

# PROJECT ULWAZI:

Trying to get what is rightfully theirs:

# information!

In the last issue of ET, we introduced you to Project Ulwazi, an HIV/AIDS education project run by TAC and supported by MSF. We now take a closer look at the work of the project in Ntlanganishe High School, Khayelitsha.

## Cultural Values and HIV/AIDS

At Ntlanganishe, there is a real concern about HIV/AIDS, as expressed by Mr. Tshemese, an educator. We see HIV as something that is detrimental to our nation, especially youth. The issue of culture contributes tremendously to the spread of the virus. For we grew up in a society where somebody with a lot of cows is regarded as a real man. The same applies to HIV - young black men feel it's okay to have many girlfriends.

According to Mr. Tshemese it is difficult to internalize HIV education because of cultural values. There are things that are regarded as taboos in African contexts. For a child to speak about sex in front of the elders or superiors is not tolerated.

## Knowledge is the key

Project Ulwazi has allowed youth to talk about life, HIV/AIDS, sex and many other topics. Mr. Tshemese explained that it is increasingly difficult to educate young people because they are scared of being interpreted as noisy, disobedient and disrespectful. In addition he said one could feel it when he/she opens a topic on sexuality and other health problems. The students are pretty much confident and ask a lot of questions, trying to dig deeper to get what is rightfully theirs - information. Though other students are withdrawn since people are different, the reality of the matter is that their ears are open. Therefore students understand HIV/AIDS and their reaction would be so bad to someone who is HIV positive any longer.

## Condoms, literacy at Schools

The school environment is supposed to be fair and protected. Mr. Tshemese and his fellow teachers shared some sentiments on the issue of condom distribution. We personally believe that condoms should be available. It is unlike in the primary schools where pupils would play around ballooning them. At high school level at least students are matured. HIV/AIDS education is very important in schools. Teachers get assisted in their subjects because the information carried in Aids is relevant to the syllabus. For instance this information expands students knowledge of Science and Biology. Mr. Tshemese had serious advice for TAC and Project Ulwazi that the teachers should be given a shot. Its now like this project is targeted only to the students whereas other teachers hold different or limited information around this issue.

Bongwe Mkhayelachau



The fellow teacher argued, Counselors or HIV educators must empower teachers so that when they are gone the teachers can still continue informing or educating students.

## Students Response to Ulwazi

Students applauded Project Ulwazi for teaching them different modes of HIV transmission. They all responded with great enthusiasm when asked about the sexuality education provided by Project Ulwazi and other HIV/AIDS organizations. HIV/AIDS education helps us to weigh our sexuality knowledge and understanding of the whole issue of HIV/AIDS. In a way this process contributed in share of ideas and information we have students said.

Parents at home are not inclined to speak about sex issues. The education provided by Ulwazi Project awakens somebodies conscience and encourages people to go for an HIV test. The students felt that Ulwazi Project helped them a lot because some of them did not know the necessity of using condoms or even how to use them. This project taught us a lot about the link between HIV and STDs, prevention, and TB and HIV. We also learned about something that was new to us - MTCTP (Mother to Child Transmission Prevention programme) added students. Initially they were under the impression that an HIV positive mother would always automatically give birth to an HIV positive child. The project has empowered the students to such an extent that they would know how to treat any HIV positive person. They said, We shall give the person the support and love he/she needs. We are now confident and we now know our rights and responsibilities as students. Therefore students at Ntlanganishe declared that they are not going to discriminate or violate the rights of HIV positive people any longer.

# TAC CHALLENGE TO BOARD OF HEALTHCARE FUNDERS

Zanai Zwane

TAC recently attended a gathering of the private health care sector organized by the Board of Healthcare Funders in George, Western Cape. Zackie Achmat, TAC Chairperson, placed five challenges before the private health care sector:

1. Promote equity between private and public healthcare sectors;
2. Implement mother-to-child HIV prevention programmes immediately;
3. Provide comprehensive treatment for HIV/AIDS including antiretroviral therapy (ART) and ensure that the minimum standard for antiretroviral therapy is a triple combination of such drugs;
4. Treat the HIV/AIDS epidemic as an emergency by providing all health care services at cost price or a minimum mark-up agreed to by the BHF;
5. Support TACs call for an HIV/AIDS Treatment and Prevention plan.

## PUBLIC AND PRIVATE SECTOR INEQUITIES

The quality of health care provided to people in South Africa is very different for the middle classes and the rich compared to the poor. Because most poor people are black or coloured, this is a form of racial discrimination.

Health care in the private sector is amongst the best in the world. Public sector health care by comparison is underfunded, and under-staffed. More than 80% of people in South Africa rely on the public sector whose budget in 2000 was R27.7 billion. The private sector covers only 16% of the population with an annual budget of R35.5 billion in 2000. This situation is unsustainable.

The result of this is that the majority of South Africans doctors care for only a minority of the patients. In 1998 56 per cent of all doctors - 12 977 - were in private practice and less than 40 per cent in the public sector. Any increase in the cost of health care in the private sector causes more people to look to the public sector for their health care, adding to the burden.

## MEDICAL AID COVER AND HIV/AIDS

TAC congratulates medical schemes that are affiliated to programmes such as Aid for AIDS and those that provide comprehensive HIV/AIDS treatment. Their

programmes give hope to people with HIV/AIDS. They provide anti-retroviral therapy (ART) for more than 10 000 people. These medical schemes also treat opportunistic infections and they have a programme to prevent mother-to-child HIV transmission.

As the prices of antiretrovirals have declined Aid for AIDS has seen an increase in members who use a three drug combination ART. There is no longer any justification for any medical aid scheme to deny ART cover. Medical aids should not provide dual (two drug) therapy because of potential drug resistance from such inadequate treatment regimens. Triple therapy (three drug) combinations must be the standard of care. The only justification in the past for dual therapy was the high prices of anti-retrovirals.

ART dramatically reduces mother-to-child HIV transmission (MTCT). Every medical aid should have proper HIV/AIDS and pregnancy guidelines. Failure to provide MTCT prevention in medical schemes is wrong, unconstitutional and unlawful.

Antiretrovirals (Brand names)	Cost per month Including VAT
Combivir (two drugs) + Nevirapine	R1555.00
Combivir + Efavirenz	R1508.00
DDI + d4T + Efavirenz	R649.00
Norvir/Crixivan + Combivir	R1821.00
Norvir/Crixivan + DDI + d4T	R961.00
Source Aid for AIDS May 2001 data	

TAC argued that that antiretroviral prices can be reduced to R300.00 per month. South African generic companies have quoted triple therapy prices at approximately R250.00 per month to the government. The state has not taken advantage of this offer because it will require asking brand name companies for voluntary licences or to apply for compulsory licences. An additional cost that needs to be addressed is diagnostics and monitoring of HIV/AIDS and related diseases.

TAC is placing the cost of these tests such as PCR, viral load and HIV testing on our agenda for generic production.

People these advances most medical aid schemes do not provide ART. Some limit cover even for treatable conditions. Reports suggest that some companies try to avoid their constitutional responsibilities in the provision of health care. It is unconstitutional not to extend ART coverage to people with HIV. We urge that every medical scheme should provide at least the following cover:

✓ All medical schemes to introduce mother-to-child transmission prevention programmes immediately.

✓ All medical schemes to introduce ARTs with triple therapy as standard.

TAC urges all private healthcare providers to jointly make all their services available at cost price for HIV/AIDS related interventions. If this was done voluntarily by the sector, harm to the public and private sectors can be minimised at the same time as saving lives and preventing a social disaster.

## ENCOURAGING SIS

Transformation of the relationship between the public and private healthcare sectors is essential. Such transformation should be built on social solidarity and risk-sharing. At the meeting Dr. Ayanda Ntshubu, The Director General of the Department of Health expressed the consensus view that HIV/AIDS treatment and prevention are two sides of the same coin. This is a departure from the Departments usual message that prevention is the only cure. He also argued that ART in the private sector was necessary and desirable when used with appropriate monitoring and care for people with HIV/AIDS.

Many different providers including doctors, pharmacists and medical schemes expressed support for compulsory licensing and generic substitution to ensure the cheapest possible supply of medicines. Only by minimizing medicine costs will it be possible to keep people in the private sector and relieve the burden on the public sector.

TAC will work with the private sector to achieve equity and to ensure treatment for people with HIV/AIDS. We will also support government efforts at regulating the private sector to achieve these goals.