

EDITOR'S COMMENT

Where are we going?



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I can't help wondering where we have come in the past 20 years of the HIV epidemic. I do a lot of writing and editing in the HIV/AIDS field and it sometimes strikes me that there is a great deal of research going on out there, but are we really saving people's lives? Essentially, we are sitting on a mine of scientific and medical information about one of the best studied viruses in the world. And certainly in the developed world, HIV is generally regarded as a chronic manageable disease. But is it really?

Antiretrovirals have changed the face of HIV. From being a disease that was uniformly fatal, HIV is now one that is survivable, albeit at a cost. Cost in terms of money and time spent being monitored for CD4 and virus levels and in terms of the side-effects of the drugs. The protease inhibitors have serious side-effects, leaving many people with problems similar to those caused by type 2 diabetes and heart disease. But still, the alternative is death, so people live with this.

But, for far too many people in the world the choice of whether or not to live with unpleasant side-effects is not available. In South Africa alone there are an estimated 500 000 people who need antiretroviral treatment right now if they are to survive. The Western Cape leads the way with several thousand on treatment and Gauteng and KwaZulu-Natal are treating relatively large numbers, but still, far too many cannot see any end other than death. After all the fanfare accompanying the government's promised roll-out of antiretroviral treatment last year, once again we are faced with the spectacle of the TAC in court trying to force government to commit to their promises. And we continue to have a minister of health and a president who still appear to doubt the connection between the virus and the syndrome.

So, where are we going? There are many who will not live to see the end of the year, to see their children grow up, or even to grow up themselves. Given that this is a treatable disease, the situation is untenable. However, the success of the treatment programmes in the Western Cape is a cause for celebration and there is at least an indication that we can stop people dying. But we need to move faster than we are. And the government's antiretroviral roll-out is indeed a start. This issue of *CME*, I hope, will help to provide the tools that everyone needs to provide the care that HIV-positive people need, from information about antiretrovirals to the treatment of opportunistic infections (including TB) to nutrition. If ever there was a disease that required a holistic approach to patient care it is HIV.

Even though this is an issue devoted to the treatment of HIV, the normal AIDS section is present, with a round-up of items of interest on mother-to-child transmission from a recent conference. I hope that this is an edition that will stay on people's shelves for a long time. I also hope that in the not too far distant future, we will be able to publish an edition that has major updates in the HIV treatments available to those in the developing world. We can only dream!

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