

# FROM THE EDITOR

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With the national ARV roll-out underway, despite being somewhat slower than was hoped, antiretrovirals (ARVs) are now recognised as the standard of care for appropriately staged HIV-infected South Africans in both the private and public health care sectors.

As American and local experts point out in their article 'Managing HIV as a chronic disease' (p. 7), highly active antiretroviral therapy (HAART) results in significantly better survival rates but requires a streamlined system, a multidisciplinary approach, accurate data collecting and statistical analyses, and the full support of clinics and the community.

Clearly the public hospitals cannot carry on taking the brunt of the pandemic, as shown in research conducted at Red Cross Children's Hospital in Cape Town (p. 32) confirming that current admission policies regarding inpatient treatment of HIV/Aids appear unsustainable. This is of great concern, as the HIV prevalence in the Western Cape lags behind that of other provinces and sub-Saharan Africa. With finite resources (including money, health care workers and hospital beds) this is another compelling reason to speed up the ARV roll-out in all provinces, i.e. to reduce the present high admission rates for opportunistic infections and terminal care.

In developing countries there is a huge need to incorporate HIV/AIDS into the health care system as another chronic disease, as opposed to creating parallel structures for HIV infection, which is time consuming and unnecessary. Optimal use of human resources and appropriate division of labour, coupled with adequate training in the long-term management of HIV infection, is essential. This means the full continuum, from voluntary counselling and testing (VCT) through the early (pre-ART) stages, to HAART and eventually terminal care. With this in mind, a Society guidelines committee met in Johannesburg recently to formulate pre-ART guidelines to

assist health care workers through the phases before HIV-positive patients require HAART (p. 18). Any comments on this document would be welcomed.

Approximately 90% of patients will develop one or more skin diseases during the course of their infection. KZN dermatologist, Dr Ncoza Dlova, shares her experience and visuals of HIV-associated dermatological conditions with us in a series of articles. In Part 1 (p. 12), Dr Dlova points out that the course of cutaneous manifestations is completely different in patients on antiretroviral therapy and those who are not, generally being less severe and chronic in patients on HAART. Another compelling reason to hope for a stepping up of the provision of ARVs at approved public sector sites.

Constant talk about ARVs in both the private and the public sector is certainly not all that is on our minds. Reduction of transmission is a vital part of any successful HIV/AIDS plan. Two articles in this issue deal with different aspects of this problem, which seems to confound us in South Africa. In the first, Steve Andrews and Marilyn Keegan address the well-known role of transport workers in global and national spread of HIV in a novel way. They stress the importance of interventions at rest places, lending credence to the importance of the PLACE method (which aims to improve prevention programme coverage at geographical sites at which HIV transmission is most likely to occur). Another prevention of transmission issue, the breast-feeding debate, is addressed in an article and a letter to the Editor, so read on ...

## DES MARTIN

*Editor, Southern African Journal of HIV Medicine*

*President, Southern African HIV Clinicians Society*

