

# FROM THE EDITORS

Antiretroviral therapy is at last receiving more attention. Such is the scale of HIV morbidity that every health care worker will need to gain expertise in this area. Children are our future, and it is appropriate that their needs and those of their parents are adequately addressed.

The concept of family therapy should now be emphasised, as paediatric HIV reflects HIV infection of the parents as well. For those tens of thousands of children needing therapy, their caregivers' health is integral to survival. This concept of family therapy represents a unique opportunity

to southern African family physicians to develop strategies to treat and strengthen families.

The concepts of antiretroviral therapy in children are relatively easy and the principles are similar to those for adults. Important differences include more use of liquid formulations, surface area dosing for some medications, the need to increase medication with growth, and the importance of caregivers in maintaining adherence.

**MARK COTTON**

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## ORPHANED BY AIDS

Recently a young TB researcher visiting us from New York went shopping at the Greenpoint Sunday market and was accosted by some thugs who relieved her of her bag. She put up a brave struggle and her screams alerted some good Samaritans, who gave chase. One of the thugs was apprehended and the bag, with some contents, recovered. The Samaritans put it into their car while they dealt with the miscreant. They returned to their car just in time to see some street children making off with the now twice-stolen handbag, and all the other contents of the car!

It was just the weekend after, in the *Independent* of 6 October, that I read the most disturbing article entitled 'The AIDS orphans time bomb': the pandemic 'will rob three million children of parents in the next ten years, bringing spectre of social chaos and even higher crime rate'. The reporter quoted the Institute for Security Studies as saying that the burgeoning orphan population will grow up under extreme levels of poverty and will be sorely tempted, and even obliged for its physical survival, to turn to crime, drugs, gangs and the sex trade.

A staggering 300 000 children have already lost their mothers to AIDS. Pre AIDS, 2.5% of the population in developing countries were orphaned, and this proportion is expected to increase to 17% in South Africa by 2010. It is estimated that 10 000 children currently live or work on South Africa's streets. A stop at any city traffic lights will bear testimony to this, and the number is set to rise dramatically in the near future. The traditional African safety net, the extended family, will probably not be able to absorb overwhelming numbers of orphans. Research has also shown that households with one or more members who have HIV/AIDS are much poorer than others. When the breadwinner dies the economic impact on the children left behind is drastic. Orphans identified their priority needs as the most immediate basics: food, clothing and education.

This problem must provide yet another most compelling reason to implement countrywide antiviral treatment. Debbie Bradshaw from the Medical Research Council is quoted as saying 'a large number of people are already infected with HIV and will progress to AIDS, illness and death. Unless something is done to prevent this, they are going to die and not be around to look after their kids.'

According to an MRC report published in May, orphaned children are 'not only traumatised by the loss of parents, they lack the necessary parental guidance through crucial life-stages of identity formation and socialisation. Psychosocial effects will be worsened by accompanying threats to the basic survival and security frequently experienced by orphans.'

Innovative solutions are called for. One example is the non-governmental organisation called Big Brother, Big Sister, South Africa, which screens, recruits and trains adult volunteers to mentor assigned orphans. The initial commitment is only one hour per orphan per week, but one can

see how, as bonds grow, this time will increase. The idea is that the orphan will have an adult who takes an interest in his or her daily life and becomes a role model during important stages of development.

The story brought home to me once again the depths and complexities of the AIDS pandemic, especially in a continent like Africa. We really DO have to find a way to take that first step to national ARV treatment. Three cheers for the South African Medical Association, who with Kgosi Letlape at its helm has fearlessly moved headlong into mobilisation for a national treatment plan – and a bold plan it is too. Using the Mandela Children's Fund as a channel for collecting funds and backed by a number of important South Africans, Letlape looks set to pull it off.

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