

HIV treatment in South Africa: overcoming impediments to get started

In South Africa, the euphoria of the peaceful transition from apartheid to democracy has been dulled by the devastation of HIV/AIDS. The epidemic has had a disproportionate effect on poor, previously disenfranchised groups, in which the apartheid migrant labour system had destroyed family life and created conjugal instability. South Africa is now in the midst of a maturing epidemic, and AIDS dominates almost all aspects of medical care. HIV-1 prevalence reached 24.5% in pregnant women attending public health services in 2002.¹

Highly active antiretroviral therapy (HAART) symbolises hope for many communities. But access to these life-saving drugs was severely restricted until the 2000 International AIDS Conference in Durban, South Africa. This defining moment² in global solidarity and advocacy for treatment access changed the discourse on AIDS treatment in poor countries from “if” to “when”. The change was largely due to rapid price reductions and funding made available by, among others, the Global Fund to fight AIDS, Tuberculosis, and Malaria.

Although there have been many events to celebrate in postapartheid

South Africa, the government's response to the AIDS epidemic was, until very recently, not one.

Before 1994, the apartheid government's approach to dealing with AIDS was insufficient and lacked credibility. The Mandela government set about redressing this in 1994 by establishing AIDS as one of the 23 presidential lead projects and one of the 12 reconstruction and development programmes. This initial period of hope was, however, short lived. The biggest setback came when President Mbeki (who took office in 1999) expressed doubt about whether HIV causes AIDS. Mbeki also questioned the safety and efficacy of antiretrovirals. Subsequently, a presidential AIDS panel was created with equal numbers of AIDS denialists and orthodox AIDS scientists, but it is yet to report recommendations.

In 2001, advocacy groups challenged the government's decision not to provide two-dose nevirapine treatment to reduce the risk of mother-to-child transmission of HIV-1. The Constitutional Court's ruling against the government was a landmark, and it showed that the country's constitution could hold the

government accountable for its actions (or in this case inaction).

Under increasing pressure to address treatment access, the government adopted the national treatment plan, which recognised that by mid-2003 about half a million South Africans were in need of anti-retroviral treatment. The plan established a commitment to measure CD4 counts in about 200 000 people with HIV infection; starting 53 000 on HAART by the end of March, 2004, and another 180 000 by the end of March, 2005. The Department of Health aimed for at least one service point in every health district within 1 year, and one in every municipality within 5 years.

The Western Cape Province was the first to provide AIDS treatment free of charge in selected government hospitals, building on experience from the Médecin sans Frontières treatment project in Khayelitsha.³

Efforts to overcome operational constraints to national coverage of AIDS treatment include: urgent procurement of medicines; speedy accreditation of treatment sites; resource allocation to underdeveloped sites to build capacity for site accreditation and treatment roll out; clear, accurate, and appropriate advice on testing, treatment, nutrition, and prevention; and training and support of health-care personnel.

If the targets set out in the national AIDS treatment plan are to be met, South Africa will have to create the largest AIDS treatment programme in the world—a feat that needs the assistance from all sectors of South African society as well as international support to achieve success.

Quarraisha Abdool Karim

CAPRISA, University of KwaZulu-Natal, Nelson R Mandela School of Medicine, University of KwaZulu-Natal, Durban 4013, South Africa; and Mailman School of Public Health, Columbia University, New York, NY, USA.

(e-mail: abdoolq2@nu.ac.za)

Milestones in access to treatment for HIV in South Africa

April, 2000: Médecins Sans Frontières and TAC start HAART provision at three government primary health care clinics in Khayalitsha

July, 2000: 13th International AIDS Conference march for treatment access

March, 2001: Pharmaceutical industry withdraw court case against the state on parallel importation and generic drug procurement.

April, 2002: Global Fund donate US\$72 million to KwaZulu-Natal. Constitutional court rejects government appeal of the Pretoria High Court decision and orders government to provide drugs for the prevention of mother-to-child transmission of HIV at all public health-care facilities in South Africa.

November, 2002: Nelson Mandela Foundation sponsors workshop in Durban on treatment access

August, 2003: First South African AIDS conference, Durban; government support national treatment plan for AIDS treatment options in the public sector.

October, 2003: Competition Commission rule that GlaxoSmithKline and Boehringer Ingelheim abused their dominant positions in antiretrovirals market

January, 2004: Western Cape government expands HAART roll-out, and by the end of March, 2004, 2000 patients start treatment through an emergency drug procurement mechanism.

February, 2004: Government accepts money from Global Fund

March 2004: Boehringer Ingelheim threatens to disinvest from South Africa because of dissatisfaction about draft medicine pricing regulations of the Department of Health. TAC threatens to legal action against the government if it fails to implement HAART programme.

April 1, 2004: Announcement of AIDS treatment roll-out in 27 pilot sites in four of nine provinces

April 15, 2004: African National Congress (ANC) wins third democratic election in South Africa. Whether enthusiasm for HIV treatment programmes generated during election campaign will be sustained remains to be seen.

- 1 Department of Health, RSA. Twelfth national HIV survey of women attending antenatal clinics of the public health services. Pretoria, 2002.
- 2 Abdool Karim SS, Abdool Karim Q. Breaking the silence, one year later: reflections on the Durban conference. *AIDS Clinical Care* 2001, **70**: 63–65.
- 3 Kasper T, Coetzee D, Louis F, Boule A, Hilderbrand K. Demystifying antiretroviral therapy in resource-poor settings. *Essent Drugs Monit* 2003; **32**: 20–21.