South African Health Minister must go, say scientists

Pressure is mounting for the South African Government to sack its Health Minister, after a group of scientists condemned the country's AIDS policies. In response, a new government committee has been created to oversee HIV/AIDS. So, asks Clare Kapp, how long can the minister keep her job?

The South African government—still reeling from devastating indictment by 80 of the world's top scientists and unprecedented condemnation at the International AIDS conference of its "wrong, immoral and indefensible" policies—is to step up its HIV/AIDS prevention and treatment programmes and take overall coordination away from its controversial Health Minister.

Cabinet decided at a meeting earlier this month to establish an inter-ministerial committee including the departments of health, education, social development and local government to "strengthen the implementation of the comprehensive HIV/AIDS programme", and improve co-ordination and communication.

The committee met for the first time Sept 14, under the leadership of Deputy President Phumzile Mlambo-Ngcuka, head of the hitherto ineffective South African National AIDS Council (SANAC). Mlambo-Ngcuka is regarded by AIDS activists as more responsive than the abrasive Health Minister Manto Tshabalala-Msimang, dubbed Dr Beetroot by her many critics.

A statement issued after the meeting said it ''underscored the need to take concrete steps to mend relations and raise the level of interaction between government and stakeholder groupings", including the Treatment Action Campaign (TAC). The committee will meet on a monthly basis and Mlambo-Ngcuka will take parallel steps to strengthen SANAC, it said.

The Cabinet decision reportedly came amid a split between President Thabo Mbeki—who supported the health department chief in the face of mounting domestic and international demands for her to be sacked—and other ministers insisting on a damage-control exercise.

It also coincided with new surveys revealing the disastrous extent of the HIV/AIDS pandemic. In its Adult Mortality Report, the government statistical office said that death rates rose between 1997 and 2004 for every 5-year age group, except for males aged 15–19 years. The death rates more than tripled for females aged 20–39 years and more than doubled for males aged 30–44 years. At public antenatal clinics in South Africa, the percentage of pregnant women who were HIV-positive was 1% in 1990, 17% in 1997, and 30% in 2004, it said.

"Large increases in their 20s and 30s since the late 1990s are thought to result mainly from HIV", it said, noting that opportunistic infections were often listed as the cause on death certificates.

"With the increases in HIV prevalence at antenatal clinics since 1990, and with the long average lag from infection to death, it seems likely that HIV deaths will continue to increase in South Africa for some years", Statistics SA said.

Shortly before the publication of that report, Anthony Mbewu, president of the Medical Research Council, told a parliamentary committee that current estimates attribute 336 000 deaths in the 12 months to mid-2006 to AIDS.

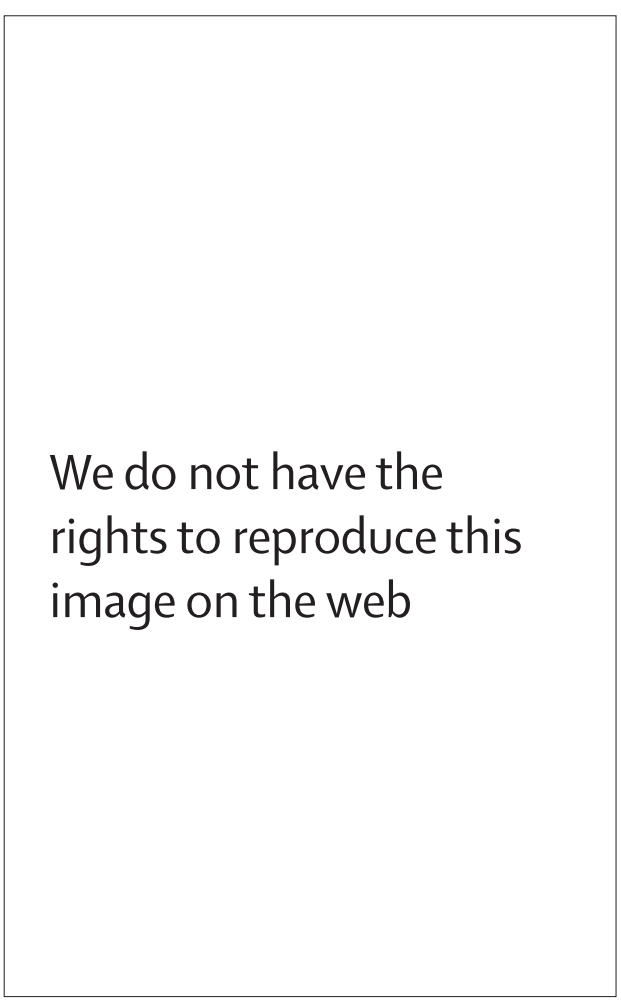
In a separate survey, the Health Ministry's Report on the National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa for 2005 showed that HIV infection rates had remained at a similar level in 2005 compared to 2004 and that the peak in new infections had levelled out.

It said the rate of HIV prevalence amongst teenagers was 15·9% (16·1% in 2004). It estimated that 18·8% of persons in the 15–49 year age group—or 4·9 million people—had HIV infection, and some 235 000 children younger than 14 years.

The total population living with HIV was estimated at 5·54 million, second only to India's 5·7 million infections.

The government, which began provision of antiretrovirals after a 2002 court ruling, claims its rollout programme is now the largest in the world. According to official figures, nearly 180 000 patents have been enrolled for antiretroviral therapy at 245 facilities.

The figures are, however, regarded with some scepticism by TAC, which



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Scientists have added to calls for Health Minister Tshabalala-Msimang to resign

Reuters

says there is a mechanism in place to monitor the treatment.

Having battled for years to speed up public provision of antiretrovirals to the general population, TAC took up the cause of infected prisoners. TAC, the Aids Law Project, and 15 inmates of Durban's Westville prison (some of whom have since died), took the Correctional Services and Health Departments to court, saying they were failing in their constitutional duty.

A court in Durban on Aug 28 upheld an earlier ruling that the government was obliged to provide antiretrovirals to Westville prisoners with immediate effect. It overruled government objections that it needed more time to expand provision of antiretroviral therapy through the accreditation of prisons as treatment sites to reduce the problems of having to shuttle prisoners to treatment centres with the associated risks of escape.

South Africa hit the headlines at the recent AIDS conference in Toronto, not because of the severity of the pandemic but for the government's attitude.

President Mbeki has long since been accused of questioning the link between HIV and AIDS. In contrast to the lengthy excerpts from Shakespeare and other literary and historical works which pepper his routine speeches, references to HIV/AIDS are condensed to a single sentence—if that.

His protégé, Tshabalala-Msimang, has repeatedly stressed her distrust of antiretrovirals and espoused a diet high in garlic, lemon, olive oil, beetroot, and the African potato.

Groans of disbelief, despair, and anger greeted the official South African stand at the Toronto AIDS conference for its inclusion of garlic, lemons and African potatoes, which were subsequently trashed by TAC members. Bottles of antiretrovirals were belatedly added to the display—critics say this move happened because the delegation was shamed by journalists' questions, while the Health Ministry insisted the bags with the antiretrovirals had been delayed by the travel chaos following the thwarted British aircraft bombings.

In her speech to the conference, Tshabalala-Msimang insisted that South Africa had one of the world's best thought-out and executed plans for the comprehensive prevention and treatment of HIV/AIDS. This stance was subsequently echoed by the Cabinet, which said the budget allocation to the comprehensive programme had increased 100-fold in the past 12 years and that government was "serious about the fight against HIV and AIDS".

The outgoing UN AIDS envoy for Africa, Stephen Lewis, disagreed. "South Africa is the unkindest cut of all", he said in one of the most extraordinary and damning speeches ever made by a UN official of a member state's health policies. "It is the only country in Africa, amongst all the countries I have traversed in the last 5 years, whose government is still obtuse, dilatory and negligent about rolling out treatment", said the Canadian national in a closing speech to the conference.

Lewis acknowledged that, as a UN envoy, he was probably speaking out of turn. But he was unrepentant. "I was appointed as Envoy on AIDS in Africa. I see my job as advocating for those who are living with the virus, those who are dying of the virus....It is not my job to be silenced by a government when I know that what it is doing is wrong, immoral, indefensible."

The health ministry shrugged off the criticism by Lewis, declaring he was not "Africa's messiah".

TAC, the South African Medical Association, and the main trade union movement all added their voices to the criticism. "My resignation? I haven't thought of it and I am not just about to think about it", a defiant Tshabalala-Msimang told journalists.

But worse was to follow in the shape of an open letter to Mbeki and signed by 81 acclaimed scientists, including Nobel laureate David Baltimore, president emeritus of the California Institute of Technology, Robert Gallo, the co-discoverer of HIV as a cause of AIDS, and many other senior scientists.

The letter, dated Sept 4, voiced concern at how Tshabalala-Msimang's "pseudo-scientific views" were undermining South Africa's HIV strategy and called for her dismissal. The letter said that according to the best estimates of South African actuaries, over 500 000 people desperately needed antiretrovirals. It said that less than half the government's target of 380 000 people were receiving treatment.

The signatories concurred that good nutrition was important, "but garlic, lemons and potatoes are not alternatives to effective medications to treat a specific viral infection and its consequences on the human immune system."

"To deny that HIV causes AIDS is farcical in the face of the scientific evidence; to promote ineffective, immoral policies on HIV/AIDS endangers lives; to have as Health Minister a person who now has no international respect is an embarrassment to the South African government. We therefore call for the immediate removal of Dr Tshabalala-Msimang as Minister of Health, and for an end to the disastrous, pseudo-scientific policies that have characterised the South African Government's response to HIV/AIDS", it said.

Clare Kapp