My Africa

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South Africa's National Response to HIV and AIDS Treatment: Popular Media's Perspective

This essay discusses popular media's presentation of South Africa's response to HIV, especially with respect to care and support of HIV infected persons and the provision of antiretroviral therapy (ART). Attempting to comprehensively discuss all facets associated with this issue may be a lifetime endeavor. However, the most pertinent issues of these articles will be highlighted, as well as their target audiences, biases if any, opinions, and "disciplinary angles" represented in them. Using the peer-review literature as a yard-stick, the strengths and weaknesses of popular media articles will also be explored.

The UNAIDS estimates that there are 33.2 million people infected with HIV globally; 22.5 million of these are in sub-Saharan Africa (1). South Africa is a country with the largest number of HIV-infected persons in the world. South Africa's response to HIV and the use of antiretroviral treatment is important for the following reasons: i) South Africa is the country with the largest number of HIV infected people globally, and so if a large proportion of HIV infected persons in this country are receiving treatment it inevitably implies that a large proportion of HIV infected persons globally are receiving treatment; ii) it is well established that ART improves the quality of life and is potentially life-saving (2); ii) there is a global drive to improve availability and accessibility to ART across the world, and especially in southern Africa (3,4); iv) south Africa has been a major recipient of bilateral and multilateral HIV treatment financing, such as the Global Fund (5,6) and the US President's Emergency Plan for AIDS Relief and so there is increased global attention on the performance of the country's treatment program and v) the country is the largest economy in Africa (middle-income country) and is perceived as a trend-setter for most of Africa; vi) there is evidence that HIV treatment provision may also help in reducing the incidence of infection; and vii) the decline in HIV incidence in some African countries has been credited to pragmatic political leadership, while South Africa's leadership could not be viewed as such (7). Furthermore, HIV treatment with antiretrovirals has been reported as a cost-effective intervention, as it reduces medical costs from the treatment of opportunistic in-

fections and encourages the return of productive HIV-infected population to work (8). HIV treatment has, therefore, the potential to reverse or at least limit the economic decline that many southern African countries have faced as a result of AIDS.

Who are the target audiences of popular media articles?

The target audience of popular media articles seems to be the "global audience," including international policy makers, civil society, bilateral partners to South Africa, health researchers, public health practitioners, and the wider community of persons interested in HIV issues and/or South Africa. The peer-reviewed literature, although potentially accessible to many people, traditionally targets researchers, health practitioners, and to a lesser extent, policy makers. There are, therefore, potential differences in the target audiences between the articles published in peer-reviewed journals (researchers and policy makers) and in the popular media (essentially everyone).

South Africa's dismal response toward HIV

Popular media frequently presented South Africa's HIV treatment roll-out in articles that presented the country's Health Minister Manto Tshabalala-Msimang and President Thabo Mbeki in a negative context. Nattrass (9) for instance refers to the Health Minister and Mbeki as "AIDS denialists." This is due to fact that these two individuals show doubts regarding the fact that HIV causes AIDS. The health minister has overtly promoted vitamins, beetroot, garlic, and other foods as treatment for AIDS (10,11). The popular media has suggested that such promotion was at the expense of promoting highly active antiretroviral therapy (HAART). Cohen (12) reported that the "aids denialists" are spread all over the world. The denialists have also been accused of homophobia, "scientific ignorance of truly staggering proportions," conspiracy theories, and "the dogmatic repetition of the misunderstanding, misrepresentation, or mischaracterization of certain scientific studies." (12). Wines (11) reported that South Africa only managed to establish its national policy on ART after a court action instigated by AIDS activists.

While most of the popular media articles appear unsympathetic to Mbeki's and Tshabalala-Msimang's opinions of ART, there are at least two exceptions; one report by Washington (13) and the other by the BBC News (14). Washington (13) explored what may be the underlying explanation for their perceptions toward "western" medicine. BBC News (14) reported that the Health Minister said that some reports about her response toward HIV treatment were not accurate. Of course, there may be other reasons for her rebuttal of such reports. The BBC article (14) also reported that the government of South Africa has denied some accusations made against it. Watson reported both the country's initial limited response toward HIV treatment and the significant resources spent by the Ministry of Health for the procurement of antiretrovirals (15). He also reported that the government had spent US$ 533 to procure antiretrovirals in March 2006, possibly suggesting that while there had been initial reluctance to embrace ART, things were changing.

Nattrass (6) reported that the "major constraint for the scale-up of HAART in South Africa, was political leadership rather than a shortage of resources." As opposed to this, she later said later that limited human resources caused this problem. She probably thought that lack of human resources and shortage of resources were not the same thing. McCoy et al (16) also warned about a limited number of health professionals in southern Africa at the time when HIV treatment programs were being considered.

Akukwe (17) also reported that the South African government had showed a change of stance toward HIV. The change

can be illustrated by the appointment of the country's vice president as chairperson of the National AIDS Council and the appointment of Mark Heywood, a prominent AIDS activist, as his deputy.

Some peer-reviewed articles also reported on numbers of patients being treated at various sites, lessons learnt during the scale-up, financial costs of scaling-up treatment, health system limitations, and patients' clinical outcomes (18-20)

Biases, opinion, and disciplinary angles

The general stance by the media was that the South African government, at the official level, continues to deny the existence of HIV as the cause of AIDS. The media articles also suggest that the government did not fully appreciate the effectiveness of antiretrovirals. This perception about the South African government is probably limited, as the government seems to have both supported and discouraged antiretroviral use. For instance, a cabinet report from October 2003 presented an outline for the medical management of HIV and AIDS in South Africa using antiretrovirals (21). The plan even described the treatment of opportunistic infections with first and second-line treatment (which is quite expensive), influenza virus vaccine, and Papanicolau smear, for screening of cervical cancer in all HIV-infected adult women. In 2003, the South African Cabinet approved and financed medical management plan, which was much comprehensive than the World Health Organization's minimum package. For instance, there was no provision for influenza vaccination in the World Health Organization recommendations.

In the cabinet plan, the cooperation with South African Treasury Department was recognized as a key component, as it was responsible for disbursing the required funds for HIV treatment scaling-up. Furthermore, the plan also specifically recognized its partnership with international agencies, such as the Clinton Foundation for AIDS Initiative.

Many of the media and peer-reviewed articles seem to contribute to the South African political leadership a general lack of interest in AIDS treatment. While the lack or interest by the President Mbeki and his health minister is well known, their views may not held by the rest of the South African cabinet, as well as mainstream health establishments such as the South African Medical Association (SAMA). In a statement published by the SAMA (22), it read, "Nutrition in conjunction with effective antiretroviral (ARV) therapy is vital in the long-term treatment of HIV infection. Any claim that reports that nutrition alone can deal with HIV/AIDS is untrue and suggestions that patients stop their treatment in favor of natural therapies is irresponsible." The article was written in response to newspaper advertisements in South Africa, promoting nutritional supplements while discouraging ART. Also, the Southern African HIV Clinicians Society voiced its opinion on the effectiveness of antiretroviral therapy, nutrition in combination with antiretroviral therapy, and warned against promotion of unproved HIV treatments (23). Both the SAMA and the Southern African HIV Clinicians Society statements suggested that there was political leadership from reputable institutions in South Africa, if not from the President. Bateman (5) also reported on HIV treatment program in the Western Cape Province (South Africa), which was moving toward covering 80% of HIV patients clinically eligible for HAART in the area. Furthermore, the former South African President and Nobel Laureate Nelson Mandela participated in the program and supported the initiative. This was also evidence of political leadership. Now, the question that needs to be explored is whether the opinions of two potentially influential people (Mbeki and his health minister)

still represent a lack of political leadership, when the majority of the health community exhibits an interest in the issue?

Cullinan (24) in the Bulletin of the World Health Organization reported that the South African cabinet had explicitly said that "antiretroviral treatments can help improve the condition of people living with AIDS if administered at certain stages in the progression of the condition, and in accordance with international standards." This probably suggests that the view that political leadership in South Africa shows a lack of interest in HIV treatment is probably over-simplistic. While Chopra et al (25) attributed "the concomitant lack of excitement among those not already on treatment" to lack of political leadership. He also reported that this lack of excitement toward ART among South Africans "may impair both individual adherence to treatment and the possible HIV prevention benefits of antiretroviral treatment." However, this is just an opinion, as there was no evidence to support the assertion. In essentially all the peer-reviewed articles, there is no conceptual frame-work or theory on how political leadership facilitates HIV treatment roll-out. It may indeed be true that such link is critical, but it is more likely that political leadership is one of the many ingredients of a successful public health program. Day et al have reported that, even with the availability of antiretroviral therapy, only a few male South Africans are willing to be tested for HIV (26).

The case of Ugandan President's opposition against (male) circumcision (27), especially after three randomized controlled trials have demonstrated the efficacy of the procedure in preventing HIV acquisition among heterosexual men (28-30), deserves special mention. Despite the opposition of the President of Uganda to circumcision (27), many Ugandan men got circumcised (31,32). This probably suggests that, while "political" support should be sought and expected as a critical ingredient to conduct an effective public health intervention, the intervention could still be conducted without it. Researchers and the media should understand that political support does not only come from country's president and health minister, but other players too.

According to the media, women are less likely to access treatment than men. However, this is not the case. The evidence from the peer-reviewed literature shows that more women than men in South Africa are accessing HAART. A systematic review by Muula et al (33) found that, even accounting for the higher female HIV infection prevalence, there were still more women than men accessing HAART in Southern Africa. The media perhaps wanted to suggest that the lack of political will at a national level was a major current impediment to HAART roll-out. The evidence in support of this is contradictory. Even within the country, some provinces are approaching 100% coverage, while others are way behind. The significance of shortage of health personnel has been minimized by popular media, in favor of accusing Mbeki and his health minister. This is not to say that their actions have not been questionable. Social science authors have, however, addressed this topic mostly from the political angle.

Strengths and weaknesses of media reports

While President Mbeki's theory that HIV does not cause AIDS is questionable and the minister's support for nutrition may threaten the South Africa's fight against HIV, there are some elements of their arguments that have not been brought to light in the popular media. Such are the claims that HIV in itself is not sufficient to cause disease and that nutritional support may indeed improve the well-being of HIV infected persons. In a systematic review of randomized controlled trials, Liu (34) has reported that some herbs are efficacious in improving symptoms and that a few other have antiviral properties. Suttajit (35) reported that vitamins and minerals may reduce oxidative stress

that may be associated with AIDS progression. A study (36) also highlighted South Africa's HIV prevalence estimates, side by side with the number of people on HAART, without mentioning the estimated number of people who are in need of treatment.

The strengths of media reports include consistence of reporting, providing a voice of HIV civil society, and highlighting the lot of under-privileged South Africa. One of the major weaknesses of the reports is that, while other players were interviewed on these issues, Mbeki and his health ministers were only reported to have said things. Also media have not mentioned that provincial governments have the possibility to override national government delays in scaling up HAART.

This essay has presented selected aspects of popular media presentation of the South African response to HIV. However, the methods of collection of papers to review were not systematic. There is, therefore, a possibility that there may be other "voices" that have not been recorded and analyzed here.

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