

News bites

International

Using Viagra, Italian style

Hospital pharmacists are threatening to cut Italians off from their Viagra unless the government amends its plans to reform professions that have high entry barriers. Union official Loredana Vasselli said last month that pharmacists decided to focus the protest on Viagra because it is a sought-after drug and its absence 'does not put patients' health at risk'. Pharmacists will stage labour actions this month, culminating with the 'Viagra strike' if their complaints are not redressed. One group protested last week under the banner 'No Viagra, No Party'. Hospital pharmacists say Premier Mario Monti's economic liberalisation plan gives private pharmacists preference for new licences.

Red Cross chief in Syria for talks

The president of the International Committee of the Red Cross visited Damascus last month for talks aimed at expanding aid operations and gaining access to all detainees. Jakob Kellenberger, who was in Syria for 3 days, will push the ICRC's proposal made in February for a daily 2-hour ceasefire to evacuate wounded and deliver life-saving supplies to civilians.

'I am determined to see the ICRC and the Syrian Arab Red Crescent expand their presence, range and scope of activities to address the needs of vulnerable people,' he said in a statement. 'This will be a key element of my talks with the Syrian officials.'

Syrian government forces bombarded opposition targets in the city of Homs on 16 April despite President Bashar al-Assad's promise to international peace envoy Kofi Annan to cease fire and withdraw his tanks and artillery.

Kellenberger, making his third trip to Syria since June last year, is to hold talks with senior officials, including Foreign Minister Walid al-Moualem, Interior Minister Major-General Mohamad al-Shaar and Health Minister Dr Wael al-Halki. He is due to visit areas affected by the fighting,

including the rural area of the southern city of Deraa, accompanied by ICRC and Syrian Red Crescent officials. The ICRC is the only international agency to deploy aid workers in Syria, where the United Nations has been largely shut out and is still trying to gain meaningful access to the needy.

After Kellenberger's talks with Assad in September, Syria opened its prisons for the first time to the ICRC whose officials visited detainees in the central prison of Damascus. But visits have since stalled, with the ICRC insisting that its traditional terms, which include the right to interview prisoners in private and make follow-up visits, be respected.

More than 18 000 people have been detained in Syria as of 15 February in connection with the uprising, UN human rights investigators said in a report issued that month that accused top Syrian officials of ordering crimes against humanity including murder and torture.

UN High Commissioner for Human Rights Navi Pillay said early in April that children in detention were being tortured. Youth had been shot in the knees, denied medical treatment for injuries and held together with adults in inhumane conditions.

'I will be raising the issue of access to all places of detention. Visiting people who have been detained remains a priority for us,' Kellenberger said. 'I will also further discuss practical measures for implementing our initiative for a daily 2-hour cessation of fighting. A daily pause in the hostilities is essential in order to evacuate wounded people and deliver aid if and when the fighting intensifies,' he said.

The ICRC said that in recent weeks it had obtained greater access to many areas affected by the fighting and is now able to stay longer in each place to assess needs.

More than 9 000 people have been killed by Assad's forces during the year-old revolt, according to the UN, while Damascus says 3 000 soldiers and police have been killed.



Africa

Children with TB in Zimbabwe

Tuberculosis (TB) is a major public health problem in Zimbabwe, yet very little is known about the impact of the disease on children. Without a functional healthcare system and research into paediatric TB, Zimbabwe is likely to continue losing its children to this hidden public health problem. Among African nations, Zimbabwe is one of those most heavily affected by TB. The Global Tuberculosis Control Report from the World Health Organization (WHO) ranks Zimbabwe 17th among 22 countries worldwide with the highest TB burden. Zimbabwe had an estimated 71 961 new TB cases in 2007, with an estimated incidence rate of 539 cases per 100 000 people. While Zimbabwe has fought TB fairly successfully since attaining statehood in 1980, in the past few years the disease has re-emerged as a leading killer, especially among people living with HIV, who are often not identified through long-established TB tests. Put simply, the TB control programme has been adversely affected by a lack of adequate financial, human and material resources. Experts say that child TB is widely under-reported and can represent as much as 40% of the TB caseload in some TB high-burden settings such as Zimbabwe. Children are at high risk of TB, are prone to disseminated disease and the diagnosis of paediatric TB may be difficult, since complaints are often unspecific and contacts may not be known.

To make matters worse, the HIV epidemic has affected TB in children enormously, as it has adults. It has increased the risk that infants and young children will be exposed to TB, since many adults with TB-HIV are young parents. HIV-infected children have

a 20-fold risk of developing TB compared with HIV-uninfected children. It also makes diagnosis and treatment more complicated and increases the risk of TB-related death about 5-fold. The HIV epidemic has also orphaned many children (with or without TB-HIV themselves). Unfortunately, Zimbabwe's national TB programme has historically not given child TB high priority because of diagnostic challenges (e.g. children under 10 have difficulty producing enough sputum for microscopy and the majority are smear-negative), children are not a major source of the spread of the disease, resources are limited, and recording and reporting forms did not include boxes for recording ages 0 - 4 and 5 - 14 until 2006. 'Our ability to even assess the magnitude of the problem is severely hampered by the lack of diagnostics in children. The problem is that diagnostic tools, both current and in development, do not adequately take into account the special requirements for assessing children,' said Dr Steve Graham, chair of Stop TB's Child TB Subgroup of the DOTS Expansion Working Group.

South Africa

ARV factory welcomed

The National Association of People Living with AIDS and HIV (Napwa) in Limpopo has welcomed moves by two international pharmaceutical companies to make antiretroviral (ARV) drugs more affordable.

Hundreds of lives of people infected with HIV could be saved by the availability of 'cheaper but still effective anti-AIDS drugs' in South Africa, Napwa's Limpopo secretary Lawrence Sengwane said this April. 'Now we hear that the factory supplying those cheaper drugs will open in Mamelodi, in Pretoria in the Gauteng province, and we just hope even here in Limpopo the government will do something for us to reach those life-saving drugs,' he said. 'Our position in Napwa has always been that we welcome any affordable anti-AIDS drugs as long as they have been approved by government.'

Limpopo Health Department spokesman Joe Maila said that he was not sure whether the ARV factory in Mamelodi would benefit Limpopo. He said the department

had set aside R268 000 this financial year to purchase ARVs and R80 000 for the National Health Laboratory Service.

'We have 493 ARV sites in the province of which seven are private and at the end of December last year the centres were taking care of 131 954 patients. Our aim is to improve access to care, reduce morbidity and mortality rates related to HIV and improve life expectancy,' he said.

Sanofi has reportedly joined hands with Hetero of India to manufacture affordable ARV drugs at the site to be opened in Mamelodi.

Unpaid wages threat to nursing profession

Some nurses working in public hospitals in the Eastern Cape had not been paid their salaries for January and February. Health Minister Aaron Motsoaledi said delays in payments were a result of employment documents not being submitted on time. In a written response to DA MP Elza van Lingen, Motsoaledi said the Department of Health (DoH) had since sorted out the payment challenges. He revealed that there were a number of nurses employed on a contractual basis, including those who were transferred and absorbed by the DoH from the individual municipalities through the process of provincialisation, and retired nurses who were contracted as a result of the death of qualified nursing practitioners. The DoH could not confirm whether other provinces had encountered the same challenges as the Eastern Cape.

Economists believe that the working conditions and salaries of nurses had an effect on their migration to other countries or other sectors. Mariné Erasmus, a health economist from Econex, said nurses in the country were often overworked in an effort to earn more money. 'The retention of nurses is still a mutual problem for both the public and private sector. Nurses from both sectors do agency work in their spare time to supplement their income,' Erasmus said. Statistics SA's 2010 mid-year population estimates showed that there were close to 50 million people in South Africa but only 115 244 registered nurses, a total of 52 370

enrolled and 63 472 auxiliaries, bringing the total of nurses to 231 086. But the registry included all nurses registered in South Africa and not only those actively working in the country. Some preferred to maintain their registration once retired or while working abroad. Data from the government's Personnel and Salary Administration System (Persal) indicate that there were 111 180 nurses working in the public sector in 2010. A recent survey among the three large private sector hospital groups – Life, Medi-Clinic and Netcare – as well as other private sector hospitals and clinics in the national hospital network, indicated that there were 25 392 full-time equivalent nurses permanently employed in private sector hospitals in January 2010. Some 53 146 nurses worked in other parts of healthcare provision such as in pharmacies, NGOs and private general practices. This showed that over 40 000 South African nurses were either working abroad, retired or had migrated to other sectors. According to the National Health Insurance human resource strategy released last year, there were 44 780 professional nurses' vacancies in the public sector. The country's average number of professional nurses per 10 000 people was 18.97 nurses. Limpopo had only 6.21 nurses per 10 000 people.

Econex calculations from Persal and National Treasury data showed that the private sector managed to attract and retain more nurses between 2001 and 2005, but after the occupational specific dispensation (OSD) for nurses came into effect, the public sector has attracted more nurses. Private hospital group Medi-Clinic said that since the OSD allowances the state had attracted many nurses to the public sector. The private sector now had to beef up its packages for nurses to be able to compete. Medi-Clinic said nurse costs now made up about 50% of their tariff value. Some strategies that Medi-Clinic has had to implement included ensuring that working conditions were optimal and helping nurses to further their training with additional courses. 'The state salary package is more competitive than ours ... we have been successful in introducing foreign nurses, on a contract basis from India, in an attempt to deal with nurse shortages. We have introduced a retention

News bites

bonus system which encourages long-term relationships,' said Lee-Ann Bell, the group's corporate communications officer.

SA 'winning war' against HIV in babies

The rate of HIV infection in newborn babies has fallen by more than half in Gauteng, the provincial Department of Health said last month.

The Gauteng Department of Health has reduced the number of infections in babies by more than half, from 11.6% to 2.3%

through implementation of health services for pregnant women, said spokesman Simon Zwane. He said the reduction in the infection rate was due in part to a department campaign that 'encourages expectant mothers to attend antenatal classes so that complications are detected in the early stages of pregnancy'.

This news comes as the Department Head of Obstetrics at Dora Nginza Hospital in the Eastern Cape has hailed a drop in maternal deaths. A report compiled by the National Committee for Confidential Enquiries into

Maternal Deaths found that the maternal death rate of the Eastern Cape was halved between 2002 and 2007. Dr Mfundo Mbenge said rigorous training of staff and management was a key reason for success.

'We started aggressively screening hypertension in pregnant women and where we have found them to have symptoms of the disease we give them aspirin and calcium to prevent the disease,' he said.

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SINGLE SUTURE

Type 1 diabetics still make insulin

People with type 1 diabetes may continue making their own insulin for decades, challenging assumptions that they stop production within a couple of years of diagnosis.

The surprise finding suggests that some of the pancreatic cells responsible for making the hormone still survive in those with diabetes, raising hopes that they can be regenerated. 'People thought [the cells] all decay away from about a year,' says Denise Faustman of Massachusetts General Hospital in Boston, who led the team that made the find.

Faustman's team screened the blood of 182 people with diabetes to search for C-peptide, a protein made exclusively during insulin production. Faustman found it in 80% of people who had been diagnosed with type 1 diabetes within the last 5 years. She even detected it in 10% of those who had been diagnosed 31 - 40 years previously.

Faustman says the findings raise hopes that it may be possible for people to recover from the condition, if surviving insulin-producing cells can be protected or regenerated, as has been tried using stem cell and immune retuning treatments.

New Scientist, 3 March 2012:17.
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