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TAC calls on National Health Council to adopt SANAC proposals

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For months now, TAC and the ALP have warned of the dire shortage of funds for the national antiretroviral treatment programme. Health Minister Motsoaledi has promised that sufficient resources will be mobilised to ensure against a repeat of the Free State moratorium on ARVs in other provinces. Provinces have reported that they have inadequate funds to continue ARV roll-outs, and that treatment stock-outs will result from September onwards unless the Department of Health and Treasury mobilise additional funds. Minister Motsoaledi has raised the possibility of ?ring-fencing? provincial ARV budgets to ensure that adequate funds are available for these essential medicines. TAC and the ALP support the Minister?s commitment to needs-based budgeting and to dedicating a budget to the specific provision of essential medicines.

Over a thousand HIV-positive people in South Africa continue to die every day due to their inability to access ARVs in the public health sector. Government must mobilise the necessary funds to save the lives of people living with HIV by expanding the ARV roll-out and meeting the targets of the National Strategic Plan. Increasing funds for antiretroviral therapy will reduce costs of expensive clinical care for treating AIDS-related infections, as well as averting new infections.

The South African National Aids Council (SANAC) has approved numerous changes to our ARV treatment guidelines and recommended other significant changes to national HIV policy. The National Health Council will meet this week (6 August 2009) to discuss these changes, as well as the financial resources required for their implementation.

Changes to HIV/AIDS policy agreed upon during SANAC Plenary

1) Providing antiretroviral therapy (ART) at a CD4 count of 350 cells/mm3

Treatment guidelines call for patients to be initiated onto treatment at a CD4 count of 200, but the average CD4 count of a patient initiated onto treatment is 87(Venter 2009). Starting treatment earlier will reduce the burden and costs of opportunistic infections as earlier treatment strengthens a patient?s immune system, and helps to fight off infection. Research has shown that starting treatment at a CD4 count of 350 and above improves a patient?s chances of survival by 69% (Kitahata 2009).

Starting treatment earlier will also reduce new HIV infections. A patient?s viral load is a high risk factor for transmitting HIV to ones sexual partner or through mother to child transmission. Earlier treatment will reduce new infections as ART reduces a person?s viral load. Mathematical models have predicted that increasing the number of individuals diagnosed with HIV and on antiretroviral therapy has the potential to significantly slow the pace of the epidemic (Granich 2008).

2) Providing ART to all HIV-positive infants.

The Children with HIV Earlier Antiretroviral Therapy (CHER) trial conducted in South Africa showed the benefits of starting infants infected with HIV immediately on treatment. The investigators found that starting ART before 12 weeks of age reduced early mortality by 76% and HIV progression by 75% (Violari 2008).

The results of the CHER study prove that early HAART initiation has a strongly protective benefit in HIV-positive infants, greatly reducing HIV disease progression and mortality. The WHO and US guidelines recommend early infant treatment on the basis of this study.

3) Providing ART to all HIV-positive TB patients.

South Africa has a growing TB epidemic. In South Africa, TB is closely linked to HIV and 53% of TB patients test positive for HIV. TB is the leading cause of death for people living with HIV. Recent research has shown that TB patients with HIV should be initiated simultaneously onto treatment for HIV and TB. Starting treatment simultaneously has been associated with a 65% increased survival rate (Velasco 2009). Scaling up access to ART is vital to reducing rates of new TB infections.

It is essential that these changes are adopted by the National Health Council and that a plan is developed to mobilize adequate funds to support their implementation.
Background information

What is the National Health Council?

The National Health Council is an advisory body to the Health Minister made up of government officials. The National Health Council was established under the National Health Act, 2003 (Act No. 61 of 2003). Functions of the National Health Council are laid out in Section 23 of the National Health Act. These functions include advising the Health Minister on:

a) policy concerning any matter that will protect, promote, improve and maintain the health of the population including:
responsibilities for health by individuals and the public and private sector
targets, priorities, norms and standards relating to the equitable provision and financing of health systems
efficient coordination of health systems

e) the implementation of national health policy
The HIV&AIDS and STI Strategic Plan (2007-2011) is South Africa?s national health policy for the treatment and prevention of HIV/AIDS. The implementation of this policy is a function of the National Health Council.

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