TAC Electronic Newsletter

By *moderator*
Created *2006/05/09 - 12:00am*
9 May, 2006 - 00:00 ? moderator

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Statement on Westville Prison Hearing in Durban High Court on 3 May 2006

Summary of En & Others v Government of RSA & Others (The Westville Prison Matter)

(Issued by the AIDS Law Project)

It came to the AIDS Law Project's attention in about September last year that prisoners at Westville Correctional Centre (WCC) were unable to access ARV treatment. In October we visited the prisoners and established that HIV positive prisoners who are in urgent need of ARV treatment are not getting access to it. We immediately wrote to the Department of Correctional Services (DCS) and the WCC authorities to notify them of this complaint and asked that those prisoners who qualify for ARV treatment are provided access to it.

Despite undertakings by the Department of Correctional Services (DCS) at a meeting held between us in December 2005 that they would work expeditiously to provide prisoners with access to ARV treatment, to date few prisoners have actually started the ARV treatment process.

We were initially told by the DCS that there are 2 main obstacles to getting access to ARV treatment. One is that the Department of Health (DoH) requires that individuals, including prisoners, be in possession of South African Identity Documents (IDs) in order to begin treatment. The majority of prisoners are not in possession of these, and cannot afford to pay for them. DCS claims that they do not have funding to provide IDs for prisoners.

The second obstacle, according to the WCC, was that they had difficulty accessing public health facilities.

After every effort by the ALP to resolve the matter and avoid litigation, an urgent application was filed on 12 April 2006. The relief sought was that the Applicants and other prisoners in the same position be put on ARV treatment immediately. As a result of this application, the DCS and DOH requested a meeting with TAC, ALP on 25 April 2006.

The meeting was positive and both the departments undertook various responsibilities:
1.The DCS and DOH agreed that 13 Applicants (one has been released and another has been put on treatment) will begin the ARV treatment process immediately, and that they will begin receiving treatment within 3 weeks.
2.DCS agreed that the 13 Applicants will have their ID applications processed immediately. In fact the Department of Home Affairs was already at the prison on the day of the meeting. We agreed that DCS could have a longer period within which to address the problem of the general prison population ? we agreed to a period of about 2-3 months.
3.DoH agreed to grant a concession to prisoners and use their prison numbers until their IDs had been processed.
4.As regards the funding of the IDs, arrangements had been made to provide IDs for the Applicants. DCS will have to work with the Department of Home Affairs on a longer term strategy for the general prison population, but again, this must be resolved within 2-3 months.

The ALP agreed that if we have this in writing by Friday 28 April 2006, we would not go ahead with the Application on 3 May.

However, after giving the DCS and DoH until Tuesday 10 am to get the resolution to us, we have still not reached agreement. Given the late time, we proceeded with litigation.

An urgent court application was therefore brought on behalf of 15 prisoners on 3 May 2006. The case was postponed because Government failed to file any papers. The court has given Government until 17 May to file their papers. The next hearing will take place on 30 May.

The crux of this matter is that people are dying as a result of lack of access to treatment. This is therefore a matter of extreme urgency. There has already been a 6 month delay since we asked the DCS to deal with this issue. They have not yet explained what the reason for the delay is. Continued undue delay will jeopardize the health of the Applicants.

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For TAC: Xolani Tsalong, Treatment Action Campaign, 084 394 6508

[END OF WESTVILLE PRISON STATEMENT]

Important constitutional court case on right to privacy for people with HIV to be heard in Constitutional Court today

Tuesday 9th May 2006: The Constitutional Court will hear an application for leave to appeal in the case involving ID leader Patricia De Lille and journalist Charlene Smith regarding the rights to privacy of three HIV+ women.

Specifically, the case concerns the publication of the applicants? full names and HIV status in the biography of Patricia De Lille, authored by Charlene Smith and published by New Africa Books, without their consent. The respondents argue that because they assumed the women had already consented to publication of their names they were justified in naming them in the book. This was despite their knowledge of the stigma and violence that often surrounds disclosure of HIV status.

Indeed, all three women did suffer severe stress, anguish and disruption to their personal lives as a result of the publication of the book.

The argument of the respondents was supported by Schwartzman J in the Johannesburg High Court who, whilst recognising the women?s right to privacy found that Smith and De Lille were not liable for its violation. Instead liability was found to rest solely with the book?s publisher who, after publication, continued to distribute the book -- despite being made aware of the women?s fears and wish for privacy.

The applicants are concerned about the defences raised by De Lille and Smith including that ?newsworthiness? should be accorded higher value than the right to an individual?s privacy, and that if HIV+ people attend a public meeting they relinquish their right to privacy. If accepted, such arguments will have a chilling effect on people?s willingness to speak out in defence of their rights.

In a press statement today, Patricia de Lille has maliciously questioned the women?s decision to go to the Constitutional Court to defend their rights. For the three women, however, tomorrow?s case will be the final chapter in a four-year quest for justice.

The AIDS Law Project?s website contains various documents relating to the case and can be accessed at www.alp.org.za.

The AIDS Law Project draws the media?s attention to an existing court order which prohibits the publication of the applicants? names, photographs or any other identifying information about them.

For further information contact Mark Heywood on 083 634 8806.

[END OF STATEMENT ON DE LILLE/SMITH CASE]

TAC statement on verdict in Jacob Zuma trial

TAC accepts verdict, concerned at judge?s reinforcing of patriarchal prejudices in framing his judgement

The Treatment Action Campaign (TAC) accepts Judge Van Der Merwe?s statement that the state did not succeed in establishing guilt beyond reasonable doubt in the case of alleged rape of his family friend and daughter of a comrade. The Judge criticized the police for their shoddy investigation. It is tragic that this is true in thousands of cases of rape in our country. A lack of empathy with victims of violence, police sexism and a lack of resources hamper police investigations in most cases.

Judge Van Der Merwe could have made a finding of not-guilty for Zuma without dehumanizing the complainant and resorting to patriarchal prejudices and stereotypes of women who allege rape as pathological. For those in our country who already hold these attitudes towards women, such utterances by a judge can only serve to legitimize their unjust beliefs. These utterances can also serve to confirm the belief by many women who have survived rape that our country?s justice system is biased towards men and treats women as unequal citizens.

Former Deputy President Zuma and all accused have a right to be presumed innocent until proven guilty. The court process has found him innocent. We understand the pain his family, comrades and the former Deputy-President faced. But we also work with countless women who struggle to get a complaint heard.

Regrettably, the former Deputy President has failed to condemn violence and vilification of women carried out in the name of his defense by the Friends of Jacob Zuma. This is an assault on the dignity of every woman and rape survivor. It also undermines the integrity of men who do not support violence against women.

Despite his patriarchal positions on women and sex, Judge Van Der Merwe pointed out that former Deputy-President acted irresponsibly towards himself, his family, the woman he had sex with in the context of tragically high rates of HIV infection in our country.

The Former Deputy President?s position on gender reflects the sexism which continues to plague our society and drives our HIV epidemic. Such views are not acceptable in any man, much less a leader who fought for freedom and equality.

It is indeed tragic that someone who led SANAC and the country?s ?moral regeneration? campaign has made the kinds of utterances he has on HIV. One of the biggest challenges facing HIV prevention efforts in our country is people?s ability to internalize their personal risk to infection and act accordingly. It is therefore sad to note through this trial, that Mr. Zuma did not perceive himself at risk of infection.

TAC calls on all women, civil society, the unions and government to unify under the banner of the One in Nine Campaign, immediately to ensure:
1.proper investigation of all rape cases and the ending of the current backlog
2.The protection of the dignity of all complainants of rape, particularly women
3.The passing of the Sexual Offences Bill with appropriate amendments
4.Mobilisation to end social tolerance of rape with guarantees that all accused are innocent until proven guilty.

The conduct of this trial has put in question the principles of the equality of women; the prevention of HIV; the exercise of responsible sexual behaviour; the right to fair trial and the independence of the judiciary. TAC and civil society must not compromise on these principles.

We urge all survivors of rape not to allow the statements made during the course of this trial to deny their right to access justice. Rape is always a crime and we must fight for the legal justice system to always be accountable.

On this 10th anniversary of Parliament?s approval of our constitution, TAC remembers Lorna Mlofana, Nandipha Matyeke, Gugu Dlamini and many women who were victims of gender based violence. TAC will continue to strengthen its efforts to build a society in which women can live as equal citizens, where men respect women and where women can enjoy the freedoms guaranteed by our constitution.

[END OF STATEMENT ON ZUMA TRIAL]

Response from Sipho Mthathi to attack on TAC Leadership in City Press

City Press published an abbreviated version of this response on 7 May 2006.

Discrediting TAC leadership is a new line of political attack

By Sipho Mthathi, TAC General Secretary

?Is General Secretary just the body?s black face??: That is the fundamental question in Shadi Rapitso?s article (23rd April 2006). This assertion implies that TAC is white-dominated and its general secretary is a token appointment characteristic of many BEE deals.

Rapitso and City Press show contempt for black women like myself who constitute a majority of members and leaders in TAC. It shows an internalized self-hatred for black people as unthinking and uncritical supporters of government to be used as tools by whites and others.

Government and ANC hacks have always accused TAC of pushing a sinister agenda that undermines the state. When we advocate the view that medical technologies like antiretrovirals must be accessible to all who need them we are labelled a Pharmaceutical Company front. Invoking ?race as a way to discredit those considered ?opponents? is an old trick used liberally in the new South Africa?s political life.

We expect that when our organisation?s detractors are tired of flogging the sexist avenue of the ?incompetent black woman at the helm of the organization?, they will try other avenues. Homophobia, racism and sexism appear to be the only response to TAC and the whole world?s criticism of government?s lack of leadership in HIV and AIDS by governments spokespersons and media lackeys. Apartheid and hundreds of years of experience by progressive civil society formations the world over have prepared us for such underhanded attacks.

Another misrepresentation is that Zackie Achmat was the organisation?s former GS and that Mthathi has then taken over from Achmat. This is utter laziness on the part of Rapitso. Achmat remains the chairperson and is supported by Khensani Mavasa as the Deputy-Chairperson. TAC?s Congress Resolutions explains the details of the GS?s responsibilities and are on the website. Achmat became chairperson at a time in the organisation?s life when highly visible campaigning was taking place. He lead the organization alongside Mthathi and many other leaders in the TAC?s national executive committee. Achmat, like all of us, personified the social justice values TAC members and leaders aspire to. Like many of us in TAC, he is the first to insist on women, black and people living with HIV/AIDS leadership because of deep inequalities and prejudices everyone in our country struggles against.

In 2003, TAC made a conscious strategic decision to focus its leadership and resources on mobilizing and campaigning in communities where its membership is based. This was based on the belief that the litmus test of our true commitment to implementing our AIDS strategies to save lives would be the extent to which access to care, treatment and prevention services is real in communities.

Much of the day to day work of the organization is not sensational ?fighting with the government? which some sectors in the media seem only to be interested in. It is providing direct support to people living with HIV and their families, education on the science and politics of the HIV epidemic, assisting people to know where to get assistance in order to live healthy and productive lives. Your editor Mathatha Tsedu has not taken advantage of several personal invitations to talk to black, working class and women leaders of TAC. Through direct action, the organization supports many people whose rights are violated in different ways, and works to ensure accountability by all social and state institutions for protecting people?s rights.

TAC struggles to strengthen the leadership of its members and community organizations to improve civil society participation in all areas of governance that directly affect people?s lives. But this is not sexy or sensational, so very little if any public profiling of this work happens. Some in the media will latch on only to those aspects of TAC?s advocacy which can be portrayed as a ?fight with the government?. This does both the country, the organization and the national AIDS response more than a disservice. It is an insult to the intelligence and integrity of our organization?s membership and mandate.

As former Treatment Literacy programme co-ordinator, I have directly contributed to the building of the organization?s leadership which has grown qualitatively and in numbers. I will continue to exercise vigilance to profile all our leaders

and their positive work, from branch, district and provincial level, as well as those in its National Executive Committee. I am determined to drive this task, which will surely receive no attention since not all of it is sensational ?fighting with the government?.

The TAC makes no apology for deciding to send a 3 person delegation to the UNGASS meeting. This delegation will be led by me as its General- Secretary (GS), the organisation?s Deputy Chairperson, Khensani Mavasa and Vuyiseka Dubula who heads the organisation?s treatment literacy programme in the Western Cape. Both Mavasa and Dubula are HIV positive women whose leadership has been demonstrated both nationally and internationally.

As a tradition, the organization sends a delegation to meetings where it makes strategic sense to intervene in multiple ways to maximize the organization?s impact at those meetings. The organization has done so with all international AIDS Conferences. It did so with this week?s Microbicides Conference. With UNGASS, the organization has invitations to speak at more than 5 platforms, to participate in various civil society platforms, including the Global March for Universal Access to Treatment, Prevention and Care.

I declined the invitation to be part of government selected delegation and stated the organization?s principled stand in a letter sent to the Minister of Health on April 19th. The key issue is that the way in which decision makers in the department of health have acted is against the spirit of the UNGASS process and our country?s history and Constitution. The 2001 UNGASS Declaration emphasizes consultation with all stakeholders and the critical role of civil society. It does not say that consultation must only happen with those civil society partners who are uncritical of the manner in which government?s govern the national AIDS responses.

?TAC and ALP criticize our leaders and use international platforms to ridicule them?. Those were Director-General Mseleku?s words at a meeting between TAC, ALP and the Department.

We are not dummies. There is no way that the Treatment Action Campaign is going to downplay the crisis of leadership in the national AIDS response on any platform locally, nationally or internationally. This would betray the 1400 people who become infected with HIV daily and the 900 people who die of HIV-related illnesses daily. Our National AIDS Council under the leadership of Deputy-President Mlambo-Ngcuka has not met once this year [EDITOR ? IT SUBSEQUENTLY MET FOR THE FIRST TIME THIS PAST SUNDAY, AFTER MTHATHI WROTE THIS RESPONSE].

If it serves some political purpose to project TAC as being responsible for the conflicts which have arisen in governing our National AIDS response, then let it be. If after attempts to discredit our organization on the basis of it being part of a racist plot to undermine South Africa?s Black led government have failed, it now serves a political purpose to explore the sexist avenue of ?questioning the integrity of the black woman leader of TAC then let it be. Personally, it is painful to see one?s integrity undermined in the media. But this pain can never be measured in the same way as the premature and unnecessary infections and death caused by a lack of leadership at every level of society.
And I will be here tomorrow to say that to all those in power who fail in their duty to save lives.

[END OF MTHATHI'S RESPONSE TO CITY PRESS]

New Siyayinqoba Beat It series kicks off

(Statement supplied by Community Health Media Trust)

Website: www.beatit.co.za
Email: info@beatit.co.za

Siyayinqoba Beat It is South Africa?s first TV magazine programme presented entirely by people living with HIV/ AIDS. Siyayinqoba Beat It brings powerful, inspiring stories from the front line of the struggle against HIV/AIDS.

Siyayinqoba Beat It speaks to millions of people living with HIV and AIDS, and their partners, family, friends, colleagues, caregivers and health workers.

The sixth series of Siyayinqoba Beat It goes on air every week for 30 minutes, starting at 13h30 on Sunday on SABC1. The show is repeated every week on a Monday on SABC1 at 14h30. You can find more information about Siyayinqoba Beat It at www.beatit.co.za.

The new 26-part series programme takes you to communities across South Africa to share the experiences of people living with HIV/AIDS. These great documentaries set the scene for a studio discussion of people living with HIV/AIDS and health workers, offering medically sound information and advice that helps us respond positively to the epidemic. As a voice for people living with HIV, the series continues to encourage their active participation and leadership in HIV/AIDS work.

Siyayinqoba Beat It has a special focus on South Africa?s youth as a sector with a very high percentage of people living with and affected by HIV/AIDS. New youth members join the studio support group of to talk about their everyday experiences of positive living, beating HIV/AIDS stigma, and doing treatment literacy work.

The support group responds directly to the concerns raised by viewers, who have written in during the previous series:

?I am 26 and was diagnosed HIV positive two months ago. How can I maintain a health lifestyle? I don?t have a support group, but I told myself that I will live for as long as I can, but sometimes it?s hard. I feel like crying and not talking to anyone, and sometimes it feels like I could leave home. What can I do if I feel like that? Please help. I didn?t know living with HIV is a difficult thing to do.? (Sewela)

?I am one of the people affected by HIV and AIDS, as I have lost many loved ones. Many people in my area are not open, because when a person dies, they don?t say HIV or AIDS. I was very surprised to hear you guys saying you are HIV positive openly. I have learnt a lot from the programme. I am always with you guys, you keep my life going and safe. Together, we can beat it!? (Kuleigh)

The new series also has a special focus on gender violence, now recognised as one of the main drivers of the epidemic. It also introduces new topics such as the importance of male circumcision as a factor limiting the spread of HIV to men. Key areas revisits key issues such as nutrition, alcohol and HIV, youth and prevention, early and effective treatment, faith-based communities, learners at school, HIV poverty alleviation and grants, antiretroviral (ARV) treatment sites, and children and ARVs.

Siyayinqoba Beat It ?s message is that we need to move beyond HIV/AIDS awareness so that we can make informed decisions about safer sex, HIV testing and getting access to treatment when we need it. If we know our HIV status, we can take better care of ourselves and prevent new infections.

Treatment and prevention efforts need to support each other. In breaking down stigma and denial, treatment contributes to a climate of talking more openly about HIV/AIDS and making prevention more effective.

Siyayinqoba Beat It encourages us all to be open about our HIV status (while emphasising that the decision to be open lies with the individual) and to live positively, to treat opportunistic infections and to use antiretroviral medicines effectively. It empowers us to spread the treatment literacy message and become living role models that inspire others to follow our example.

Siyayinqoba Beat It is proudly brought to you by SABC Education and Community Health Media Trust (CHMT), with the support of the MTN Foundation, the Open Society Foundation and Conference, Workshop and Cultural Initiative (CWCI).

Our support group members are available for telephonic, email or face to face interviews.

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[END OF BEAT-IT STATEMENT]

The Citizen's publicity for AIDS denialists is irresponsible

The Citizen newspaper has run two opinion editorial (op-ed) pieces by AIDS denialists David Rasnick and Sam Mhlongo in the last month. In the op-ed pieces Rasnick and Mhlongo have argued that HIV cannot be sexually transmitted. They have misrepresented a study by Nancy Padian and her colleagues to back up their argument. Irresponsible arguments such as these can lead to more avoidable HIV transmissions especially in the context of Jacob Zuma's recent testimony at his rape trial and the numerous myths about HIV/AIDS in South Africa.

In a letter written by Rasnick, The Citizen appeared to not consider it serious that Rasnick had been exposed as an imposter by the University of California, Berkeley. Freedom of speech means that AIDS denialists may say what they want (within limits - they may not advertise false claims about medicines). Legally, they may lie and be dishonest in numerous ways. But there is no reason why a high circulation South African daily newspaper should give credence to them; this is irresponsible. Why is The Citizen publishing op-ed pieces by Rasnick and Mhlongo when they cannot publish the same nonsensical views in peer-reviewed scientific publications?

Rasnick has been imposting for some time now, by claiming in his letters that he has an appointment at University of California Berkeley. He has had no such appointment since 2003 as the following letter makes clear:

Dear Dr. Rasnick:

It has come to my attention that you have been including a University of California affiliation on recent publications. Our records do not show that you currently have an official affiliation with the Department of Molecular and Cell Biology at the University of California Berkeley.

Without an approved University appointment, whether with or without a salary, you may not claim University affiiliation. Therefore the use of the title "Visiting Scientist Department of Molecular & Cell Biology, University of California at Berkeley" or "Professor Molecular and Cell Biology, University of California at Berkeley" is inappropriate and, effective immediately, I have to ask you not to use this title. I last corresponded with you about this issue in February 2003.

If you have any questions please do not hesitate to contact me.

Sincerely
Richard Harland
Professor and Chair [Department of Molecular and Cell Biology, University of California, Berkeley]

Harland sent a similar letter to The Citizen which they published. But instead of an appropriate headline such as "Rasnick exposed as an imposter", The Citizen chose to head Harland's letter "Rasnick sets the record straight" and underneath Harland's letter published a spurious excuse by Rasnick.

Some letters correcting Rasnick and Mhlongo's misrepresentations have been published by The Citizen (but no op-ed pieces with the same profile). Here are two (as originally submitted by the authors without The Citizen's edits):

From Nancy Padian (whose study was misrepresented by Rasnick and Mhlongo):

It is an absolute fallacy to suggest that HIV cannot be transmitted heterosexually. In fact, since the beginning of the epidemic, it has been clearly documented that the vast majority of infections have been acquired through heterosexual transmission. The data you cite were from a study of mine that demonstrated the effectiveness of a robust and effective set of prevention interventions including, but not limited to condom use and reduced sexual activity as part of couple counseling. In addition it is widely known that the efficiency of heterosexual transmission varies depending on a range of factors including viral subtypes, behavior, co-infection with other pathogens, immunologic competence etc, and that as a result, heterosexual transmission is more efficient in Southern Africa than in the US, where I conducted the study to which you study referred.

There have been innumerable epidemiological studies that clearly demonstrate HIV transmission among heterosexual transmission in Southern Africa (two examples include Pettifor et al, 2005 among adolescents in South Africa, and Dorak et al 2004 among serodiscordant couples in Zambia) and around the world. Citing results in the absence of context constitutes a gross misrepresentation of evidence with dangerous consequences. Misleading your public into believing that heterosexual transmission cannot occur or even that it is rare would have severe public health consequences and serve to damage those essential prevention efforts already underway.

From Leigh Johnson (Centre for Actuarial Research, University of Cape Town):Zuma?s risk was not a small one

Doctors Sam Mhlongo and David Rasnick have misrepresented grossly the results of Nancy Padian?s study in their recent article denying the role of heterosexual intercourse in the spread of HIV. The study was divided into two parts: a retrospective analysis, where the risk of transmission was estimated based on reported sexual behaviour in couples in which both partners were HIV-infected, and a prospective analysis, where the risk of transmission was monitored in couples in which one partner was HIV-positive and the other partner HIV-negative. Mhlongo and Rasnick have ignored the retrospective analysis, which estimated rates of HIV transmission similar to those cited by Des Martin. In the prospective analysis, no HIV transmissions were observed in 175 couples who were followed for an average of 19 months, 89% of whom were using condoms consistently or abstaining from sex. Considering the small number of couples who were having unprotected sex, the relatively short length of time they were followed and the low rates of HIV transmission typically observed in established heterosexual relationships, it is not too surprising that no transmissions were observed in the prospective analysis. To argue on the basis of this finding alone that there is no risk of transmitting HIV through heterosexual intercourse is simply absurd.

This study, conducted in California, should be contrasted with the results of studies that have been conducted in the developing world. In a Kenyan study, William Cameron and colleagues found that 8% of men became infected with HIV after a single act of sex with a sex worker. In a study of Kenyan truck drivers, Jared Baeten and colleagues estimated that there was a 1% risk of HIV transmission per act of sex with an HIV-positive sex worker or casual partner. Another study, conducted among Thai military recruits, estimated that the risk of transmission per act of sex with an HIV-positive sex worker was between 3% and 6%. Clearly, rates of HIV transmission measured in established relationships are not the same as rates of transmission in once-off sexual encounters. Mhlongo and Rasnick should read a little more widely before they claim to ?know the risks of HIV?.

We call on The Citizen to report more responsibly on AIDS in the future. There are many interesting and important debates to be held on AIDS on the op-ed pages of South Africa's newspapers: whether HIV causes AIDS and whether HIV is transmitted through heterosexual sex are not among these.

[END OF CRITIQUE OF THE CITIZEN]

Fourth installment of our regular feature: How we know that antiretrovirals work - evidence from Africa

The results of an antiretroviral programme that has been running for three years in Gugulethu have just been published in the South African Medical Journal. As expected, the results are excellent. More than 80% of the patients who enrolled in the first year remain on the programme. Viral suppression (< 400 copies/ml) occurred in over 90% of patients, despite the median baseline CD4 count being very low. Here is the abstract of the study:

S Afr Med J. 2006 Apr;96(4):315-320.

Rapid scale-up of a community-based HIV treatment service: Programme performance over 3 consecutive years in Guguletu, South Africa.

Bekker LG, Myer L, Orrell C, Lawn S, Wood R.

Desmond Tutu HIV Centre, Institute for Infectious Disease and Molecular Medicine, University of Cape Town, South Africa.

Background. Despite rapid expansion of antiretroviral therapy (ART) in sub-Saharan Africa there are few longitudinal data describing programme performance during rapid scale-up.

Methods. We compared mortality, viral suppression and programme retention in 3 consecutive years of a public sector community-based ART clinic in a South African township. Data were collected prospectively from establishment of services in October 2002 to the censoring date in September 2005. Viral load and CD4 counts were monitored at 4-monthly intervals. Community-based counsellors provided adherence and programme support.

Results. During the study period 1 139 ART-naive patients received ART (161, 280 and 698 in the 1st, 2nd and 3rd years respectively). The median CD4 cell counts were 84 cells/?l (interquartile range (IQR) 42 - 139), 89 cells/?l (IQR 490 - 149), and 110 cells/?l (IQR 55 - 172), and the proportions of patients with World Health Organization (WHO) clinical stages 3 and 4 were 90%, 79% and 76% in each sequential year respectively. The number of counsellors increased from 6 to 28 and the median number of clients allocated to each counsellor increased from 13 to 33. The overall loss to follow-up was .9%. At the date of censoring, the Kaplan-Meier estimates of the proportion of patients still on the programme were 82%, 86% and 91%, and the proportion who were virally suppressed (< 400 copies/ml) were 100%, 92% and 98% for the 2002, 2003 and 2004 cohorts respectively.

Conclusions. While further operational research is required into optimal models of care in different populations across sub-Saharan Africa, these results demonstrate that a single community-based public sector ART clinic can extend care to over 1 000 patients in an urban setting without compromising programme performance.

[END OF HOW WE KNOW THAT ARVS WORK]

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