

There is little doubt that 2012 ended on a high note. The inaugural conference of the Southern African HIV Clinicians Society was a resounding success; with over 950 attendees and excellent speakers (both local and international), I believe that we achieved our aim of 'Striving for Clinical Evidence'.

Even before the dust had settled on the conference, Dr Aaron Motsoaledi, South African Minister of Health Minister, announced two very important strides for our national antiretroviral therapy (ART) programme. Firstly, for the first time, fixed-dose combinations (FDCs) are going to be introduced. This means that most South Africans who are receiving first-line therapy will be taking one tablet a day. The price for the combination of tenofovir, emtricitabine and efavirenz is R89.37 – one of the lowest in the world. In the coming months, the Society will be training and educating healthcare workers and patients on when and how to change to FDCs. If that was not enough good news, at the same press conference Motsoaledi announced that all HIV-infected pregnant women will be given triple therapy – usually the single-dose FDC – irrespective of their CD4+ cell count. The work is not over. Let's get these FDCs out there, enrol as many HIV-pregnant women on therapy as possible, and eradicate mother-to-child transmission of HIV.



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