

International UN goal to halt spread of AIDS will be met by 2015

Secretary-General Ban Ki-moon says the overall United Nations goal of halting and reversing the spread of AIDS will be met by the target date of 2015. However, the UN chief told the General Assembly in early June that, despite 'important progress', more must be done to target AIDS in countries and communities where it is still spreading – and this will require additional funds. 'In more than 56 states, we have stabilized the epidemic and reversed the rate of new infections,' Ban Ki-moon said. More than half of the people in low- and middle-income countries are receiving treatment, but antiretroviral therapy must be expanded. 'This is a human rights imperative and a public health necessity,' he commented.

Poor countries tending to the undernourished best

According to new research published by the Institute of Development Studies (IDS), low-income countries such as Malawi and Madagascar and lower-middle-income Guatemala are leading the charge against hunger and under-nutrition, while economic powerhouses such as India and Nigeria are failing some of their most vulnerable citizens. Launched last month, the Hunger and Nutrition Commitment Index (HANCI) measures political commitment to tackling hunger and under-nutrition in 45 developing countries. It is the first global index of its kind showing levels of political commitment to tackle hunger and under-nutrition in terms of appropriate policies, legal frameworks and public spending.

One of the key findings from the first round of results from HANCI is that sustained economic growth does not guarantee that governments will prioritise the tackling of hunger or under-nutrition. This may help to explain why many countries in sub-Saharan Africa and South Asia remain blighted by high levels of hunger and under-nutrition. Globally, hunger affects around 870 million people and under-nutrition contributes to the deaths of 2.6 million children under five each year. There are many reasons for insufficient progress in reducing hunger and under-nutrition. One of these is a 'lack of political will' or political prioritisation. For the first time individuals and organisations in the Global South have a tool that will help to

compare government action on hunger and under-nutrition with government promises. They can also compare their government with others. Hunger and under-nutrition are not the same and the policies and programmes needed to address them differ. Hunger is the result of an empty stomach whereas under-nutrition may result from a lack of nutrients in people's diets or illness caused by poor sanitation. Therefore, governments may support measures to improve sanitation to improve nutrition levels among children, but this does little to reduce hunger. Likewise, emergency food aid may reduce hunger but it is not aimed at achieving balanced diets. The new index therefore measures performance on hunger and nutrition separately. It compares 45 countries' performance on 22 indicators of political commitment to reduce either hunger or under-nutrition. These indicators span three areas of government: policies and programmes designed to tackle under-nutrition or hunger; legal frameworks, such as people's rights to food and social security; and levels of public spending on agriculture and health.

Africa Tanzania malaria outbreak in unsprayed areas

The recent malaria outbreak in Tanzania's Kagera region was restricted to 29 villages that were not included in the country's Malaria Indoor Spraying Programme, Tanzania's *Daily News* reported on 10 June. The government sent a team of experts to the area to investigate the malaria outbreak in which 20 people (mostly children) died since the end of May. The Ministry of Health also ordered more medication sent to nearby Rubya Hospital, denying suggestions that the outbreak was caused by a shortage of anti-malaria drugs. Some 30 - 40 people with malaria arrived daily at Rubya Hospital. An average of 1 - 2 infants died daily, said Rubya Hospital Medical Officer Diocles Ngaiza. 'On the first day of the outbreak on May 25th, about 16 deaths were recorded, mainly because many of the infants arrived at the hospital very late,' he added.

South Africa Coping with a flock of swivel-eyed loons

'It is regrettable that people who are supposed to be the custodians of moral and ethical behaviour in the health system

are behaving like swivel-eyed loons,' the Congress of the People (COPE) in Gauteng said last month. This was after the South African Medical Association (SAMA) called on the MEC for Health, Hope Papo, to resign for calling some doctors who claimed 'irregular' overtime 'tsotsis'. COPE's Ndzipho Kalipa said his party supports the efforts of the MEC to root out corrupt elements within the health system. 'Greed and corruption most certainly is the cause for this public bickering stirred by the SAMA statement,' Papo told the legislature last week that specialist medical doctors at Charlotte Maxeke Johannesburg Academic Hospital were among those implicated in 'looting public funds', which had cost the Gauteng government more than R100 million in 'unlawful' overtime claims. SAMA called for Papo's resignation, its public sector spokesperson Dr Phophi Ramathuba labelling his language as 'unacceptable and intolerable'. She accused Papo of insinuating that most doctors were abusing the system and working in private practice when they were supposed to be in public hospitals.

'The MEC's narrow focus unfortunately depicts the lack of leadership in the department,' said Ramathuba. 'There are some 3 000 doctors working in the province's hospitals and he chooses to focus on a handful who appear to be abusing the system.' Papo outlawed the Remunerative Work Outside of the Public Sector (RWOPS) agreement which the government introduced in 1994. Through it, the cabinet allowed specialists who were in short supply – such as anaesthetists – to work one day in the private sector and four in the public sector as long as doctors worked 40 hours a week in government hospitals and did overtime in the evenings. Ending this agreement led to 10 anaesthetists at Charlotte Maxeke resigning. Johannesburg Academic Hospital Health Department spokesman Chris Maxon said that two of the anaesthetists had since cancelled their resignations and would return to the Hospital. Last month the anaesthetics department at the hospital had only 14 staff members instead of the required 28. Gauteng has a waiting list of 10 000 people who need operations. A surgeon who resigned from Charlotte Maxeke Hospital said the MEC's comments had vilified them.

'And they wonder why we leave. This is pure slander.' But Maxon said: 'The comments of the MEC have consistently been in reference to a few who abuse and milk the system. Similarly, his use of the term "tsotsis" was in that context. To generalise his comments is mischievous, to say the least,' he added.

Ramathuba called on Papo to highlight the number of doctors who work overtime. 'Is the MEC also willing to pay those doctors for their unpaid and thankless hard work and sacrifice owed to them over the years?' The MEC conveniently ignores the obvious root cause of this quagmire – the lack of leadership and prudent management in his department,' she said. During his budget speech in June, Health Minister Aaron Motsoaledi appeared to downplay the harsher comments of Papo and his counterparts in the Free State and KwaZulu-Natal, obviously alarmed at the implications for the National Health Insurance of continuing specialist estrangement. 'The overwhelming number of doctors in public service are very decent, law-abiding, hard-working citizens who are deeply committed to their patients. It is only a few who are tarnishing the name of the profession.'

New medicines regulator delayed

The Department of Health still cannot say when the much-delayed South African Health Products Regulatory Agency (SAHPRA) is likely to come into effect. Despite the 1 April target set by last year's health budget vote, there is still no sign of the new entity. The department envisaged SAHPRA as the solution to the problems besetting the medicines regulator, the Medicines Control Council (MCC), which takes longer than regulators in the USA and Europe to approve new drugs or clinical trials. To the frustration of the pharmaceutical industry and researchers, enabling legislation for SAHPRA to come into effect has been in the pipeline for years. Plans are not only for SAHPRA to be a more efficient medicines regulator, but also one with wider scope and oversight of medical devices and complementary medicines, which are currently not well regulated. It will also be responsible for foodstuffs, cosmetics, disinfectants and diagnostics. Health director-general Precious Matsoso said in early June that the latest version of draft amendments to the Medicines and Related Substances Bill, which paves the way for SAHPRA, had been submitted to a Cabinet committee. Once the

committee is satisfied with the bill, it will refer it to Cabinet, which has the power to refer it to Parliament.

Ms Matsoso declined to be drawn in on how long this process was likely to take, or when SAHPRA might come into being. Parliament passed amendments to the Medicines and Related Substances Act in 2008 which were never implemented. The bill was redrafted and published for comment last March. Ms Matsoso said a key change made to the draft legislation was the inclusion of provisions for SAHPRA to be a public entity with an independent board chaired by a CEO, a stronger governance structure than the previous draft which had a CEO appointed by the health minister and gave final authority for the approval of new products to the minister. 'People are corruptible ... and you have to have safeguards to protect the public,' said Ms Matsoso. The draft bill also included measures to slash the registration time for medicines and devices by allowing 'mutual recognition agreements between SAHPRA and other regulatory authorities such as the US Food and Drug Administration,' she said. Ms Matsoso said the MCC had recently implemented an electronic registration system to try to speed up applications for the approval of new medicines. Pharmaceutical companies complained last year that drug approval times had been getting steadily worse, with Adcock Ingram CEO Jonathan Louw saying registration backlogs at the MCC were the single biggest obstacle to the company's growth. Ms Matsoso said the WHO would visit South Africa in November to assess its medicines regulatory capacity, a move that would help inform the work of the MCC and SAHPRA. 'The assessment won't slow down the passage of the bill,' she said.

Junior doctors respond to initiation deaths

Shocked by the deaths of at least 36 initiates at the cultural circumcision schools in Mpumalanga and Limpopo, the Junior Doctors Association of South Africa (JUDASA) has kicked off a free male medical circumcision campaign for boys. JUDASA members had already snipped 50 males, the youngest being just nine and the oldest 30, at the Mankweng Hospital over the first weekend in June.

JUDASA chairperson in Limpopo, Dr Tshilidzi Sadiki, said medical doctors were disturbed by deaths at cultural circumcision schools.

'This does not mean we are against cultural circumcision, we are concerned about the high mortality rate and risky medical conditions. We kicked off the campaign at the Mankweng Hospital near Polokwane. Before we circumcise a boy we first screen him for HIV, check for sexually transmissible diseases and find out from him if he is already involved in sexual intercourse. This helps us to make informed decisions,' said Sadiki.

'In these free operations we prefer youths because our campaign is also in line with the June Youth Month. It will continue until July and will take place in all the five regions,' he added. Doctors affiliated to the association do not get paid for the circumcision operations and perform them during their off days.

Provincial health MEC, Norman Mabasa, also a medical doctor, has hailed the campaign. 'I am impressed that JUDASA members are performing medical circumcisions voluntarily. If they need things like transport and other things we will assist where possible,' said Mabasa. Meanwhile provincial MEC for Sports, Arts and Culture, Clifford Motsepe, said only medically fit traditional surgeons will be allowed to perform cultural circumcisions when they open on 14 June. 'All the traditional surgeons and nurses in the initiation schools must possess certificates from medical doctors. There will be zero tolerance to chance takers,' Motsepe warned.

Health directors suspended for fraud

A Gauteng health chief director, two directors, and a deputy director have been suspended for alleged fraud, the provincial department said. The suspensions followed investigations led by premier Nomvula Mokonyane's office into suspected misconduct in the department's medical supply depot, it added. All four had been suspended with full pay. Health MEC Hope Papo said the department was ready to begin disciplinary hearings 'We are very serious about exorcising the rot in the department and I have asked my staff to ensure that the process for disciplinary hearings is commenced shortly. We do not want to have suspended people receiving full pay while sitting at home,' he added.

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