

## FROM THE EDITOR



It has been an incredible three months. As a Zimbabwean who came to this country and nailed my colours to the South African mast many years ago, I am as confused as many South Africans and most Africans at the events that have recently unfolded in this country. Why is it that human beings are so often intolerant? The HIV infected have also been subjected to discrimination in the form of the 'New Apartheid', as Archbishop Tutu has called their alienation. I feel that some inroads are being made in this arena; that there is a better level of acceptance of those infected, facilitating much more openness to testing. Perhaps this provides a level of hope – that when we stop to understand what the issues are, get to the bottom of our fears and recognise that we all have much more in common than not, the prejudice begins to disappear.

This autumn edition brings an interesting smorgasbord of HIV information. We start off with a debate around paediatric testing and treatment and maternal rights. The case is presented by Cherisch and Richter and a rebuttal is given by Scorgie and colleagues. There is an opinion piece by Geffen and Gonzales (two well-known HIV activists) on rational activism. An interesting concept, and it is pleasing to see how activists can contribute so meaningfully to the scientific and policy debates in HIV. We also publish two sets of guidelines: importantly, one concerning treatment of prisoners, another marginalised and vulnerable group, and clinical guidelines for management of patients with renal problems in HIV. Wood and colleagues describe how the combination of a pharmacy data system together with field-based supporters can be used to improve retention in ART programmes, retention in programme being the next great challenge for our roll-out. Finally, colleagues from the Cochrane Centre, MRC, describe how medical research can be mapped in order to formulate medical policy. We also advertise the Southern African HIV Conference, to be held in Durban in early 2009. We hope to have a record number of abstracts and will provide a relevant and exciting programme.

Finally, our thoughts are with our Zimbabwean colleagues at this time.

**LINDA-GAIL BEKKER**

*Editor*

## MESSAGE FROM THE EXECUTIVE

It has been a tough few months for government doctors. The disgraceful public attacks on doctors Colin Pfaff and Mark Blaylock by various KwaZulu-Natal politicians and bureaucrats have been met with unprecedented public and media anger (see <http://www.sahivsoc.org/>). Happily this has resulted, at least at the time of writing, in wiser political heads stepping in to stop unrestrained public statements by leaders responsible for the health care of almost a quarter of all South Africans.

It is a pity that the politicians did not pause to think, as the rural doctors in KZN have piloted several innovative programmes that creatively address both HIV and tuberculosis. The politicians were in a position to draw attention to the impressive successes of the Manguzi down-referral and primary care HIV programmes. KZN has shown impressive growth in antiretroviral initiation rates over the past year, and while further improvement is needed, a lot of this process has been driven by rural programmes.

In addition, KZN has implemented several multidrug-resistant TB treatment programmes that use community-based resources and do not rely on unpopular, expensive and dangerous hospital models. KZN doctors, through simple curiosity and focus on patient outcomes, were the ones who found



the extensively drug-resistant (XDR-TB) outbreak at Tugela Ferry, with subsequent international attention and a welcome shot in the arm for TB programmes and infection control.

The Pfaff/Blaylock issue raises the whole issue of 'dual loyalties'. Is our primary loyalty to our employers, or to the care of our patients? The doctors provided improved care to the most rural community, using evidence-based medicine and no additional resources. Their employer provided obstruction, mixed messages, missed deadlines, and resorted to personal attacks. It was never a contest.

A new political administration looms in South Africa. Maybe now we can get on with improving our buckling health care system, with inspired political leadership. After the past few years, we all deserve it.

**FRANCOIS VENTER**

*President*