SA fracas boils over

The controversy over drugs to prevent mother-to-child transmission (MTCT) in South Africa spilled into the conference yesterday, with officials claiming that they are only warning against using nevirapine on its own while experts say this is ominous.

Following an emergency meeting called by the Treatment Action Campaign (TAC), South African Medical Control Council registrar Precious Matsoso said that contrary to press reports, nevirapine is not being deregistered. The recommendation is that it be used in combination with another antiretroviral drug.

Matsoso confirmed that nevirapine cannot be deregistered because it is used in triple and dual therapy. The department of health in South Africa said it would hold a national strategic meeting after the IAC conference to discuss the implications of this move.

But, arguing that such a recommendation is tantamount to withdrawing nevirapine used alone. UNAIDS, UNICEF and the Elizabeth Gaser Pediatrics AIDS Foundation yesterday expressed “strong concern” about the decision. They supported the statement issued earlier by the World Health Organisation (WHO) claiming that the single-dose use of the drug is effective.

South African NGO delegates pointed out that the announcement could undermine the work achieved to roll-out a national MTCT programme following the landmark court decision in favour of nevirapine in 2002, fought for by the TAC.

Controversial Minister of Health Manto Tshabalala-Msimang was quoted in Sunday newspapers as saying that she felt “vindicated” by the council’s finding that nevirapine used on its own could lead to resistance. She added that she had been forced to provide nevirapine by civil society.

TAC founder Zakie Achatz lamented that “we had to have this fight here [in Bangkok]” instead of focusing on the roll-out of ARV’s and implementation issues. He said that the controversy will sew confusion in the minds of women now on the medication.

About one million women give birth in South Africa each year. Of these, a quarter or 250 000 are HIV positive.

Activists and scientists agree that nevirapine has been proven to be effective in reducing MTCT. Speaking at the press conference the WHO’s Tim Fauley noted that in terms of WHO guidelines, using nevirapine on its own is the minimum acceptable regimen for MTCT.

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Health risks ‘ignored’

By Jufiana Omale

Public health specialists yesterday claimed that the risks of HIV being transmitted through hospital-related causes like dirty needles and the exchange of contaminated blood supplies are not getting their due attention at the conference.

“We are disappointed at the exclusion of injection and blood safety on the conference agenda,” said Alex Kamugisha, Uganda’s Secretary of State for Primary Health Care.

The list can be extended to include speculums, multi-dose vaccine dials, re-used syringes, needles and catheters as potential sources of infection.

A UNAIDS report acknowledges that five to 10 percent of the global AIDS infections arise from the exchange of contaminated blood.

“This is something that needs to be taken seriously,” said Dr David Gisselquist, a researcher on HIV transmission through unsafe injections. “Poor patients face viral roulette from dirty injections, other invasive medical procedures and blood transfusions.”

Dr Lillian Kocholla, Director of Moiago District Hospital in Nairobi, Kenya noted that sixty percent of inpatient admissions at her hospital test positive for HIV.

Located in the neighbourhood of Kibera, Africa’s second largest slum, she said the risks of HIV contamination through unsafe transfusions.

“We are disappointed at the conference.”

But, arguing that such a recommendation is tantamount to excluding the risks of HIV being transmitted through hospital procedures.

Chung To of the Chi Heng Foundation in China noted that the country’s thriving underground trade in blood products was driven by rural poverty which in turn fueled China’s AIDS epidemic. “The majority of donors are poor peasants who sell their blood for as little as six dollars, to purchase the next meal.”

The public health concern is that the integrity of national
Listening to those who live it

By Hannah Burris

Brothers and sisters who are HIV positive are so much bigger than their disease, so much more complex than their T-cell count, and yet how can we honour this reality when it comes to treatment? Choice, preference, freedom of expression, is there room for such values and individuality in the face of HIV/AIDS?

Nine Lives, a collection of stories compiled and presented by the Trust for Indigenous Culture and Health (TICAH), reminds us to put the person back into the treatment and to re-examine health with a holistic approach.

Six participants of the Nine Lives project honoured those attending the Tuesday morning panel with their personal stories and struggles. Two were from Thailand, one from India, one from Uganda, one from Kenya and one from the United States. Three of the six had chosen to go on ARVs, while the others have maintained their health through herbal alternatives, nutrition, love, exercise, meditation, and support.

Their treatment choices were as varied as their backgrounds. Some arrived with boxes of plants and herbs - remedies for every opportunistic infection they had encountered, and others with boxes of allopathic medicines, many to curb the effects of the ARVs. And some incorporated both types of therapy.

While no one was disputing the effectiveness of ARVs, they were urging everyone to acknowledge that simply administering drugs in countries where poverty is rampant and food scarce is not the full answer.

“When I first learned of my status I was devastated, but I knew that taking the medicines without getting enough food would cause me to vomit blood,” Amina, a social worker and panelist from Kenya, commented, and so she sought other remedies and asserts that she chooses not to subject her body to ARV treatment as a way of honouring her quality of life. “Your health is your health, it is not the policy of the government,” she said.

Now we are presented with the problem of bridging the allopathic and the traditional/herbal approaches to treatment. While one discussion is taking place in the Global Village, the other is in the Scientific Forum. The panelists concurred in terms of treating the entire person in the face of HIV, “the scientists are being left behind.”

Mary Ann Burris, founder of TICAH, concluded the meeting by reminding participants that “doors are opening, desperation opens minds, and it is now time to share.” The first step towards surviving with HIV is to make the decision that “I am worth living for,” says Tara Fitzgerald, a consultant at TICAH.

Hi, I’m Kami and HIV+

By Susan Mwangi

Kami the Muppet has made her appearance at the conference in her capacity as UNICEF’s newly-appointed champion for children.

She sat next to UNICEF Executive Director Carol Bellamy during the launch of Children on the Brink, a joint report of new estimates on orphans and a framework for action sponsored by UNICEF, UNAIDS and USAID. Futures Group conducted the research.

Kami passed through the morning briefing session with her new-fund Thai friends, the elephants of Bangkok. Later, she made a brief appearance at the Bangkok Youth Force briefing with singing sensation CoCo Lee, who is also Asia’s Youth AIDS ambassador.

Kami, who premiered in September 2002 on Takalani Sesame, a South African version of the Sesame Street Muppets, is an articulate, affectionate five-year old who is HIV positive. She addresses the stigma issues faced by children who are infected and affected by HIV/AIDS.

With the help of her friends Zura, Mosha, Neno and Zikwe, she advocates that children infected and affected by HIV/AIDS need as much love, care and support as other children. In particular, she focuses on showing that physical contact, such as hugging, touching and sharing cutlery and utensils, does not spread HIV.

Wall of ideas

By Betty Oyugi

Conference delegates can pick up some new skills and share ideas at an interactive website of the innovative Wall Project.

The concept was first introduced at the 14th International AIDS Conference in Barcelona in 2002. Then, the Wall was a physical site where delegates posted inquiries and ideas to help each other build new skills or improve on the ones they already had. It was referred to as “the talking wall.”

The electronic version of the wall can be found at the site: www.thewall2004.org. One must first register at the site to become a member of the project before accessing information.

The Wall Project is based on skills building and helping people living with AIDS to help others to improve living standards. It has skills building working groups in six continents and three island states, says Paul Causey, the project’s coordinator.

He says women living with HIV/AIDS are stigmatised and discriminated against and the project helps them to acquire skills to help them survive in their communities.

“We had to put into mind developing countries, and out of the 18 working groups, two are from Africa, where access to Internet facilities is expensive. We are happy they made it to the conference,” he adds.

At least 60 facilitators at the various sessions in the conference got sponsorship to Bangkok through the project. Causey says the project was awarded $70,000 by the International AIDS Society, the conference organisers, which enabled them to bring 82 participants to Bangkok. They had received applications from 900 of their members wishing to attend.

David Darby, an advisor to the project, says 20 people are already using the wall at this conference.

“It is a very good idea, which could help in bringing hope and end of stigma and discrimination to the broken hearted,” says Boonkanop Lumletraprasert, a volunteer to the project.
US accused of blackmail

By Arthur Okwemba

The US is being accused of blocking access to cheap antiretroviral drugs by arm-twisting countries to pursue stiffer patent laws as a trade-off for donor or trade privileges, struck through bilateral agreements.

The recent move by “big brother” intends to stop developing countries using the recent World Trade Organisation multilateral trade rules that give them a lee-way to import or manufacture cheaper generic antiretroviral drugs.

So far, the Bush administration has signed such bilateral treaties on patents with at least five countries, including Morocco.

Trade and human rights activists accuse the US of trying to enrich pharmaceutical companies at the expense of the lives of poor people in Africa and other developing countries.

“Any move to stifle access to the six million people in need of antiretroviral drugs is a massive denial of the human right to health,” says Mary Robinson, director of the Ethical Globalisation Initiative.

Countries benefiting from such trade arrangements with America as the African Growth and Opportunity Act (AGOA), are treading cautiously on the issue of the manufacture of generic drugs.

Prices of ARVs have reduced massively in countries that have taken advantage of the WTO’s compulsory licensing.

In Malaysia, for instance, ARV prices reduced six-fold after the country implemented the compulsory licensing clause.

“What America is pushing for is worse than the current trade balance,” Graca Machel, the widow of a former president, told Gem News during the week.

Speaking on the topic, “Beyond Cancun, whose access counts?” the director of Third World Network, Martin Khor, said most African countries fall prey to US moves because they are ignorant of their rights within WTO. “Most of the countries do not know that they have powers to manufacture cheap generic versions of patented drugs for their domestic use and even for export.”

Norwegian minister, Hilde Johnson, said her country supports measures that protect human rights of developing countries and also demands that WTO be a forum for delivering on policy coherence and development of policies on HIV/AIDS.

Leaders are in short supply

Nawaal Deane and Betty Oyugi

The leadership programme made its debut in Bangkok this week with just one problem: a shortage of patrons.

Unveiling the programme at the start of the conference the World Bank’s Debrework Zewdie, co-chair of the leadership programme said the purpose is “to enable leaders fighting against the HIV/AIDS epidemic and challenge those leaders that have not been with us (to join in).”

Although leaders come from many walks of life, the success of the programme rests heavily on buy-in from political leaders.

Only one head of state, Uganda’s president Yoweri Museveni, came to the conference.

Thus far HIV/AIDS activists, actors, PLWAs, health workers, a sprinkling of former states people, faith-based, youth and non-governmental organisation heads have been recycled to face questions from the audience.

Speaking at one of the first “meet the leader sessions,” Graca Machel, the patron of the programme, conceded that it had been difficult to mobilise political leaders.

An official from the programme told Gem News that the initiative started only six months before the conference, giving them little time to get political leaders to attend.

“We also received a smaller budget than the other programmes, so we had less time and less money while others had two years to organise,” the official said.

“There are different sorts of leadership,” said Machel. “Everyone must do the best they can, use your capacity and connect with other leaders.”

The Nelson Mandela foundation, which had a series of programmes during the week, provided an example of the leadership that can be provided by former heads of state.

A series of “meet the leader” sessions gave audiences opportunities to hold those leaders present accountable.

Richard Gere squirmed a little when asked if he would give his movie royalties to the fight against AIDS: “I don’t have more money to give because I have given most of it.”

A panel of women leaders said legal and economic measures are urgently needed to empower women and reduce their vulnerability to HIV.

First-time conference goer Boonkanop Lamlerprasert, a volunteer from Thailand, said: “From the skills I have acquired here, I can mobilise my community to deal better with issues related to HIV/AIDS, especially stigmatisation, which is common.”

But delegates bemoaned the absence of political statesmen willing to sit on a podium and get interrogated by the audience. “Do you see George Bush taking part?” one asked.

The conference will end with a “Leadership Statement 2004”, which will be presented at the closing ceremony.

SA...continued from page 1

But the three organisations argued that there is a considerable data showing the efficacy and safety of single-dose nevirapine therapy for preventing vertical transmission.

The resistance to nevirapine when used for both treatment and preventive therapy has also been documented. However, the impact of this resistance remains unclear. New data is emerging on how this resistance might be reduced.

SA...continued from page 1

blood banks is compromised. People seeking services in the health system have no guarantee that they are safe from HIV/AIDS.

Uganda was commended for its commitment to purifying the country’s blood transfusion system and introducing a safety policy for the use of clean needles in its hospitals.

Kamugisha said after the hospital safety policy is in place it will be followed by legislation. In Uganda and much of Africa, needles and syringes are widely used in curative medicine practice and for child immunisation.

Richard Gere joins the campaign
The Global AIDS Epidemic.

Source: UNAIDS Report on Venue: EC Room 3
government, authorities and NGOs inMozambique are paying atten-
tion to providing HIV positivepeople with anti-retroviral drugs.However, with the number ofnew HIV infections in the coun-
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By Mercedes Sayagues

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try approximately 700 a day, the government is faced with a major challenge of how to provide antiretroviral drugs to all those who need them.
Even a tiger can cry

By Bhekisisa Magongo

Conventional wisdom has it that men are strong and invincible. Society has made us believe that a man who succumbs to sickness is not man enough. HIV/AIDS has turned all that on its head. It is time to revisit all the notions that underpin masculinity.

Take this example: A polygamous man in Swaziland, who had five wives, infected all of them with the AIDS virus. When the wives started to fall sick he blamed his junior wife, accusing her of bewitching the other four.

Before he died the man confessed to infecting his wives with the disease, but only after a long struggle of denial. He left behind 25 helpless children as family resources had already been exhausted through treatment in vain.

The bigger question then remains: Why do men deny sickness? Society has always associated illness with weakness, especially with regard to men. No wonder many men deny that they are sick and that such sickness requires medical assistance.

I am one of these victims of socialisation. I last went to a doctor a year ago even though I had been falling sick throughout this period.

The escalating rate at which HIV/AIDS is ravaging both men and women has put paid to the notion that tigers don’t cry.

As the epidemic rises many men find it difficult to admit their infection for fear of being branded “not man enough” by society. During that struggle to live by society’s expectations they have been forced to find other avenues to justify their sickness.

Women have been used as scapegoats as men push the blame for their sickness onto them. A number of women have suffered emotional abuse at the hands of their in-laws who label them as witches when a husband falls sick.

Men have used such excuses to waste family resources hopping from one sangoma (withdoctor) to another, seeking powers to treat their sickness.

In some families, cows have been sold to get money for medication when a man is sick. When family resources are depleted, the situation leads to children, especially the girls, being forced out of school because parents cannot raise the fees.

In the event the mother dies first, the child assumes the parental role and helps the ailing father. Their future obviously is doomed.

The Hope House in Manzini that houses people living with AIDS finds it strenuous to sustain itself due to unpaid bills for their facilities by some patients. Statistics show that male patients are the worst offenders: 10 out of every 108 male patients fail to pay their bills.

The reason they give is that most of them take time before agreeing to be housed there, having spent a lot of money on medication.

At the Mankayane Voluntary Counselling and Testing centre 62 percent of those who come for testing are women. Most men are said to only go for testing when they are already ill.

A man is a living being. All living things fall sick and eventually die. That is only natural. Why then does society put such a burden on men?

The challenge is to revisit the way we raise our children. Socialisation has not only been negative for women. It has also been negative for men. Men need to reclaim their role as human beings with strengths and weaknesses, fears and hopes.

Bhekisisa Magongo is a founder member of the Swaziland Media and Gender Association.

Real men care.

Editorial

Go on: lead!

There is a saying that leaders should lead, follow, or get out of the way. Sadly, when it comes to HIV/AIDS, the majority of leaders seem to have chosen the latter.

For a start, how many political leaders are here this week? President Yoweri Museveni of Uganda graced the occasion, only to announce that condoms for foreigner’s use are set up to highlight the leading lights in the fight against HIV/AIDS in Africa.

In the middle of it all, Zimbabwe’s President Robert Mugabe announced that he had banned the colour red (the colour of the HIV/AIDS ribbon) because it is the colour of the opposition party in his country.

And in South Africa, after a protracted struggle to get a more progressive policy on HIV/AIDS, the government is again raising confusion over Nevirapine, the drug for reducing transmission from mother to child.

On the positive side, the Bangkok conference has brought together a host of leaders from other walks of life: religion, science and the community. They, in many respects, are the ones leading from the front where HIV/AIDS is concerned.

But political leadership is vital. So why are the politicians so reluctant?

In simple terms, HIV/AIDS is not about comfortable issues: poor people; women; young women; trans-generational sex; drug users; sex workers; men who sleep with men; men who are unfaithful to their wives and partners; miners; truckers.

The list is long. And it is hardly a vote-catching menu.

So, while a crisis of massive proportions swirls around them, leaders ponder about whether HIV is a disease or a syndrome, where it came from, if it is real.

In Uganda there is a saying that when you have a snake in your hut, you get rid of it, and then worry about how it got in.

Botswana has shown that this is possible. President Festus Mogae took an HIV test on national television and has instructed all his ministers to speak out on HIV/AIDS at every public gathering. Botswana is one of the first countries in the world to go for the “opt out” model of VCT.

This is what is meant by leading from the front. More of it is sorely needed.