

# FROM THE EDITOR



The issues surrounding the provision of antiretroviral therapies, in particular the provision of a single dose of nevirapine to pregnant mothers and newborn infants to interrupt mother-to-child transmission (MTCT) of HIV, have filled the pages of our popular press. We in the Southern African HIV Clinicians Society believe that the time for research has passed and the time for implementation is at hand, to which end the Society issued a strongly worded press release in early February 2002. In so doing we added our voice to other strident voices emanating from the medical community, particularly those of Professor James McIntyre and Dr Glenda Gray. It is with particular pride that I would like to extend my congratulations to McIntyre and Gray on their receipt of the 2002 Nelson Mandela Award for Health and Human Rights.

There are two important factors that lead to success in the use of antiretroviral (ARV) therapies; firstly guidelines for the use of these therapies appropriate to our setting, and secondly adherence to the prescribed medications. To this end the Society's guidelines committee met recently to review and formulate guidelines for the use of antiretroviral therapies for both adults and children. These guidelines are currently being sent to international reviewers for comment and they will be published in the June issue of the *Journal*. It must be recognised that the formulation of guidelines is a dynamic process and in the ever-changing milieu of new drugs, prices and combinations these guidelines

will need to be reviewed on a more frequent basis than we have done in the past. It would be appropriate therefore to consider reviewing them on an annual basis, which has become the international norm.

At the same meeting guidelines for the prevention and treatment of opportunistic infections were formulated, and these are published in the current issue of the *Journal*. My thanks go to the members of the guidelines committee who gave up their valuable time to participate in this process.

An excellent article by Professor Gerald Friedland, which appears in this issue of the *Journal*, underscores the importance of adherence to antiretroviral regimens in promoting a successful outcome to therapies. It is incumbent on all doctors who prescribe therapies suggested in the Society's Guidelines to pay more than just lip service to adherence counselling. Ongoing counselling and advice is as important for our patients as the choice of antiretrovirals. Strategies to improve adherence to therapies are outlined in this very useful article.

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