South Africa's Presidential AIDS Advisory Panel Report
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Breaking Information: South Africa’s Presidential AIDS Advisory Panel Report

1. Official spin on the report

By:

Dr Manto Tshabalala-Msimang
Minister of Health
4 April 2001


MEDIA RELEASE
Interim Report of the Presidential AIDS Advisory Panel
4 April 2001

Early last year Cabinet endorsed a decision to invite a panel of experts to South Africa to pursue debate on questions relating to HIV/AIDS. The panel met on two occasions in Pretoria, in May and in July, and the propositions put at these two meetings were further explored through exchanges on the internet. The brief of the panel was to address the following questions:
- Evidence of the viral aetiology of AIDS, including:
  - What causes the immune deficiency that leads to death from AIDS?
  - What is the most efficacious response to the cause(s)?
- Why is AIDS heterosexually transmitted in sub-Saharan Africa, while it is largely homosexually transmitted in the Western world?
- The role of therapeutic interventions in the context of developing countries, in relation to:
  - Patients with AIDS; HIV-positive individuals; preventing mother-to-child transmission; preventing infection following occupational injury; preventing transmission arising from rape.
  - Prevention of HIV/AIDS, particularly in the light of poverty, the prevalence of co-existing diseases and infrastructural realities in developing countries.

The panel, as you are aware, incorporated experts from diverse backgrounds and included individuals who hold diametrically opposing views on several key questions pertaining to the link between HIV and AIDS. Some adhere to the dominant position that there is a clearly established causal link and others are proponents of the dissident view that rejects the causal relationship. This basic difference was reflected in all debates, especially those relating to
treatment, surveillance and diagnostic methods.

However, it was not assumed at the start of the exercise that the objective was to achieve consensus. The idea was to pursue debate on scientific and public policy issues in a dispassionate manner to provide the best possible advice to the South African government. The fruits of the panels interaction are to be found largely in the formulation of proposals for further empirical exploration. Such research would be original in the sense that it would not simply replicate in a local setting issues explored elsewhere, but would break new ground and contribute globally to a richer understanding of HIV/AIDS.

Some of this research is already underway -- but a number of potential research projects outlined in the list of recommendations have still to be assessed and potential researchers identified. Pending the outcome of further research, the debates of the panel have not provided grounds for Government to depart from its current approach to the HIV/AIDS problem, which is rooted in the premise that HIV causes AIDS. The five-year strategic plan for 2000-2005 remains the foundation of our programme. If anything, the debate of the panel has shown a need to intensify activities in a number of areas contained in the plan.

While the division among panellists on the cause of AIDS was fundamental, certain commonly held views did emerge on the importance of various programmatic interventions. In particular, the significant impact of developmental issues issues such as poverty, literacy, gender relations, nutrition, sanitation was taken into account and acknowledged in a much more far-reaching way than hitherto.

Key areas of discussion

Impact of other factors on the progression of the disease.
Panel members concurred that factors like malnutrition and the presence of other infectious diseases (like TB, other STDs, malaria and parasitic infections) impacted on the progression of HIV/AIDS. They also concurred on the need to intervene vigorously to manage these factors although they differed on whether such intervention was a sufficient response to HIV/AIDS.

Quality of testing for HIV.
There was much debate on the quality of testing to detect HIV antibodies. This gave rise at an early stage to the establishment of a team to investigate this issue.

Surveillance.
Panellists generally agreed that a robust system for collecting data was essential to understand and manage
the epidemic. The lack of accurate data on AIDS-related mortality in South Africa was highlighted as a gap. The need to understand the impact of factors like malnutrition and other infectious diseases makes it imperative to capture full data on each of these.

Peculiarities of South African HIV pattern. Important debates related to the fact that the South African HIV/AIDS pattern differs from that in most other countries: We have a complex mixture of various strains of the virus while most countries experience a single viral strain. This has implications for the vaccine development initiative in this country.

Prevention strategies. Members of the panel construed prevention initiatives in different ways, but there was a surface agreement on useful interventions. These included: information, education and life skills programmes; the promotion of condom use; effective treatment of STDs; good management of TB and communicable diseases; and interventions to relieve poverty and improve quality of life.

Use of anti-retrovirals Views on this issue were obviously sharply divergent. Panellists who deny a causal link between HIV and AIDS regard the use of anti-retrovirals as totally unjustifiable. Other panellists who believe anti-retrovirals have positive effects still cautioned against their use in the absence of effective monitoring systems, including laboratory systems, and other supportive services. The latter panelists made a presentation on what they consider the benefits to be of using anti-retrovirals to prevent mother-to-child transmission of HIV.

Recommendations and future research Panel members made a variety of recommendations for future research. They identified a critical need for social and behavioural research in relation to HIV and AIDS, including investigation of risk-taking and health-seeking behaviours. Some recommendations made by panel members are already being implemented, either by the Department of Health or through research institutions.

In relation to surveillance:
- The Department of Health is collaborating with US Centre for Disease Control (CDC) to establish a system to determine the incidence of HIV (that is, the rate at which new cases occur. Presently we only measure prevalence or the total proportion of people with HIV in the population).
- Second generation surveillance is being instituted including behavioural surveillance among vulnerable groups to understand the relationship between HIV and personal behaviour.
- A task team has been set up by the Medical Research Council, the Department of Home Affairs and
Stats SA to gain a better understanding of mortality trends over the last 18 months and the degree to which AIDS impacts on them.
- The impact of other infections is also being monitored, including the close relationship between HIV and TB.

Research currently in progress under the guidance of panel members includes a three-phase investigation into HIV testing.

Phase 1 aimed to establish the quality, reliability and validity of HIV testing in South Africa. It involved a comparison of results obtained in relation to South African blood samples when tested locally and in the United States.

Phase 2 of this project will seek to establish the "robustness" of HIV tests their ability to yield consistent results in the presence of interfering factors.

Phase 3 will focus on building capacity in South Africa to synthesize, purify and use molecular beacons. This technology will then be applied to the blood samples collected in phase 1 to further define what HIV testing actually establishes.

Some additional avenues of future investigation were suggested by the panel debate. For instance, the stark contrast between the patterns of HIV/AIDS in the West and in Africa suggests that the possible role of genetic factors needs to be interrogated.

And constraints in relation to ARV therapy have pointed to the need to conduct research on alternative therapeutic strategies, focusing particularly on interventions to strengthen the immune systems response to infection.

Appreciation of panel members
The South African Government wishes to express its profound appreciation to the panellists many of them eminent scientists who gave of their time to assist us in this inquiry on matters, quite literally, of life and death.

The fact that, despite their differences, they were prepared to meet and engage each other speaks of their commitment to join the African continent in the crusade against AIDS. We are proud as South Africans that distinguished scholars saw in our humble request an opportunity to make a contribution.

The global search for answers to the many complex questions will continue and, we believe, it has been enriched and promoted by the research projects defined through the process of debate in this particular panel.

Dr Manto Tshabalala-Msimang
Minister of Health
4 April 2001

2. One unofficial spin on the report

AIDS panel's report reveals divergent views
Two-and-a-half million rands later, the Presidential AIDS Panel has come up with a report that shows little more than the chasm between dissidents and orthodox scientists. The final report, presented to the cabinet in Cape Town on Wednesday (April 4, 2001), concludes that the rift was so great that the delegates were unable to find common ground on policy matters. "The depth of the cleft on the aetiology of AIDS was such that the commonalities of views on health policy and public policy was by and large swallowed up," the report concluded.

The panel could not even provide a single set of recommendations. Its 13 pages of recommendations were split up into two sections according to dissident and orthodox views. Summaries range from statistical proof that HIV-positive babies are dying from AIDS to a recommendation by dissident Dr David Rasnick and Medunsa Professor Sam Mhlongo that donated blood not be screened for HIV because screening is a futile exercise. Rasnick argues that "AIDS would disappear instantaneously if all HIV testing were outlawed". Under the heading South African epidemic - fact or fiction, the report writes: "Those from the school of thought that argues that HIV does not cause AIDS also argued the futility of discussing an HIV epidemic, as they do not believe that HIV causes AIDS."

The report deals with the deliberations and evidence brought by both groups. Stark statistics presented by the orthodox scientists included the results of two studies. One, from King Edward VIII Hospital in Durban, shows that the two-year fatality for children infected with HIV is almost 60 percent. Case fatality rates went up from 4,5 percent in 1995 to 22,6 percent in 1999. Another, from Chris Hani Baragwanath Hospital in Soweto, shows the infant mortality rate is more than double in HIV-positive children versus HIV-negative children. HIV incidence at the hospital increased from 26 percent in 1997 to 30 percent in 1999.

Health Minister Dr Manto Tshabalala-Msimang said the cabinet meeting, at which the report was one of the main points on the agenda, focused more on preparing for the release of the report than on its contents. She justified the report by saying "the debate of the panel has not provided ground for the government to depart from its current approach to the HIV and AIDS problem, which is rooted in the premise that HIV causes AIDS". "It was not assumed at the start of the exercise that the objective was to achieve consensus," she said. Ironically, the R2.5-million spent on the...
AIDS panel could have bought 5 million condoms, which the government obtains at 50 cents each. Source: The Star, 5 April 2001

3. Download the full report in various formats at:

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- Lagos to privatize drug distribution in hospitals
- Group wants drug firms to drop suit against government
- AIDS cure: Subject your discoveries to international evaluation - Nwosu urges claimants
- NAFDAC, Always and media hysteria a media critique
- Fresh hope for AIDS sufferers
-Overcoming the burden of hypertension

1. LAGOS TO PRIVATIZE DRUG DISTRIBUTION IN HOSPITALS

In a move to stem the inadequate drug supply in hospitals, Lagos State government has planned to privatize the services of pharmaceutical departments in all the state hospitals, just as pharmacists have urged the Federal Government to ensure sanitation of the drug distribution network in the country. However, the State chapter of the Pharmaceutical Society of Nigeria (PSN) does not want to swallow this. They maintain that inadequacy of drugs in the hospitals was a result of poor funding and delays in payment of
contractors by the State Hospitals Management Boards (SHMB). The pharmacists rather suggested that the SHMBs should be strengthened through the involvement of health consultants. Chairman of PSN, Mr. Funso Fakolujo, in a memorandum to the Commissioner of Health, Dr. Leke Pitan stated: If the government wants to strengthen the health programme via drug delivery, it may be imperative to constantly monitor the drug supply system. This can only be done, if the services of health consultants are engaged to undertake the monitoring and evaluation of the supply system. The consultants, according to the association, should be able to establish a well articulate protocol using reliable and sensitive indicators for the exercise. The objectives of the protocol, according to the memorandum, is to ensure the supply of drugs to all the health institutions under the control of the state government and to improve the operational efficiency in healthcare services through the provision of drugs and other medicaments. The policy would also ensure cost effectiveness without compromising quality and also achieve equitable and affordable access to genuine drugs in the state. These objectives would be realizable if the consultants are able to put in place drug selection and quantification process that ensures the optimization of the therapeutic and economic efforts and the establishment of a fraud-proof protocol. The Guardian gathered that the state government decided to embark on the initiative following poor returns from its drug revolving fund system occasioned by illegal sales and poor remittance of fees to the state hospital management board.


2. GROUP WANTS DRUG FIRMS TO DROP SUIT AGAINST GOVERNMENT

Doctors without borders, or Medicine Sans Frontiers (MSE) has launched an international petition drive calling on the 39 pharmaceutical companies suing the South African government over the importation of cheaper AIDS generic drugs to drop their case to prevent more people from dying of the disease. This case has struck a chord with people around the world because it exposes the length that the industry will go to protect its patents and profits, despite the human costs, says MSF. Ellen Hofen, of the MSF, in a statement urged individuals around the world to add their voices to the growing chorus of outrage by signing a petition by April 15, this year. There have been demonstrations across the world demanding access to life-saving drugs for South African HIV/AIDS patients of about four million of its 40 million
population. Everyday people with HIV/AIDS who cannot afford essential medicines visit our clinic. I think that it is appalling that the pharmaceutical industry insists on placing profits before people, and continue to oppose the South African governments attempt to improve access to medicines, said Dr. Eric Goemaere of MSF South Africa. Former President Nelson Mandela in 1997 signed a law aimed at improving access to medicines, but the pharmaceutical industry immediately filed a suit to block it. In the three years in which the 39 companies have tied up this legislation in the courts, more that 400,000 South Africans have died of HIV/AIDS for lack of access to affordable treatments, reports the Southern African correspondent of the News Agency of Nigeria (NAN). The case opened in a Pretoria High Court last Monday amidst protest to drop the case as the companies sought a postponement of four months but the judge granted three weeks.


3. AIDS CURE: SUBJECT YOUR DISCOVERY TO INTERNATIONAL EVALUATION-NWOSU URGES CLAIMANTS

Claimants alleging to have discovered curative and preventive vaccines/drugs against HIV/AIDS, have been tasked to subject such discoveries to international standard of vetting and verification. Minister of Health, Prof. Alphonsus Nwosu, gave the challenge in Abuja recently in his first public statement on claims by Nigerians to have discovered the elusive cure to the dreaded disease. Nwosu, denying bias to research efforts of claimants, said: There are basic rules in science. That is why we say truth exists, only falsehood has to be investigated. I would expect everybody whether he is within the institute for pharmaceutical research or working independently, to subject himself to these known standards of vetting and verification. Continuing, he stated, As a scientist, I have no bias, I have no prejudice. We can get independent evaluations from the Nigerian scientific class or from among Africans or developing world or from the World Health Organization. So when everybody (claimant) is ready, this ministry at least with me, has no bias, but you cannot expect me to evaluate an anti-AIDS vaccine for example when I am a parasitologist and epidemiologist. With plans to set up a youth army against AIDS towards curtailing the spread of the dreaded disease, Nwosu added that in April, Nigeria would host all African Heads of State for an AIDS summit that would take a collective resolution to stamp out HIV/AIDS from the continent.

Source: Vanguard, Tuesday, March 13, 2001, p.21, By Sam Ogbeifun Keywords: Nigeria. HIV/AIDS cure claim
4. NAFDAC, ALWAYS AND MEDIA HYSTERIA A MEDIA CRITIQUE

The Nigerian media is the freest in Africa; but occasionally, that liberty has tended to become freedom to malign with impurity other entities in society. A recent case in point was the media hysteria surrounding the alleged implication of Always feminine pads in the spread of HIV/AIDS and the purported failure of NAFDAC to do something about it. Without mincing words, it was media irresponsibility at its worst which is not in any way remedied by the fact that the ugly rumour was helped along by Chief (Mrs.) Titilayo Ajanaku, Special Adviser to the President on Women Affairs. Mrs. Ajanaku is not a medical doctor; neither is she an expert epidemiologist. Her views on such matters can at best be regarded as the opinions of an ill-informed person despite her high station in government. The media still owes it as duty to itself and its own credibility, and being conscious of its duty to society, to ensure that it establishes facts where vital issues are concerned before going to press. HIV/AIDS is a life and death matter and any product or company implicated in spreading the epidemic willingly or inadvertently stands condemned. And for a global brand like Always marketed by a multinational, the risk of contagion of the company's other products are considerable. So it is not an issue to be treated without utmost care. Similarly, the attack on NAFDAC officials who, for those deeply knowledgeable about the agency, are amongst the most dedicated public servants in Nigeria, is not only unfair to NAFDAC staff but also a disgrace to media practitioners who have criticised NAFDAC in editorials and personal opinion columns without ascertaining the truth of the matter. Now, what are the facts that need to be established before anybody can indict Always and NAFDAC? And were those facts proved beyond reasonable doubt? First, media organizations should have established that there were indeed cases of women or young ladies presenting with HIV/AIDS whose infection had been traced irrefutably to the use of fresh (emphasis mine) Always. That is the minimum requirement of journalism which had not degenerated to pure sensationalism. What do we know? Till today, no hospital or clinic has reported a single case of HIV/AIDS infection linked to the use of Always. So what started as a rumor perhaps hatched by mischievous individuals or people with wild imagination remains just that; a rumor. Secondly, the media should have educated itself a little more about AIDS and the processes by which the infection is passed on to determine if the use of Always or any other sanitary pad could possibly cause the infection. Here again, the facts are that the virus cannot survive outside its host cell for more than 48 hours and to survive it
must find itself in a liquid or moist environment rich in amino acids, the building blocks of proteins. Even a science illiterate knows that a dry cotton pad held in place by plastic cover which travels for several months from the manufacturer to the users does not even begin to meet those conditions for AIDS virus survival. This is a dry medium! Thirdly, the media, in order to be fair to all concerned should have found out about the production process of Always to determine if anything in that process could promote the growth and spread of HIV. This obviously was not done before ill-informed commentators went to press. Always starts from cotton buds from dry farms where AIDS can never find habitat; it proceeds to the manufacturing plant where it is totally sanitized as to make it 100 percent germ free; it is sent to sterile production areas where sterilized cotton wool, cotton linen and plastic covering are assembled and packaged for shipment after undergoing rigorous quality control tests for micro-organisms. There is no single link in the chain from the farm gate to the final user where any amino acid rich moisture comes in contact with raw materials or the final product. Consequently, it is virtually impossible for AIDS virus to contaminate the product at any point. Fourthly, it would have been vital to consider the reputation of the brand marketer. After all, the whole purpose of establishing a great reputation, either by an individuals or by a corporate citizen, is to ensure that one is given the benefit of doubt when damaging rumors are being peddled. Procter and Gamble, the marketers of Always is the worlds leading consumer goods producer with a reputation for excellent and safe products second to none. That alone should have cautioned commentators against careless reporting and commentaries. Furthermore, the product has been in the market for more than 20 years without blemish; and no similar report of HIV infection from anywhere else in the world or indeed Nigeria exists. Those facts put together should again have sounded notes of warning to everybody but the most careless media practitioners. Always is the worlds leader in its product category and that well-deserved position was achieved through the type of painstaking attention to safety and quality, which have become the hallmark of P & G. Fifthly, it was essential to determine what NAFDAC was doing about the matter before going to press to malign this under-funded, under-staffed, under-equipped yet overworked agency.

Source: Vanguard. Tuesday, March 13, 2001 pg. 22 By Dele Sobowale Keywords: Nigeria. HIV/AIDS. Always sanitary pads. Allegation about HIV/AIDS contamination of sanitary pads. Media critique.

5. FRESH HOPE FOR AIDS SUFFERERS

There is hope in the horizon for AIDS sufferers, with plans by the Federal Government to provide them with
cheap anti-retroviral drugs. This action is being undertaken in conjunction with the pharmaceutical industry and the Joint United Programme on HIV/AIDS (UNAIDS). Already, the government, according to the Special Assistant to the President on HIV/AIDS, Prof. Ibironke Akinsete, has begun negotiating with five pharmaceutical companies who are willing to provide the drugs. Akinsete, stated this while addressing participants at a one-day seminar on the Communication Framework for HIV/AIDS jointly organized by the World Banks, UNAIDS and Journalists Against AIDS (JAAIDS). This took place in Lagos recently. She further added that a national advisory committee comprising of pharmacists, nurses and doctors has been formed, which would look into areas such as capacity building of trained personnel who would monitor the usage of such drugs. She, however, explained that, the necessary facilities for the measurement of viral loads as well as CD4 count have to be in place in major health institutions in the country before anti-retroviral drugs are made available. Ant-retrovirals are not as easy to manage as people think because they expose the user to other side effects such as bone marrow infections".

Akinsete, who explained that there are many intricacies involved in the administration of anti-retroviral drugs, stressed the need for People Living with HIV/AIDS (PLWAs) to protect themselves from common opportunistic infections particularly, tuberculosis. I would rather that PLWAs focus on improving their nutrition. Non-governmental organizations (NGOs) and state governments should also improve the quality of care being given to these individuals. Akinsete, while restating that there is currently no cure for AIDS, appealed to state governments and NGOs to involve PLWAs in their various HIV/AIDS programmes. The event also featured a presentation by Mr. Bunmi Makinwa, Team leader, UNAIDS Intercountry team for Eastern and Southern Africa who stressed the need for the adoption of communication strategies that would incorporate the relationship between HIV/AIDS and issues such as culture, socio-economic status as well as spirituality into enlightenment campaigns aimed at reducing the rising epidemic.

By:Olayide Akanni Keywords: Nigeria. HIV/AIDS. Communication strategies. People living with AIDS. Anti-retroviral drugs. Non-governmental organization. UNAIDS. World Bank. Journalists Against Aids.

6. OVERCOMING THE BURDEN OF HYPERTENSION

There is a growing concern among medical experts over the increased prevalence of non-communicable diseases in the country particularly, cardiovascular diseases. This development, medical expert believe, is worrisome. Statistics have revealed that not less than
20 per cent of Nigerians over the age of 15 suffer from hypertension. The bitter truth, however, is that though hypertension is a major killer disease world-wide, only a third of affected Nigerians are aware of their condition. Experts have warned that the key to the successful management of hypertension is an alteration in lifestyle and habits. In support of this view, Prof. Oladipo Akinkugbe, a renowned Nigerian nephrologists, has attributed the increase in the incidence of non-communicable diseases such as diabetes, hypertension, stroke and heart attack to changes in lifestyle patterns attending the trend of rural-urban drift. He explained that, moving from rural to urban setting increases the risk factor of the individual by over 100 per cent. In addition, studies have shown that those at both extremes of the socio-economic ladder, run a high risk of being hypertensive. Akinkugbe canvassed lifestyle changes, which include a reduction of stress, regular exercise, and a low intake of foods high in fat content, to improve the quality of care given to those suffering from hypertension. This, he explained can be achieved through the provision of cheap and affordable anti-hypertensive drugs. Once an individual is diagnosed as hypertensive, treatment is for life. Thus, it is important that quality drugs be made available at affordable prices. Pharmaceutical companies need to go into liaison with the government to ensure that cheaper drugs within the reach of most individuals are manufactured in the country.


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