



Decreasing morbidity and mortality

Mother-to-child transmission of HIV

During this year the results of the South African International Nevirapine Trials were released, providing strong evidence of the efficacy of this drug in reducing the risk of intra-partum transmission of HIV. In consultation with the provinces, it was decided to adopt a controlled approach to the introduction of this preventive measure because:

- There were critical operational issues that need to be explored before deciding whether to implement on a national scale.
- There was a need to investigate whether this form of Nevirapine use has any toxic side-effects or contributes to drug resistance.

Accordingly, provinces designated 18 research sites — two each — where Nevirapine would be administered within a national research protocol and data would be collected to answer the above questions. The sites were decided by late 2000 and preparations commenced early in 2001. These included: Creating national and provincial steering committees; finalising the national guidelines; training health workers to use rapid HIV-test kits; training health workers and NGO staff to counsel mothers undergoing tests; and making an educational video.

Access to voluntary testing and counselling

A small minority of South Africans who are infected with the HI virus are aware of their status. Very often testing is only done once symptoms emerge — long after initial infection. This has implications in terms of the national prevention strategy and the effective management of the individual's health.

During the last year, a tender was awarded for the supply of 250 000 rapid test kits in order to facilitate expansion of the service. Training in the use of these kits commenced and the number of hospitals and clinics offering testing increased markedly.



Dial 0800 012 322 for HIV help

Faceless, anonymous but human. That's the combination that works for the National HIV/AIDS Helpline which took more than 220 000 calls last year. Three out of four calls come from people wanting information about AIDS. One in four requires personal counselling. Often an individual will establish contact with a simple request for information, then follow up with a call for more personal help. "Clients call the Line repeatedly to test its credibility as well as to feel comfortable to explore their personal feelings," says Pam Mudhray of Life Line Southern Africa. Life Line is contracted to run this

service by the Department. The organisation won a second three-year tender in January 2001 and operates from a central call-centre in Johannesburg. AIDS Help Line callers most often want information about the transmission of HIV/AIDS and use of condoms. "Transmission questions often arise when the client believes that he or she has been exposed to risk," says Ms Mudhray. "Many are afraid to directly relate their own fears or needs." Most callers (63%) are male and 45% are in the age group 15 - 19 years while a further 36% are in the 20 - 29 bracket. Rural residents appear to have good access to the service. Counselling is offered in all official languages and the caller determines the

language that will be used. The Line's greatest problem? Hoax callers who block the lines to those in real need. Its immediate challenges? To extend the service to all age groups. "We need to reach older people who are still sexually active and perhaps don't perceive themselves to be at risk and family members who are caregivers of those who are sick and of children orphaned by AIDS. They require support and information," says Ms Mudhray.



Priority Area 2: Treatment, care and support

Improving treatment and support

Guidelines for care and treatment

A major area of work for national government is the development of guidelines for care and support, the dissemination of such guidelines and — where necessary — the development of systems to train health workers in the use of such guidelines.

Treatment for people living with HIV/AIDS is offered in the early stages of the illness through primary health care clinics, while hospitals are intended to deal with the more severe opportunistic illnesses. There is still a need to develop these services and sensitise health workers to the specific needs of AIDS patients.

In the last year guidelines were published in the following areas:

- HIV testing
- Managing HIV infection in children
- Preventing mother-to-child transmission and managing HIV in pregnant women
- Managing occupational exposure to HIV
- Feeding of infants of HIV positive mothers
- Ethical practices in HIV/AIDS research
- Tuberculosis management and AIDS
- Prevention and treatment of opportunistic infections in adults.

Integrated tuberculosis management

Tuberculosis is one of the most common opportunistic infections associated with HIV. The challenge is firstly to improve overall tuberculosis management and achieve improved cure rates (See Page 28); and secondly, to manage the two conditions in an integrated way.

Pilot sites were established in four provinces to explore the latter strategy and have yielded positive results:

- The number of patients testing for HIV quadrupled.
- 99% of patients received HIV test results (previously many did not return).
- More than one out of three HIV-positive patients were given drugs to prevent development of active TB.

Availability of drugs for opportunistic infections

The challenges here are in the realm of good management and affordability of appropriate drugs. In December 2000, the South African Government entered into a partnership with Pfizer Inc for a two-year free supply of fluconazole, a costly drug that is used to manage two common opportunistic infections: cryptococcal meningitis and oesophageal thrush. Before this fluconazole was not available in the public sector and it is still not affordable for many private sector patients.

Practices in the private sector

In the private sector combinations of anti-retroviral drugs are used to manage HIV/AIDS, in a form of treatment commonly referred to as triple therapy. Evidence from wealthier countries, where this treatment is more prevalent, suggests that rates of drug resistance may be cause for concern. Early in 2001, Government, in consultation with a group of clinicians, began to develop guidelines on anti-retroviral use in this country to ensure that good practice is observed and that the risk of drug resistance is minimised.

Community-based care, including, care of orphans

Given the limited capacity of public hospitals, it is impossible to offer extended hospital admission for purely palliative care. In recent years a number of home-based care projects have been established, usually run by non-governmental organisations with Government funding. Their experiences, together with international practices, formed the basis for a national model on home-based care.

