

Press Conference on HIV/AIDS

On the 20th September 2001, representatives from different organizations including Archbishop Njongonkulu Ndungane, COSATU, the South African Catholics Bishops Conference and TAC held a press conference in Cape Town. A statement signed by the Archbishop, Rev Father Richard Mbonani, Willie Mudecha and Zackie Achmat, set out the organizations commitment to work together to overcome the denial syndrome that is hampering governments response to HIV/AIDS.

The increasing evidence that governments thinking on HIV/AIDS is affected by the denialist position that rejects the role of HIV in causing AIDS, brought about this initiative. This false view is impeding on the effectiveness of government policy — necessitating the joint efforts of COSATU, the Churches and TAC to challenge our national leaders to take more positive action on AIDS, to replace the cycle of controversy and denial with cooperation, common purpose and courage in the national interest — the statement said.



The latest evidence of this denialist position is in the recent controversy over statistics showing the death rate from HIV/AIDS in South Africa. It can no longer be denied that AIDS is by far the leading cause of death for South Africans especially those between ages of 20 and 50. Government must ensure that its policies face up to the emergency caused by AIDS, or it will fail our people in both human and economic terms said Archbishop Ndungane. The Medicines Research Council completed a study in May 2001 showing that HIV/AIDS is in fact the leading cause of death amongst South Africans in most age categories. This report has not been released. At the same time the State President

has been repeatedly stating that HIV/AIDS is not the leading cause of death — based on seven year old, 1995 research.

COSATU representative, Derrick Cele maintained, AIDS has a huge impact in our country. We saw the number of our members dying of HIV/AIDS and we decided to make a call to the government that they must stop denying that HIV and AIDS is the number one killer.

TAC is insisting that people have a right to the HIV/AIDS reports being produced by government. A TAC spokesperson said it was clear that members of Parliament are being blindfolded by their general ignorance. Archbishop Ndungane explained, there is a need to use every tool at our disposal, from education and prevention to treatment, to address this national emergency. At the same time TAC issued a letter demanding that the minister releases the MRC report by 27 September, warning that, We are going to take further steps should it be necessary.

Faith-based organization, trade unions and TAC are committed to building an effective alliance of civil society to prevent new HIV infections and ensure that people with HIV/AIDS get life-prolonging and effective treatment. This includes the development of a national treatment plan containing antiretroviral therapy.

Interfaith Services:

7 October-Cape Town-St Georges Cathedral,
21 October-Joburg/Gauteng

Outraged foster mother addresses MPs on death of daughter

Themba Mhlongo is the aunt of Sibongile Mazeka, five, who died of AIDS related complications on the 11th September 2001. Just a few days after Sibongile's death on the 19th September, Themba gave evidence to the Joint Parliamentary Monitoring Committee on the Life and Status of Women. She shared her experience of taking care of Sibongile. She had to mourn the death of her sister (Sibongile's mother) and watch Sibongile dying painfully at a tender age.



I am Themba Sibongile Mhlongo (Sibongile's aunt), staying at Zone 16 in Langa. I am one of those mothers who are hurt, and I am sure something must be done to protect our children from HIV/AIDS - sooner the better. It is not easy to look after HIV positive sick child. If Sibongile's mother was given AZT during her pregnancy, Sibongile would still be alive.

I want to appeal to all health-care workers to stop their negative attitude towards HIV positive people. Nurses and doctors must treat HIV positive people with respect like other people. What we experience from various hospitals really is not acceptable. Health workers tend to treat our sick people as if they are not human beings. I was once

given a letter by one of the doctors to send to one of the clinics to get INH to prevent Sibongile from getting TB. I was told that INH is out of stock. Just after Sibongile was admitted to the hospital, I felt that had Sibongile been given INH she would not have been admitted to the hospital. In my opinion there should be endeavours to give them the right medicine that fight against the HIV virus, because what I noticed from the medication that Sibongile was getting, it was not good enough to fight off Sibongile's illnesses.

I would not encourage HIV positive people to use traditional medication because they don't help, but they make them even worse. As Sibongile was not getting better even in the hospital she

was stopped from taking antibiotics. She was struggling without any treatment. I asked the doctor about what is going to happen after all this. The doctor told me that Sibongile has to stay with the IC virus because its incurable. At that particular moment Sibongile's whole body was dysfunctional - only her heart was functioning.

Taking care of Sibongile affected me to such an extent that I lost my job last year. Eventhough I worked 2 days as a domestic worker I had to go sit in the hospital watching this child. Basically the money that I depended on was Sibongile's grant. People took advantage of me charging a lot of money for the transport.

MTCTP

Mother To Child Transmission Prevention

TAC takes government to court to save childrens lives



by Anette Meerkotte

On 21 August the Treatment Action Campaign, Dr Haroon Saloojee (a prominent paediatrician at Baragwanath Hospital supported by more than 250 doctors) and the Childrens Rights Centre launched an application in the Pretoria High Court to force the government to implement a comprehensive programme to reduce mother-to-child transmission of HIV. The Minister of Health (Dr Manto Tshabakala-Msimang) and the MEC for Health in all nine provinces are named as respondents.

More than 150 children are born with HIV every day in South Africa. They live short and miserable lives, encountering respiratory infections, malnourishment, diarrhoea and fungal infection. Repeated regular visits to health facilities helps a little, but after a

short life with much pain, these children die. Scientific research shows that HIV transmission to half these children can be prevented if the government implements a mother-to-child transmission prevention (MTCTP) programme. The research further shows that MTCTP through the use of Nevirapine (a drug that has been registered for this purpose) is safe, effective, cheap and simple to administer.

Despite Boehringer-Ingelheims offer to the government of free Nevirapine for five years, it has refused to implement such a programme. TAC decided to launch the court case only after three years of meetings, petitions and protests went unheeded by the government, which has been ignoring science, economics, morality, good planning, good governance and the law on

The court case is about two issues:

1. The state must make Nevirapine available to women who have HIV and give birth in the public health sector, to reduce the risk of HIV transmission to their babies, if the doctor or attending nurse feels this is necessary and with the informed consent of the women.

2. The state is obliged to implement and set out clear time frames for a national programme to prevent mother-to-child transmission of HIV, including voluntary counselling and testing, antiretroviral therapy and the option of using formula milk for feeding.

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