines from their own pockets or medical savings.

According to the 2010/2011 annual report of the Council for Medical Schemes (CMS), benefits that schemes paid for drugs dispensed by pharmacists and providers other than hospitals amounted to R14 billion, or 17% of total benefits paid. This sum was only a 5.3% increase compared with the 11% overall rise in benefits paid. The report showed schemes have shifted a huge share of the cost of medicines to patients, and members now pay for medicines more than for any other healthcare intervention. Of the payments made from beneficiaries' savings, medicines accounted for 34.2%, significantly higher than medical specialists, the next highest at 19.3%. On the other hand, payments made from medical schemes' risk pools for medicines accounted for only 14.7%.

CMS chief executive Monwabisi Gantsho said medicines remained one of the drivers of healthcare costs as it was the third-largest component of all benefits paid to private providers after hospitals and medical specialists. The 14.7% allocation from the risk pools of schemes needed debate. Even though dispensed medicine prices had been regulated and the country had no SEP increase last year, benefits had not been realised through cost and intervention was needed, Gantsho said.

Discovery Health said that for 2010, medicine spend made up 13.9% of the scheme's risk spend. Data for the year to date indicated that in 2011 there would be about the same percentage of total risk expenditure on medicines as in 2010. 'Although the price of medicines has been relatively stable, total medical scheme expenditure on medicines is increasing due to the fact that more members are being diagnosed with chronic conditions, and more medicines are being used to treat these members than in prior years,' said Jonathan Broomberg, Discovery Health's chief executive. Discovery Health paid a total of R4.2bn in 2010 for medicines. Of this amount 58% was paid by the scheme and the balance of 42% from members' pockets. In 2010, medicine spend accounted for 33.5% of the total spend by members from their own pockets.

The chief operating officer of Bonitas, Gerhard van Emmenis, said for 2011 expenditure on medication from the scheme's risk pool was 12.4%, showing a marginal decrease compared with 13.1% for the same period in 2010. Overall, he said, 24.8% of Bonitas members' savings accounts were used to pay for acute medication. Van Emmenis said a common factor was that members did not use their benefits optimally. Vicki St Quintin, chief operating officer of the Pharmaceutical Industry Association of SA, said medicines saved other costs in the healthcare chain by keeping patients out of hospital and often preventing other more expensive interventions, but the shifting of this cost to consumers was defeating the purpose.

No payments by health department cripple company

It was with a sense of optimism that the Dinaledi medical company was launched as a black empowerment company in the healthcare industry in 2006. It seemed success was imminent when they were awarded a contract by the Gauteng health department two years later to supply its hospitals with essential services. However, the sick state of the department's finances and its slow payments have brought Dinaledi to the verge of collapse. The company does not have the finances or the strength to take the department to court, something suggested by DA health spokesperson Jack Bloom.

He says suffering suppliers should sue Gauteng Premier Nomvula Mokonyane. Dinaledi installs lifesaving machines to major academic hospitals and clinics around Gauteng, but providing these services has not been easy for the company as it is owed more than R9m by the department. 'If we do not get paid by February we will have to close the business,' said Biks Rama, the chief operations officer.

The looming closure will leave more than 34 people without jobs. That translates into families without incomes, adds Rama. Dinaledi has already been forced to retrench three employees, while four workers chose to leave for greener pastures in the medical supply industry. 'Because we are a small company, we only have enough supplies to carry on until February. Our cash flow is bad,' said Rama. He explained

they had to put up their houses as security with the banks to secure loans to keep the company afloat, and they have been unable to pay bonuses to the staffers. Dinaledi provides hospitals with essential services such as stitches, wound meshes and other medical products, used mainly for wounds and burns. He said a lack of payment by the department has tarnished Dinaledi's credibility with its suppliers. 'Our reputation with our suppliers has gone from bad to worse. They are knocking at my door wanting to be paid and threatening us with court action.' However, Rama said he was not willing to take the department to court to recover the cash because it would take time and money, so he would rather close down. 'We have had several meetings with the current and previous MECs, but we have not received payment. I don't know how they are expecting a small company like ours to survive if they are not being paid. I'm very despondent and frustrated because we have done the work, so where is the money?'

Rama said he received a letter from the department in February last year acknowledging the long-standing amounts owed to Dinaledi but said no payment was made. Health department spokesperson Simon Zwane said that letters of commitment have been sent to the companies owed money by the department and assured them that payments would be made. He did not say when this would happen.

Row over Zille's HIV 'lucky draw'

If you could win R50 000 by having an HIV test, would you have one? Premier Helen Zille thinks so. But some experts say Zille's lucky draw 'Get tested to win' competition smacks of 'cheap publicity', and that the money could have been put to better use. Zille teamed up with Harvard University professors in a 'think-tank'. Together they came up with a competition that offers locals R100 000 in cash prizes if they are tested for HIV during the 16 Days of Activism for No Violence Against Women. Zille, who was also recently criticised for suggesting that HIV-positive men who had multiple sexual partners and refuse to use condoms be charged with attempted murder, launched the competition as the provincial government's official contribution to mark the nationwide 16 Days of Activism for No Violence Against Women that ran until 10 December.

Speaking at the unveiling of the plan, she said the scheme was conceived earlier in November with Harvard University professors and intended to encourage locals to test for HIV. 'We had a workshop, brainstormed it in the week and came up with this. It points to the kind of turnaround in government,' she said. The Western Cape government and the provincial health department are running the competition. To enter, locals must have an HIV test at specific provincial health sites. These sites are listed on the provincial government website and a R200 000 marketing campaign will also list testing venues.

A R50 000 first prize and five R10 000 runner-up prizes were due to be awarded on 10 December. Names were placed in a lucky draw, but winners' names would only be made public if they gave the go-ahead. Zille said the competition was a 'pilot project' and that similar initiatives could follow. 'Persuasion has not particularly worked. We have done everything. We would rather use incentives to ensure that all adults regularly test their status. We are not going to push and coerce. We are going to incentivise people to take responsibility,' Zille said at the launch.

The Western Cape government spent around R661 million on its HIV/AIDS programmes in the 2010/2011 financial year. Zille said 1 042 942 people had been voluntarily tested for HIV in the province in the past year, while 103 000 were on antiretroviral treatment by the end of October. HIV testing was vital because AIDS was part of the 'suffering and hardship of women,' she said. 'Often women and young girls become infected as a result of being coerced into having unprotected sex with men who are ignorant of their HIV-positive status and who believe it is their right to have inter-generational sex with multiple concurrent partners,' said Zille. 'This is violence against women and young girls. Their choice is taken away from them and they are exposed to risk and harm.'

HIV/AIDS experts and child rights groups are not convinced by Zille's new intervention. 'Questionable', was the description given to the competition by Mark Heywood, director of Section 27 which promotes the right of access to healthcare services. 'It causes concern that this could cause people to test for HIV without taking seriously the counselling. It could be counter-productive,' said Heywood. 'It would be better to spend R100 000 on a community-based campaign that encourages behaviour change. This competition will not overcome the real reason for people not testing for HIV. It's creating an artificial incentive. There should be an ongoing campaign around HIV testing for 365 days and not just 16 days.' Patric Solomons, director of child rights group Molo Songololo, said that he was 'taken aback by the competition'. 'This is strange. It smacks of cheap publicity. We need to spend this money to roll out testing services to people in areas where there is a lack of services.'

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SINGLE SUTURE

Final showdown

If the battle to eradicate polio were an action movie, this would be the part where the good guys have racked up spectacular victories – but you know a final hurdle is just around the corner.

Spectacularly, polio may be gone from India. Of the four remaining countries where polio remained entrenched, India was expected to be the last bastion. Yet, its most recent case was in January last year. The virus isn't even turning up in sewage in India, says Oliver Rosenbauer, at the World Health Organization.

The victory is down to repeated, co-ordinated vaccination drives, and the use of a more efficient vaccine that only targets circulating strains.

Yet, as long as polio persists somewhere, India must keep vaccinating. Experts at the WHO in Geneva in December 2011 warn that if eradication fails now, it will be 'the most expensive public health failure in history'.

In Nigeria, cases jumped fourfold, compared with 2010, to 43. But the real worry is Pakistan, where polio persists and spreads from Karachi, Quetta and the north-west tribal area. So far, in 2011, 145 people have been infected, up from 113 in 2010. In the first two Pakistani regions the key will be local leadership, bolstered with a new vaccination initiative, says Rosenbauer. The north-west will be harder – especially if the WHO's polio campaign, as ever, is short of cash.

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