

# News Bites

## South Africa

### Urgent plan needed to provide ARVs to HIV+ educators

Around 10 000 educators will probably die within the next 2 years unless a plan is put in place quickly to give antiretroviral drugs to all educators who need them. Yet, a reply to a DA parliamentary question shows that no coherent plan is in place to do this, nor is one likely to be any time soon. The reply reveals that in 2004, the HSRC and MRC's survey on Educator Supply and Demand recommended that the department of education establish a workplace AIDS treatment programme. This recommendation was made in light of the fact that 12.7% of the country's 350 000 educators were estimated to be HIV positive, and of these 22% (around 10 000 educators) need antiretrovirals – in other words, sick enough that if they do not receive treatment, they will die within a short time.

Since then, however, the DA claims that the only step that has been taken to fulfil this recommendation is the procurement of some funds from the Presidency Emergency Plan for AIDS Relief. It appeared that none of this money had actually been spent yet, and there was no indication of a plan to do so. The ministries of health and education had taken the attitude that AIDS was one of many diseases affecting educators and would be dealt with in the same manner as high blood pressure and stomach ulcers. In the health minister's reply, she said educators could access the same antiretroviral treatment sites that were available to everyone. But this ignored the government's special responsibility to look after the health of educators for the sake of the children they teach and the country's growth and stability. Given the gap between the large number of teachers South Africa would need in the coming years and the small number of teachers entering the profession, it was 'irresponsible in the extreme' for the departments concerned (health and education) to take such a lax attitude towards the probable deaths of so many educators over the next few years. It was common knowledge that the antiretroviral treatment sites had enormous waiting lists, which often meant that people died before they got treatment. Many people had to cover long distances to get to the sites, so for many teachers receiving treatment at these sites would make effective teaching impossible.

### Act fails to stop bogus surgeons

The legislation regulating circumcision has come in for sharp criticism from traditional healers. The Traditional Circumcision Association in Buffalo City in the Eastern Cape said the Traditional Circumcision Act was ineffective because it failed to deal with bogus traditional surgeons. The head of the association, Isaac Nojokwana Olayi, said: 'The act needs to be reviewed by the stakeholders because it has failed to stop unauthorised surgeons and nurses from practising the ritual.' In terms of the act, traditional surgeons and nurses, and the initiates, must complete legal documentation before the ritual can be performed. The circumcision coordinator for the provincial health department, Zweliphakamile Dweba, agreed that sections of the act should be reviewed and admitted that 'flaws have been identified'.

### Health training gets R16m shot in the arm

A University of Cape Town (UCT) training programme for senior public health sector officials had received a R16m shot in the arm from an international funding body, the university said late last year. International research showed health systems across the globe lacked management capacity, especially in the fields of leadership, change management and business skills, said Professor Rodney Ehrlich, director of UCT's School of Public Health and Family Medicine. The R16m, from The Atlantic Philanthropies, would enable UCT's Oliver Tambo Fellowship Programme to be relaunched as a 50-50 partnership between Ehrlich's school and the university's Graduate School of Business. The programme was launched in 1996 with Kaiser Family Foundation funding, but that ended in 2004. A redesigned diploma in health management will be taught as an 18-month programme, with four 'blocks', two from the family health school and two from the business school.

### Rising health costs blamed on schemes

Doctors, outraged at being accused of overcharging patients, have hit out at medical schemes for driving up the cost of private health care. Dr Johann Oelofse, the health care director of SpesNet, which has about 2 000 specialists as members, said that medical aid schemes were spending roughly twice as much on non-health care costs as they were on the specialist doctors who take

care of members' health. Oelofse was reacting to a complaint lodged with the Competition Commission last week against the South African Medical Association (SAMA) for allegedly advising doctors to charge fees above the National Health Reference Price List (NHRPL), a baseline for fees. Even bills which were 300% of the NHRPL rates were reasonable given their professional training and experience, running costs and stressful responsibilities, doctors declared. Oelofse said that on average schemes paid out R97 per beneficiary per month on non-health care costs. Meanwhile, they pay out an average of R64 per beneficiary per month to specialists, SpesNet calculated. 'Medical schemes have been very quick to inform their members that doctors are overcharging, but just maybe the schemes have been underpaying,' said Oelofse.

### Medical profession hits back at health funders

Dr Kgosi Letlape, chairman of SAMA, writing to the *Sunday Times*, said its article 'Medical aids take on pricey doctors' (3 December 2006) was 'a doctor-bashing exercise by the funding industry, is a ploy to draw media and public attention away from the failure of many medical schemes to provide their clients with adequate cover for their health care costs. The blatant inaccuracies and accusations in the article are an insult to the medical profession, and cast serious doubt on the intentions of the Board of Healthcare Funders (BHF). For the record, the South African Medical Association (SAMA) has never advised doctors to overcharge their patients, but always encourages them to determine their fees on a basis that is transparent and justifiable, including consideration for the circumstances of their patients. The Competition Act prohibits restrictive horizontal practices. Such a practice may include the publication of a price or tariff list by doctors for doctors. Therefore it is left to the discretion of individual doctors to determine their fees. The comment about "SAMA's proposed new fees" is therefore inaccurate and misleading.'

### Sweet news for diabetics and fatties

Blocking chemical pathways in the brain, injecting gut hormones into the body and manipulating genes could all offer solutions to obesity and its associated disease, diabetes. Scientists doing such research presented their findings at the 19th World Diabetes Congress in Cape Town in December 2006. Tackling obesity, which affects roughly one

in three women and one in ten men in South Africa, is high on the list of health priorities along with diabetes. And new options are emerging to bolster the established arsenal of a healthy diet, exercise and medication to control these diseases. Among the promising drugs, one that came under the spotlight, with the release of additional trial results this week, was rimonabant. Dr Larry Distiller, managing director of the Centre for Diabetes in Johannesburg, said: 'This drug has the potential to offer a new approach to the management of type 2 diabetes by addressing multiple risk factors.'

## Africa

### Male circumcision reduces HIV risk – study

A US National Institutes of Health study in Kisumu, Kenya, involving 2 784 men aged 18 - 24, showed a 53% reduction of HIV infections in circumcised men compared with uncircumcised men. A parallel study involving 4 996 men aged 15 - 49 in Rakai, Uganda, showed circumcised men were 48% less likely than uncircumcised men to become infected.

### Africa 'needs skills to battle cancer'

Lack of skilled health care professionals and radiography machines was hampering the provision of cancer prevention and treatment programmes in Africa, a regional conference organised by the International Atomic Energy Agency (IAEA) heard late last year. The agency shared the Nobel Peace Prize last year with its director-general, Mohamed ElBaradei, for promoting non-military uses of nuclear technology and decided to spend its prize money on fellowships and training to improve cancer management in the developing world. The World Health Organization (WHO) estimates that 84 million people will die from cancer in the next 10 years, more than 70% of them in the developing world, unless services are improved. About 700 000 new cancer cases were diagnosed in Africa annually, about two-thirds of which required radiation treatment.

## International

### Big Apple outlaws bad fats

The New York City Board of Health voted in December last year to adopt the US's first major municipal ban on the use of all but tiny amounts of artificial trans-fats in restaurant cooking. The move, widely opposed by the restaurant industry, will radically transform how food is prepared in thousands of restaurants. Trans-fats are the chemically modified food ingredients that raise levels of a particularly unhealthy form of cholesterol and have been squarely linked to heart disease. The board also approved a measure requiring some restaurants, mostly fast-food outlets, to prominently display the calorie content of each item on menu boards or near cash registers.

### Stomach could whisper of 'silent killer' cancer

Women who suffer frequent stomach pain and bloating should be checked for ovarian cancer, a study suggests. Lack of symptoms in the deadly disease's early stages means it is often not diagnosed until it has spread to other parts of the body. It is known as the 'silent killer' because three-quarters of newly diagnosed women are already in the advanced stage. There is no screening test to detect early-stage disease. But US doctors have found that signs of abdominal pain, stomach bloating or difficulty eating and feeling full were commonly present in women with both early and late-stage disease. If symptoms were present more than 12 days a month and for less than a year it was 57% likely to be early disease and 80% likely to be advanced cancer.

### Fetus cells can help after stroke

A British company, ReNeuron, has asked the country's health authorities for permission to transplant stem cells from human fetuses into the brains of stroke victims. The company's request reignited the ethical debate on the use of stem cells. ReNeuron alleges it has convincing laboratory proof that the cells could regenerate patients' damaged brain cells. ReNeuron's researchers injected the developing brain area of a 12-month-old aborted fetus into the brains of rats. Tests showed that the blood flow and

brain functioning repaired the rats' damaged brain cells. Meanwhile, the *Pretoria News* reports that 6-year-old Daniel Kerner became the first person to have stem cells from aborted fetuses transplanted into his head in a bid to reverse, or at least slow, a rare genetic disorder called Batten disease. The incurable condition normally results in blindness and paralysis before death. Doctors do not know if the neural stem cells will save Daniel's life.

### Opting for 'easy' birth could affect feeding

Women who have an epidural anaesthetic during childbirth are more likely to have problems breastfeeding, says a study. It explains that these mothers often struggle to feed their baby within the first week and are twice as likely to give up altogether within 6 months. Experts say the baby may absorb powerful chemicals through the placenta, which affects the sucking reflex. They conclude that women should be made aware of this effect when considering their options for labour, adding that there also needs to be extra support for those who do have an epidural, to help them overcome breastfeeding problems. The Australian study was published in the *International Breastfeeding* journal.

### The secret of 'man flu' revealed

Observing the significant male in their life collapsed ill on the sofa, women sniff dismissively: 'Man flu.' Men, on the other hand, claim it's women who give in far too easily to their ailments. And, if we needed confirmation, a survey published last week found that both sexes think the other succumbs too readily to common illnesses. Men take more sick leave than women. But does this mean men are the weaker sex when it comes to illness? Medical science suggests otherwise. The reason men succumb more often to illness is largely because of hormones. As Dr Ian Banks, a GP and president of the Men's Health Forum, explains: 'Testosterone, which is a powerful steroidal hormone, suppresses the activity of the immune system and must, in part, be responsible for higher rates of everyday illnesses in men.'

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