News bites

International
Using Viagra, Italian style
Hospital pharmacists are threatening to cut Italians off from their Viagra unless the government amends its plans to reform professions that have high entry barriers. Union official Loredana Vasselli said last month that pharmacists decided to focus the protest on Viagra because it is a sought-after drug and its absence ‘does not put patients’ health at risk. Pharmacists will stage labour actions this month, culminating with the ‘Viagra strike’ if their complaints are not redressed. One group protested last week under the banner ‘No Viagra, No Party’. Hospital pharmacists say Premier Mario Monti’s economic liberalisation plan gives private pharmacists preference for new licences.

Red Cross chief in Syria for talks
The president of the International Committee of the Red Cross visited Damascus last month for talks aimed at expanding aid operations and gaining access to all detainees. Jakob Kellenberger, who was in Syria for 3 days, will push the ICRC’s proposal made in February for a daily 2-hour ceasefire to evacuate wounded and deliver life-saving supplies to civilians.

‘I am determined to see the ICRC and the Syrian Arab Red Crescent expand their presence, range and scope of activities to address the needs of vulnerable people,’ he said in a statement. ‘This will be a key element of my talks with the Syrian officials.’

Syrian government forces bombarded opposition targets in the city of Homs on 16 April despite President Bashar al-Assad’s promise to international peace envoy Kofi Annan to cease fire and withdraw his tanks and artillery.

Kellenberger, making his third trip to Syria since June last year, is to hold talks with senior officials, including Foreign Minister Walid al-Moualem, Interior Minister Major-General Mohamad al-Shaar and Health Minister Dr Wael al-Halki. He is due to visit areas affected by the fighting, including the rural area of the southern city of Deraa, accompanied by ICRC and Syrian Red Crescent officials. The ICRC is the only international agency to deploy aid workers in Syria, where the United Nations has been largely shut out and is still trying to gain meaningful access to the needy.

After Kellenberger’s talks with Assad in September, Syria opened its prisons for the first time to the ICRC whose officials visited detainees in the central prison of Damascus. But visits have since stalled, with the ICRC insisting that its traditional terms, which include the right to interview prisoners in private and make follow-up visits, be respected.

More than 18 000 people have been detained in Syria as of 15 February in connection with the uprising, UN human rights investigators said in a report issued that month that accused top Syrian officials of ordering crimes against humanity including murder and torture.

UN High Commissioner for Human Rights Navi Pillay said early in April that children in detention were being tortured. Youth had been shot in the knees, denied medical treatment for injuries and held together with adults in inhumane conditions.

‘I will be raising the issue of access to all places of detention. Visiting people who have been detained remains a priority for us,’ Kellenberger said. ‘I will also further discuss practical measures for implementing our initiative for a daily 2-hour cessation of fighting. A daily pause in the hostilities is essential in order to evacuate wounded people and deliver aid if and when the fighting intensifies,’ he said.

The ICRC said that in recent weeks it had obtained greater access to many areas affected by the fighting and is now able to stay longer in each place to assess needs.

More than 9 000 people have been killed by Assad’s forces during the year-old revolt, according to the UN, while Damascus says 3 000 soldiers and police have been killed.

Africa
Children with TB in Zimbabwe
Tuberculosis (TB) is a major public health problem in Zimbabwe, yet very little is known about the impact of the disease on children. Without a functional healthcare system and research into paediatric TB, Zimbabwe is likely to continue losing its children to this hidden public health problem. Among African nations, Zimbabwe is one of those most heavily affected by TB. The Global Tuberculosis Control Report from the World Health Organization (WHO) ranks Zimbabwe 17th among 22 countries worldwide with the highest TB burden. Zimbabwe had an estimated 71 961 new TB cases in 2007, with an estimated incidence rate of 539 cases per 100 000 people. While Zimbabwe has fought TB fairly successfully since attaining statehood in 1980, in the past few years the disease has re-emerged as a leading killer, especially among people living with HIV, who are often not identified through long-established TB tests. Put simply, the TB control programme has been adversely affected by a lack of adequate financial, human and material resources. Experts say that child TB is widely under-reported and can represent as much as 40% of the TB caseload in some TB high-burden settings such as Zimbabwe. Children are at high risk of TB, are prone to disseminated disease and the diagnosis of paediatric TB may be difficult, since complaints are often unspecific and contacts may not been known.

To make matters worse, the HIV epidemic has affected TB in children enormously, as it has adults. It has increased the risk that infants and young children will be exposed to TB, since many adults with TB-HIV are young parents. HIV-infected children have...
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chair of Stop TB’s Child TB Subgroup of the
is that diagnostic tools, both current and
in development, do not adequately take
into account the special requirements for
assessing children,’ said Dr Steve Graham,
chair of Stop TB’s Child TB Subgroup of the
DOTS Expansion Working Group.

South Africa
ARV factory welcomed
The National Association of People
living with AIDS and HIV (Napwa) in
Limpopo has welcomed moves by two
international pharmaceutical companies
to make antiretroviral (ARV) drugs more
affordable.

Hundreds of lives of people infected with
HIV could be saved by the availability of
‘cheaper but still effective anti-AIDS drugs’
in South Africa, Napwa’s Limpopo secretary
Lawrence Sengwane said this April. ‘Now we
hear that the factory supplying those cheaper
drugs will open in Mamelodi, in Pretoria in
the Gauteng province, and we just hope even
here in Limpopo the government will do
something for us to reach those life-saving
drugs,’ he said. ‘Our position in Napwa has
always been that we welcome any affordable
anti-AIDS drugs as long as they have been
approved by government.’

Limpopo Health Department spokesman
Joe Maila said that he was not sure whether
the ARV factory in Mamelodi would
benefit Limpopo. He said the department
had set aside R268 000 this financial year
to purchase ARVs and R80 000 for the
National Health Laboratory Service.

'We have 493 ARV sites in the province of
which seven are private and at the end of
December last year the centres were taking
care of 131 954 patients. Our aim is to
improve access to care, reduce morbidity
and mortality rates related to HIV and
improve life expectancy,’ he said.

Sanofi has reportedly joined hands with
Hetero of India to manufacture affordable
ARVs at the site to be opened in
Mamelodi.

Unpaid wages threat to nursing
profession
Some nurses working in public hospitals in
the Eastern Cape had not been paid their
salaries for January and February. Health
Minister Aaron Motsoaledi said delays
in payments were a result of employment
documents not being submitted on time.
In a written response to DA MP Elza van
Lingen, Motsoaledi said the Department
of Health (DoH) had since sorted out the
payment challenges. He revealed that there
were a number of nurses employed on a
contractual basis, including those who were
transferred and absorbed by the DoH from
the individual municipalities through the
process of provincialisation, and retired
nurses who were contracted as a result of
the death of qualified nursing practitioners.
The DoH could not confirm whether
other provinces had encountered the same
challenges as the Eastern Cape.

Economists believe that the working
conditions and salaries of nurses had an
effect on their migration to other countries
or other sectors. Mariê Erasmus, a health
economist from Econex, said nurses in the
country were often overworked in an effort
to earn more money. ‘The retention of
nurses is still a mutual problem for both the
public and private sector. Nurses from both
sectors do agency work in their spare time
to supplement their income,’ Erasmus said.
Statistics SA’s 2010 mid-year population
estimates showed that there were close to
50 million people in South Africa but only
115 244 registered nurses, a total of 52 370
enrolled and 63 472 auxiliaries, bringing
the total of nurses to 231 086. But the
registry included all nurses registered in
South Africa and not only those actively
working in the country. Some preferred
to maintain their registration once retired
or while working abroad. Data from the
government’s Personnel and Salary
Administration System (Persal) indicate
that there were 111 180 nurses working in
the public sector in 2010. A recent survey
among the three large private sector hospital
groups – Life, Medi-Clinic and Netcare – as
well as other private sector hospitals and
clinics in the national hospital network,
indicated that there were 25 392 full-time
equivalent nurses permanently employed
in private sector hospitals in January 2010.
Some 53 146 nurses worked in other parts of
healthcare provision such as in pharmacies,
NGOs and private general practices. This
showed that over 40 000 South African
nurses were either working abroad, retired
or had migrated to other sectors. According
to the National Health Insurance human
resource strategy released last year, there
were 44 780 professional nurses’ vacancies
in the public sector. The country’s average
number of professional nurses per 10 000
people was 18.97 nurses. Limpopo had only
6.21 nurses per 10 000 people.

Econex calculations from Persal and
National Treasury data showed that the
private sector managed to attract and retain
more nurses between 2001 and 2005, but
after the occupational specific dispensation
(OSD) for nurses came into effect, the public
sector has attracted more nurses. Private
hospital group Medi-Clinic said that since
the OSD allowances the state had attracted
many nurses to the public sector. The private
sector now had to beef up its packages for
nurses to be able to compete. Medi-Clinic
said nurse costs now made up about 50% of
their tariff value. Some strategies that
Medi-Clinic has had to implement included
ensuring that working conditions were
optimal and helping nurses to further their
training with additional courses. ‘The state
salary package is more competitive than ours
… we have been successful in introducing
foreign nurses, on a contract basis from
India, in an attempt to deal with nurse
shortages. We have introduced a retention
bonus system which encourages long-term relationships,' said Lee-Ann Bell, the group’s corporate communications officer.

**SA ‘winning war’ against HIV in babies**

The rate of HIV infection in newborn babies has fallen by more than half in Gauteng, the provincial Department of Health said last month.

The Gauteng Department of Health has reduced the number of infections in babies by more than half, from 11.6% to 2.3% through implementation of health services for pregnant women, said spokesman Simon Zwane. He said the reduction in the infection rate was due in part to a department campaign that ‘encourages expectant mothers to attend antenatal classes so that complications are detected in the early stages of pregnancy’.

This news comes as the Department Head of Obstetrics at Dora Nginza Hospital in the Eastern Cape has hailed a drop in maternal deaths. A report compiled by the National Committee for Confidential Enquiries into Maternal Deaths found that the maternal death rate of the Eastern Cape was halved between 2002 and 2007. Dr Mfundo Mbenge said rigorous training of staff and management was a key reason for success.

‘We started aggressively screening hypertension in pregnant women and where we have found them to have symptoms of the disease we give them aspirin and calcium to prevent the disease,’ he said.

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**Single Suture**

*Type 1 diabetics still make insulin*

People with type 1 diabetes may continue making their own insulin for decades, challenging assumptions that they stop production within a couple of years of diagnosis.

The surprise finding suggests that some of the pancreatic cells responsible for making the hormone still survive in those with diabetes, raising hopes that they can be regenerated. ‘People thought [the cells] all decay away from about a year,’ says Denise Faustman of Massachusetts General Hospital in Boston, who led the team that made the find.

Faustman’s team screened the blood of 182 people with diabetes to search for C-peptide, a protein made exclusively during insulin production. Faustman found it in 80% of people who had been diagnosed with type 1 diabetes within the last 5 years. She even detected it in 10% of those who had been diagnosed 31-40 years previously.

Faustman says the findings raise hopes that it may be possible for people to recover from the condition, if surviving insulin-producing cells can be protected or regenerated, as has been tried using stem cell and immune retuning treatments.


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