

# Hope for thousands as stepped-up Aids drug programme goes to top of agenda

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THE NATIONAL Health Council will discuss next week a much more aggressive Aids policy which could see all HIV-positive babies and hundreds of thousands more adults taking anti-retroviral drugs, saving many thousands of lives in South Africa.

Dr Yogan Pillay, deputy director-general of strategic health services, said discussion of the stepped-up anti-retroviral (ARV) programme would be "prioritised, from the department's side", when Health Minister Aaron Motsoaledi met health MECs next Friday.

Pillay said three new proposals would be on the table: providing the drugs to HIV/Aids patients at an earlier stage of their illness than was now the case, providing them to all HIV-positive infants and giving them to all patients with both HIV and TB. The last measure would be an attempt to tackle what doctors describe as "an

HIV-assisted TB epidemic that is spiralling out of control".

The first of these measures would cost at least \$500 million (R3.8 billion) a year.

The more aggressive approach would signal a big departure from the previous administration's stance, driven by former president Thabo Mbeki and his health minister, Manto Tshabalala-Msimang, whose Aids policies led to protests and an international furore.

Mbeki once questioned whether HIV caused Aids and gathered several dissidents on to his personal Aids advisory panel.

For years, Tshabalala-Msimang refused to approve an ARV programme, and only did so when forced to by a court of law. Even then, she dragged her feet in implementing that policy.

In 2007, 1.5 million pregnant women were in need of ARVs, but only 491 000 got the drugs.

Global statistics show that only 12

percent of pregnant HIV-positive mothers are assessed for ARVs, and only 8 percent of HIV-exposed infants are tested for the virus.

At an international Aids conference in Cape Town this week, scientists were passionately recommending the three new measures. The topic of increasing ARV coverage was said to "dominate proceedings".

The three proposals are also outlined in new guidelines drawn up by the treatment task team within the South African National Aids Council. "However, the first step is reaching all patients with a CD4 count of under 200," said Pillay, describing the immune system measurement that is the current benchmark for treatment.

"We're not even reaching all of these people. What's clear is that in the next financial year we will need additional funding, and the question is where this will come from. But we have already started discussions with the

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Treasury regarding the existing programme."

Aids drugs reduce the HIV levels in patients' blood so much that they are no longer infectious, so treating people earlier would slash transmission rates, researchers say. It would also prevent many deaths, as at present many people start taking the drugs when they are too ill to recover.

Pillay said costs for the three proposed programmes had been drawn up but could not be made public until they were presented to the National Health Council. However, the costs of one proposal - giving patients ARVs when their CD4 count is 350, rather than 200 - were presented this week at the Cape Town conference.

Dr Susan Cleary, director of the health economics unit at UCT, told the conference this revised cut-off would see an extra 500 000 people in South Africa taking Aids drugs by 2016/17. This would come at an extra annual cost of \$500m.

The current ARV programme would cost more than 40 percent of the equivalent of the current health budget by 2016, she estimated. The cost of giving the drugs to people with a CD4 count of less than 350 would be about 60 percent of the health budget.

"There is growing recognition of the value of ARV scale-ups," said leading Aids researcher and doctor Linda-Gail Bekker. "We have to do some logistics shifting, and maybe some budget shifting as well. The horse has bolted in terms of TB control. Up to two thirds of patients entering ARV programmes have already had TB at least once, and most Aids-related deaths are due to TB.

"If our public health goal is to bring down TB rates, we have to do this scale-up," Bekker said.