

# News bites

## International

### African women light the way – WHO chief

Margaret Chan of China, who was elected to lead the World Health Organization, pledged to put the health of Africans and of women worldwide at the heart of the agency's work. 'I want us to be judged by the impact we have (on the health of these groups),' Chan told the WHO's 193-nation assembly in her acceptance speech. The new director-general said the two groups were the key indicators of the WHO because of the huge burden of disease in Africa and the decisive role of women in families and communities. Chan was the former Hong Kong health chief and WHO official in charge of communicable diseases. She was voted in by 150 member states in the agency's assembly, following her nomination by the agency's governing body over 10 other candidates. She will serve from 4 January 2007 to 30 June 2012. When she takes office it will be the first time that an official from China has headed a UN agency.

### WTO rules do little for drug access

International development and relief agency Oxfam called on the World Trade Organization (WTO) to review the effect of its intellectual property agreement, saying it had done little to open up access to lifesaving medicines. The WTO patent provisions on health have been a bone of contention between rich and developing countries that have been hit hard by HIV/AIDS. WTO members agreed on the intellectual property rules and health declaration at a 2001 Doha ministerial meeting. In terms of the public health safeguards, developing countries can access generic versions of patented medicines. Non-governmental organisations have supported this initiative. In a report published in late November last year, Oxfam said developed countries had done little to affect the safeguards and that 77% of Africans had no access to AIDS treatment, while 30% of the world's population did not have regular access to essential medicines.

### Don't save babies too prem: guide

Premature babies born at 22 weeks or less should not be routinely resuscitated according to new British medical guidelines published in November that look set to fuel an ethical debate. The independent Nuffield Council on Bioethics, which

issued the guidelines, added that babies born between 22 and 23 weeks would not receive intensive care unless parents request it and doctors agree. It was 'extremely rare' for babies born before 22 weeks to survive, the organisation said, and just one per cent of babies born after up to 23 weeks in the womb survive it to leave hospital. Professor Margaret Brazier, chair of the committee which produced the report, defended the guidelines. 'We don't think it is always right to put a baby through the stress and pain of invasive treatment if the baby is unlikely to get any better and death is inevitable,' she said.

### Doctor to pay child support

A court ruling which ordered a gynaecologist to pay child support for up to 18 years as compensation for botching a contraceptive implant was condemned by the German media as scandalous. The Karlsruhe-based federal appeals court ruled that the doctor must pay his former patient about E600 (about R5 600) a month because she became pregnant after he implanted her with a contraceptive device. While it should be welcomed that a doctor can now be held to account in the same way as a shoddy plumber, *Die Welt* daily newspaper wrote, how could a child whose parents had sought damages for its birth ever come to terms with this kind of situation?

## Africa

### Red tape thwarts docs

A South African man may lose his arm because Zimbabwean authorities stalled his medical evacuation from the country for 5 hours. International SOS, an emergency evacuation company, says SA's ambassadors to Zimbabwe had to negotiate with senior Zimbabwean authorities for 3 hours before they were allowed to evacuate the 36-year-old man, a South African citizen who is a truck driver for a South African based company in Zimbabwe. He was involved in a road accident. According to International SOS's Dr Roger Dickerson, this is the first time they have encountered such a problem in Zimbabwe, but it has big ramifications. 'We will certainly not just send our crews to Zimbabwe any more when we have an emergency,' said Dickerson. 'We would have to petition the government of that country on a case-to-case basis to be allowed to evacuate people.'

### Swaziland to endorse male circumcision

Swaziland is set to lead the way internationally with blanket male circumcision, after South African evidence that pointed to HIV risk reduction of up to 75% if men were circumcised. Not only is the tiny country training new staff in its attempt to address the expected demand for the procedure in the state health sector, but it is also preparing a countrywide register of circumcision. The question of circumcision in the battle against the HIV/AIDS pandemic is often controversial, but a urology conference in Cape Town heard in November that Swaziland was set to become 'an international example'.

## South Africa

A full 41% of the benefit options submitted by open medical schemes for the 2007 financial year were rejected by the Registrar of the Council for Medical Schemes (CMS) for not complying with various sections of the Medical Schemes Act. These schemes will have to reconsider the conditions of the options on offer and resubmit them for consideration by the CMS. Mr Patrick Masobe, Registrar of the CMS, advised scheme members to be cautious when signing for new benefit options for 2007 and to check that their schemes had received the necessary approval.

Most schemes submitted their proposed benefits and contributions rule amendments to the Registrar on 1 October 2006. These changes were then scrutinised, taking into account the requirements that any rule amendments:

- should not result in unfairness to members of the scheme
- should not discriminate unfairly, whether directly or indirectly, against members on a number of grounds such as age and health status
- should not result in inconsistencies with other requirements of the legislation
- in respect of benefits, that full provision is made for reasonable access to the prescribed minimum benefits, and that
- the benefit option will be financially sound, and will have sufficient number of members to sustain it.

The CMS assessed 220 benefit options of 43 open schemes. A total of 130 benefit

options were approved (58% of the total) and 90 options (41% of the total) have been rejected.

The continual medical scheme cost increases are an indictment of the legislation that regulates the schemes, says the Inkatha Freedom Party (IFP) health spokesperson Ruth Rabinowitz is urging a drastic review of the principles underlying the law: 'The Medical Schemes Bill was intended to stop the rising cost of health care, prevent people running out of medical aid funds being dumped on public hospitals, give cover for all people regardless of health risk, provide affordable benefit for dependents and increase the number in medical schemes. Instead, as the IFP predicted when it opposed the legislation, the result has been a steady increase in costs, static membership figures and decreased benefits to members.'

### Doctors must keep cost at bay or face reprimand

Medical schemes could soon decide not to pay a specific doctor's fees fully because such a doctor might not be trying to deliver cost-effective service to his or her patients. According to Pieter Dorfling, managing director of Medscheme Managed Healthcare, service providers who do not do their part to keep medical expenses at bay should not expect the same treatment from medical schemes as those who do. The process to put such regulations in place has already begun. Medscheme has devised a guideline to determine the true cost effectiveness of medical service providers' service.

### New fee structure a dose of bad medicine?

The revised pharmacy dispensing fee will put pressure on corporate pharmacies, causing smaller pharmacies to flounder and forcing consumers to pay more for medication, says the Pharmacy Stakeholders Forum (PSF). On 31 October the Department of Health announced that the average single exit price (SEP) for dispensing a single item of medicine would be R21.46. This came after months of wrangling with pharmacists insisting on an initial dispensing fee of R26. Initial reaction to the new dispensing fee was it would keep medicines affordable. But the PSF said although corporate pharmacies in affluent areas were likely to survive, their survival was by no means guaranteed. PSF

co-ordinator Sham Moodley said: 'Smaller independent pharmacies are at higher risk, with pharmacies in rural and other underserved areas, where they are most needed, at greater risk.' The new fees are effective immediately, but will only be mandatory from 1 January 2007.

### Health staff leaves military in droves

The South African Military Health Service (SAMHS) is facing a national crisis as medics, doctors and nurses are leaving the defence force in droves. And the situation, according to the Democratic Alliance (DA) defence spokesperson, Roy Jankielsohn, will only get worse. Despite multi-million rand upgrades to military hospitals in Pretoria, Cape Town and Bloemfontein, not enough was being done to keep professional health practitioners, he claimed. Defence Minister Mosiuoa Lekota had revealed in Parliament that of out of the 2 402 posts for doctors, nursing officers, staff nurses, assistant nurses and specialists, 617 were vacant. Of these vacancies, 433 were at the three military hospitals. Jankielsohn said 'the crisis' in the health department and 'affirmative action policies' in the SAMHS were responsible for the situation. He said an aggressive national recruitment campaign was the only way to resolve it.

### Hospices set money ultimatum

A lack of governmental financial support of hospice centres and home care programmes will soon leave hundreds of terminally ill AIDS, TB and cancer patients from the poorest areas of Pretoria without care. Nearly 25 NGOs in the Tshwane/Metsweding district sent an ultimatum to the provincial government and the Tshwane Metro Council. They demand that money for 2006-2007 that has still not been received be paid out immediately and that their lacking financial support be reviewed immediately. The NGOs also threatened to withdraw from campaigns like World AIDS Day (1 December) and to no longer report back to the department. The Laudium Cancer Care hospice and home care programme needs about R374 000 for the hospice and R334 000 for the home care programme. They have received no government funding this year and survive with the help of the community. The Institute for Primary Healthcare said the government gave them R150 000 in September, while they need R500 000 to

run their hospice in Soshanguve. The government requested that they start the hospice in the area.

### Survey starts on killer TB strain

A survey on the prevalence of the killer extreme drug-resistant TB (XDR TB) began in KwaZulu-Natal late in November last year. Provincial chief health officer Dr Sibongile Zungu, who also heads the province's TB programme, said the collection of specimens for the survey would include five hospitals and would probably take a year. Medical microbiologist Professor Willem Sturm said the survey was needed 'so we can plan'. The reported deaths of more than 70 people of confirmed XDR TB and at least 267 new cases were 'a huge underestimation'.

Meanwhile the long-awaited drugs to treat patients suffering from XDR-TB arrived in November and the tests began immediately at several hospitals. Professor Sturm said the tests form part of a study to determine how far advanced the epidemic is in the province. More than 70 people have died in the province from XDR-TB since the alarm was raised. A shocking 267 new cases of the deadly disease had by mid-November been detected in other parts of the province.

### State claims half of those in need now on AIDS drugs

Almost 250 000 South Africans are getting free AIDS drugs at government hospitals and clinics, the health department says, suggesting that up to half of those in need are not on treatment. The department previously said 500 000 of the 5.54-million South Africans with HIV needed AIDS drugs. The health department said the latest analysis showed that 235 378 people had initiated treatment at 273 sites in the 2½ years since government began providing AIDS drugs. Another 90 000 - 100 000 patients were receiving AIDS drugs from the private sector, according to the Southern African HIV Clinicians Society.

The society's president, Dr Francois Venter, questioned the figures, saying they were a surprisingly sharp increase on the 178 635 people the department had reported as being on treatment at the end of June. 'That's about another 55 000 people in four or five months,' he said. He suggested that about a fifth of HIV-positive patients in need of treatment were getting AIDS drugs.

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