



AIDS ANALYSIS AFRICA ONLINE
aids analysis africa online

METROPOLITAN 

Jan / Feb 2006

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AIDS Analysis Africa Online (AAO) is kicking off the New Year with a bumper first edition and a new look and feel. I would also like to introduce myself as the new editor of AAO. I started off in the HIV field as an actuarial specialist interested in HIV related statistics. This interest has however led me to expand my understanding of the massive socio-economic impact that HIV has on every aspect of society. It is an honour to take over from Gillian Samuels, who has been pivotal in the success of AAO over the years, first as chief coordinator and later as editor. Gillian's passion and commitment for addressing the impact of the HIV epidemic is reflected in everything she does. This was clearly evident in the quality of the articles that were published under her editorship during the last few years. In her own words: HIV has "so many implications beyond the human body".

AAO will focus on specific themes in each edition this year. We will publish articles on the main topics such as treatment, prevention, testing and impact on the workplace. Our controversial theme for the Jan/Feb 2006 edition is TREATMENT. Between five and six hundred thousand people in South Africa are currently AIDS sick and in need of antiretroviral treatment (ART). In our first article, Dr Francois Venter asks the important question of whether the South African national antiretroviral programme is on track in the public health sector.

Those South Africans who are fortunate enough to afford it, have had access to ART through the private sector long before this was possible in the public sector. The first investigation of its kind on the numbers of patients receiving ART in the private sector has been completed by Leigh Johnson from the Centre for Actuarial Research at UCT. Johnson explains his research and unveils the latest estimates.

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But now page onwards to find out how many lives are actually affected by antiretroviral treatment in South Africa. Very seldom does one have access to this information in the South African context and I am sure you will find these articles highly informative.

Nathea

Editor: AIDS Analysis Africa Online

Nathea Nicolay is an Actuarial Specialist and AIDS Risk Consultant at Metropolitan Employee Benefits

WHAT IS NEW?

The AAO FACT FILE will provide you with HIV related facts at a glance on:

- Legal issues
- Prevention
- Employee Benefits and
- HIV and AIDS statistics



The South African national antiretroviral programme: is it on track?

Dr Francois Venter
Reproductive Health and HIV Research Unit
University of the Witwatersrand

AIDS continues to stagger SA

There was little to celebrate on World AIDS Day 2005, with the release of the UNAIDS 2004 HIV report, the ASSA2003 AIDS model and the Mandela/HSRC HIV survey results. Despite some evidence that the epidemic is stabilising in certain age groups, albeit at an extremely high level, the impact on South African society will be felt

for generations. An estimated five million South Africans now have HIV.

But how does the South African health sector manage these HIV-infected people? On average, untreated people die nine to twelve years after acquiring HIV. Some live longer, some shorter, the difference largely due to genetics, although overt malnutrition and other factors may play a role. A very small number seem to be able to 'live with their virus' but they are the notable exceptions.

Antiretrovirals: Do they work?

Advanced HIV, or AIDS, is a disease with 100% mortality if untreated. Antiretroviral treatment dramatically improves the health of HIV positive people who have entered this final phase of the disease.

Antiretroviral therapy is a medical miracle easily on a par with the discovery of insulin and penicillin. The drugs are remarkably effective, even in advanced AIDS, reversing immune dysfunction, and in the majority of cases returning very ill people back to family, work and sporting life usually within a matter of weeks. People with HIV take a cocktail of three drugs (antiretrovirals) once their immune function hits a critically deficient level. The drugs stop continued production of new virus (up to 10 billion viruses are produced daily in AIDS patients) and allows their immune system to recover. This approach immediately converts a deadly disease into a chronic one much like insulin controlling diabetes. The drugs have only been available for a decade, but current mathematical projections suggest that adults with HIV will live for decades¹. Outcomes in children are less certain at this stage, but early evidence suggests a dramatic improvement in lifespan. Again, this is remarkably similar to diabetes.

The South African Department of Health and antiretrovirals

The controversy surrounding the current Minister of Health and the President's views on HIV tends to obscure the excellent and fully budgeted, comprehensive HIV plan of the Department of Health². This plan will provide for the treatment of every HIV positive adult and child in the country if roll-out is completed. On April 1st 2004, the antiretroviral element of the comprehensive plan, that was still outstanding, was added to this jigsaw of components. The antiretroviral drugs used are of world-class quality. The clinical aspects of the programme were based on a consensus of local and international experts, using considerable local data from South African researchers. Many private sector HIV care providers have adopted the guidelines of the programme.

The plan is the most ambitious, expensive and complex health intervention ever attempted in South Africa. Antiretrovirals are only part of the support package in the plan, which also addresses prevention, HIV testing, traditional medication, nutrition, opportunistic illness prevention, economic support, and palliation. However, the antiretroviral aspect is the most complex part of the plan, and involves extensive training of both overstretched health care workers and patients.

Although April 1st 2004 was the official commencement date of the plan, the Western Cape had already started several months earlier, while some other provinces only started months later. Furthermore, there was little time for local state clinics and hospitals to begin planning, advertising for vacant posts, acquiring drugs, training staff or securing clinical space. Despite large new budgets, it has been a huge challenge to implement a new HIV service with the se-

AIDS FACT FILE

Did you know?

HIV AND AIDS VITAL STATISTICS FOR SOUTH AFRICA IN 2006	
AIDS deaths per day	947
New HIV infections per day	1,443
People living with HIV	5,372,476
Total AIDS deaths	345,640
Total new HIV infections	526,771
Total AIDS sick	576,963
Adults with AIDS, not on ART	502,468
Children with AIDS, not on ART	26,883
Adults on ART	154,832
Children on ART	20,050

Source : Nathea Nicolay - estimates from ASSA2003



Footnotes

- 1) <http://www.retroconference.org/2005/cd/Abstracts/25729.htm>
- 2) <http://www.gov.za/issues/hiv/careplan19nov03.htm>



vere lack of medical staff (up to 30% of posts are unfilled in certain rural areas).

What has the progress been?

Acquiring even basic data on the antiretroviral programme has proven difficult. The Department of Health has publicly expressed frustration with the lack of accurate data on the number of people on treatment, as well as outcomes, toxicity and retention of people on treatment. Provinces have individual responsibility collecting this, leading to a fragmented and inconsistent approach to compilation.

Civil society organisations, such as Wits' AIDS Law Project managed to produce probably the most accurate national assessment of the number of people on treatment. At the time of writing, it appears that approximately 80 000 people are accessing antiretroviral treatment in the state sector (a further 60 000 are estimated to access care in the private sector), out of the 500 000 South Africans estimated to be eligible for the programme³. Gauteng, Western Cape and North-West Province made aggressive early starts, and it appears that KwaZulu-Natal and Eastern Cape are increasing their numbers rapidly. Other provinces have been very slow in commencing implementation, largely due to poor management and political will. Arguments that infrastructure is inadequate are to be taken seriously. North-West Province however, is one of the provinces with the worst infrastructure and grossly inadequate human resources, but currently has the best ratio of those needing treatment to those actually receiving it and in many cases better than the more resourced provinces.

Those people who access the drugs in the state programme seem to do extremely well. Data from the larger sites has been published by South African researchers, and suggests that people taking the drugs recover quickly, have predictable and controllable side effects, and recover as expected⁴. Concerns that our patient populations were too unsophisticated or uncommitted to regularly take treatment, a concern aired by several senior American health authorities, have proven unfounded. In fact, early data suggests that relatively poor Africans who manage to access treatment are far more adherent and have better immediate outcomes than those in American and European societies.

Access to effective care has highlighted huge social and medical challenges. Disability grants were issued previously to people with AIDS under the legitimate expectation that people with the condition would soon get ill and die. In an era of effective treatment, this does not make sense. However, AIDS has been shown to have a huge economic impact on people immediately before going on antiretrovirals (time off work, loss of jobs, out-of-pocket medical expenses, travel to health care), making the provision of temporary social support to these people seem appropriate. Another issue revolves around HIV testing – in an era of treatment, it is much more cost effective to diagnose HIV earlier. Starting antiretrovirals when someone is ill with advanced AIDS consumes far more resources than monitoring disease progression from an early stage. Can South Africa encourage people to test for HIV earlier? Recent surveys suggest that the majority of South Africans who have HIV do not believe that it is possible that they could have the virus. How does the country encourage the testing of all sexually active adults, while respecting the human rights culture our recent history demands?

The biggest challenge remains: How do we take a new disease, and make effective treatment available to the most disadvantaged, most rural and far-flung parts of our country, when we battle still to provide clean water and simple TB treatment in these areas? And how do we do it on an unprecedented scale?

Finally - we have no choice

It is way too early to suggest that public sector antiretroviral treatment in SA is a success or failure. The unprecedented scale of the programme demands a 'learn from your mistakes fast' approach. Five hundred thousand people will be entering the AIDS phase annually for at least the next 10 years and all of them will need antiretroviral treatment.

Dr Ernest Darkoh, who previously headed the Botswana antiretroviral programme puts the South African programme into perspective. To paraphrase him: If we had to get 5 millions South Africans with a sprained ankle to health care facilities and ensure that they swallowed a painkiller with a glass of clean water at the facility after seeing a trained health care provider, the health system would be in chaos. The Department of Health has to do just that, but with much more complex and toxic drugs. In addition they have to take blood, counsel in 11 official languages, and ensure that other health care needs are taken care of, every month for the foreseeable future. "It's a marathon, not a sprint", says Darkoh.

AIDS FACT FILE

Did you know?

PREVENTION

Do you know how many South Africans do NOT know they are HIV positive?

You need to know your HIV status to access treatment.

A large number of South Africans (66%) do not perceive themselves to be at risk of HIV infection even though over half of them tested HIV-positive (HSRC Household Survey, Nov 2005). This is not only a huge barrier to prevention but also to accessing the necessary care and treatment should an individual test HIV-positive. People have to be encouraged to know their status and take the necessary steps as early as possible.

Footnotes

3) <http://dedi20a.your-server.co.za/alp/images/upload/6th%20JCSMF.pdf>

4) (a) Hudspeth J, Venter WDF, Van Rie A, Wing J, Feldman C. Access to and early outcomes of a public South African adult antiretroviral clinic. *S Afr J Epidemiol Infect* 2004; 19: 48-51

(b) Bekker L.-G, Orrell C, Pitt J, Abdullah F, Wood R, Are the early results reported from community antiretroviral programs in South Africa durable with increasing numbers and time? Abstract MoPp0302, 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, 24-27 July 2005

(c) Egbers C, Moultrie H, Meyers T. Audit of HIV-infected children on antiretroviral treatment on the government rollout programme at a tertiary hospital, Soweto, South Africa, Abstract MoPe11.7C14, 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, 24-27 July 2005

(d) Bock P, et al. Cohort study of programmatic outcomes of patients on antiretrovirals in the public sector in the Western Cape Province, South Africa, Abstract MoPe11.6C13, 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, 24-27 July 2005

(e) Van Cutsem G, Boule A, et al. Regimen durability and tolerability and reasons for regimen changes in the first 1,000 treatment-naïve adults accessing ART in Khayelitsha, Abstract TuPe11.8C10, 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, 24-27 July 2005



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LEGAL

Do you know what the Medical Schemes Act says about HIV and AIDS treatment?

“All schemes must offer a minimum level of benefits to their members. This includes medical management and medication including the provision of anti-retroviral therapy, to the extent that this is provided for in established national guidelines applicable in the public sector”. Medical Schemes Act, no. 131 of 1998.”



It seems overwhelming, but we have no choice. Three hundred thousand to 400 000 South Africans will die annually if the programme fails. And this will continue, until effective prevention programmes actually become successful, and we have a World AIDS Day that actually celebrates some good news.

Dr Venter is a physician working in Johannesburg Hospital, and is assisting several public sector projects in Gauteng and North-West Province. He is Clinical Director at the Reproductive Health and HIV Research Unit (RHRU) based at the University of the Witwatersrand, and is president of the Southern African HIV Clinicians Society. His work is funded by PEPFAR.



Estimated numbers of patients on antiretroviral treatment in the South African private health sector

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Introduction

Approximately 15% of South Africans are medical scheme beneficiaries^a, and it is further estimated that roughly 24% of the population aged 15 and older use private health facilities^b. Until recently, access to antiretroviral treatment in South Africa was limited mainly to these users of private

health facilities. Since the announcement of the operational plan for HIV/AIDS care, management and treatment in the South African public health sector^c, much research has been conducted into the antiretroviral rollout in the public health sector, and the Department of Health estimates that by June 2005, about 61 000 patients were receiving antiretroviral treatment through public health facilities. However, much remains unknown regarding access to antiretroviral treatment in the private health sector, and there is currently no comprehensive list of all private sector antiretroviral treatment programmes.

This article describes the results of an investigation into the numbers of patients receiving antiretroviral treatment in the private health sector, which suggests that roughly half of all South Africans on antiretroviral treatment were being treated in the private health sector by mid-2005. The private health sector is defined here as all treatment programmes which are not operating in public health facilities, and comprises four groups: medical schemes, workplace treatment programmes, community treatment programmes funded by donors and the unfunded private sector (i.e. individuals paying for their own treatment)^d. Most medical schemes and workplace treatment programmes appoint specialist disease management programmes to manage their HIV/AIDS patients. The Anglo American and De Beers workplace treatment programmes, for example, are managed by Aurum Health and Aid for AIDS respectively.

Method

A list was compiled of private sector antiretroviral treatment programmes known to members of the AIDS Law Project (ALP) and members of the AIDS Committee of the Actuarial Society of South Africa (ASSA). Members of the ALP and ASSA AIDS Committee contacted these programmes and requested information on numbers of patients receiving antiretroviral treatment in 2005. The contacted programmes were assured that information supplied by individual programmes would be kept confidential if confidentiality was requested. The contacted programmes were also informed of other programmes which had been contacted and were asked to identify any programmes that had not been included, as well as any programmes where there was potentially an overlap in management of patients. Newly identified programmes were contacted for similar information, and instances of potential overlap were resolved to reduce the risk of double counting.

Results

A total of 20 programmes were identified, five community treatment programmes and 15 disease management programmes or medical schemes. No cases were identified of workplace



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EMPLOYEE BENEFITS

Does AIDS really impact on your business and/or Employee Benefits programme?

Yes, HIV/ AIDS has a direct impact on most business and an indirect impact on all businesses. Mortality experience on Group Life Assurance Schemes have shown an average worsening of between 10% and 15% per annum over the last five years in some industries (Metropolitan, 2005). By understanding these influences and putting in place appropriate measures, you can not only reduce costs in the long run but also positively influence the lives of those in your employment.

Disease management programmes/medical schemes

- Aid for AIDS (Medscheme)
- Aurum Health
- Calibre
- CareWorks
- Discovery Health
- Lifesense
- Lifeworks*
- Medicover
- MX Health
- Old Mutual
- Q.A. Care Plus*
- Qualsa
- Right to Care
- Status*
- Yebo Life

Community treatment programmes

- ACTS Mpumalanga
- Ndlovu HAART Programme*
- SA Catholic Bishops Conference
- TAC Treatment Project
- Thusong

** No estimate supplied.*

Of the 16 programmes which supplied estimates, most could only provide approximate numbers of patients on antiretroviral treatment. Collectively, these 16 programmes were treating about 50 000 patients with antiretroviral drugs in 2005, community treatment programmes accounting for about 5 000 and disease management programmes/medical schemes accounting for the remaining 45 000.

Discussion

A significant limitation of this investigation is that it is not clear how complete an estimate it provides of total numbers on antiretroviral treatment in the private health sector. If it were assumed that the four antiretroviral programmes that did not supply estimates were treating numbers of patients similar to those which did supply estimates, the total for the 20 programmes might be estimated at around 62 000 in 2005. However, it is believed that the antiretroviral programmes that did not respond were treating lower average numbers of patients than the programmes that did supply estimates. It is also likely that there are other smaller treatment programmes of which the ALP and ASSA AIDS Committee were unaware. To some extent, these two sources of bias offset one another, so that the total number of individuals receiving antiretroviral treatment through medical schemes, workplace treatment programmes and community treatment programmes can be tentatively estimated at around 60 000 in the middle of 2005.

This estimate does not include individuals who are paying for their own antiretroviral treatment and are not enrolled on an HIV/AIDS treatment programme. A large number of South Africans use private health facilities in spite of not being medical scheme beneficiaries, and the number of HIV/AIDS patients paying for their own treatment could therefore be significant. It will probably only be possible to estimate the number of patients paying for their own treatment by conducting surveys of private practitioners, similar to those which have been conducted to estimate case loads for other sexually transmitted diseases in the private health sector^{e,f}.

The estimate of around 60 000 in mid-2005 is substantially higher than other estimates of numbers on antiretroviral treatment in the private health sector. An unpublished estimate of the Southern African HIV Clinicians Society places the number on antiretroviral treatment in the



private health sector at around 45 000 in October 2004. Data provided by medical schemes in March 2005, as part of the shadow implementation of the Risk Equalisation Fund, suggest that around 27 000 individuals in medical schemes were on treatment at this time⁹. It is acknowledged, however, that some of the data supplied in the first quarter of this shadow period were of poor quality, and that there may have been significant under-reporting. In addition, the numbers provided by medical schemes would not have included workplace and community treatment programmes.

The results of this study attest to the significant role that the private health sector continues to play in expanding access to antiretroviral treatment, and confirms the need for monitoring of patient numbers in the private health sector. It is hoped that the study described here will be repeated on an annual basis in future, and that more reliable estimates will be obtained as contacts are established with other programmes in the private health sector.

Leigh Johnson is a researcher at the Centre for Actuarial Research, at the University of Cape Town. His research interests are in the modelling of HIV/AIDS and other sexually transmitted diseases, and in the modelling of prevention and treatment strategies for these diseases. He is a member of the AIDS Committee of the Actuarial Society of South Africa (ASSA), and he has been closely involved in the development of the ASSA AIDS models.

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