A quote from the Lancet, ‘Without South Africa on board, with its 837 000 people affected by HIV/AIDS and its leadership position within Africa, 3 by 5 is but a pipe dream’. Scary words in the face of the Alice in Wonderland world of HIV/AIDS in South Africa. The World Health Organization’s ‘3 by 5’ initiative was launched on 1 December 2003 with the aim of providing life-long treatment to 3 million people in developing countries by the end of 2005. We are now halfway through 2005 and where are we? When the initiative was launched, around 6 million people in developing countries needed antiretroviral treatment. Of these, only 400 000, a pitiful 8%, were actually getting treatment. By 6 months after the launch, 440 000 people in developing countries were on treatment and by December 2004, the number was estimated to be 720 000 – still only 12% of those needing treatment, but above target. The target by the end of July 2005 is 1 600 000.

However, an editorial in the Lancet points out that, although targets are being achieved, there are still major gaps that need to be addressed. One, as always, is money. The other, and possibly more dangerous, is Africa. Of the estimated 4 million in Africa who need antiretroviral treatment, only 325 000 (8%) were on treatment by December 2004. This is in spite of Uganda and Botswana already delivering antiretrovirals to half their affected population. The burden of disease remains enormous and distribution of antiretrovirals is, as pointed out in this editorial, poor in South Africa, Nigeria, Zimbabwe, Tanzania and Ethiopia.

Let’s pause to take stock – South Africa, Nigeria, Zimbabwe, Tanzania and Ethiopia. Look at the countries that we are being listed with. Nigeria – should be the richest country in Africa but isn’t because of mismanagement, corruption and general decay. Zimbabwe – well, I don’t have to spell out the situation in that poor land to our north. Tanzania and Ethiopia don’t even come close in terms of gross domestic product, economic viability or infrastructure. Why are we sitting in that list? Barclays Bank have recently invested billions in the country through their share in ABSA. Our economy has never looked better, with predictions of lower interest rates and lower inflation. Why are we not in the forefront of antiretroviral delivery in Africa? As the Lancet points out, if the 3 by 5 programme had the political clout to influence South Africa alone to implement all its recommendations, where the necessary infrastructure largely exists, then the 3 million target would be more likely to be attained.

Why don’t we, 3 years after the announcement of the government roll-out of universal access to antiretrovirals, have at least half of those who need them on treatment? We can talk about infrastructure for years. Yes, we very largely do have the infrastructure in place, but, as numerous studies by organisations such as the Health Systems Trust point out, that infrastructure has been steadily eroded over the years by lack of funding, patient pressure (mainly from HIV/AIDS) and poor staff morale. Introducing the antiretroviral programme on top of this will only cause more pressure in an already overloaded system – but it can be done – as the Western Cape is so ably showing the rest of the country. All it needs is the political will. And therein lies the rub – to use an Elizabethan term. Where is the political will? Matthias Rath and his disreputable foundation have more clout with our government than the World Health Organization it would seem. They have enlisted the help of that highly political organisation, the South African National Civic Organization (SANCO) and are disseminating their rubbish in informal settlements and townships across the country. SANCO are coming out in open support of the Rath Foundation stance that antiretrovirals are poison, and very expensive multivitamin supplements are a way of preventing the progression of HIV to AIDS. And, because of the lack of sophistication of the audience, these supplements are being seen as a cure. The groups such as Médecins Sans Frontières and the Desmond Tutu HIV Research Centre that are running successful antiretroviral programmes in Khayelitsha, Gugulethu and Masiphumelele are having all their efforts undermined. Programmes that took years to build up are in danger of failing because our government has not got the balls to throw Rath and his merry band out of the country. Worse, our Minister of Health, in a statement she later retracted, said that the Rath Foundation are supporting government’s position that nutrition is better than antiretrovirals in treating HIV.

‘Will a mixture of garlic, olive oil and lemon juice stop my HIV infection in its tracks?’, Alice asked the Red Queen as she sat down to tea with the Mad Hatter. ‘Well dear, we think so. And even if it doesn’t you will have a lovely complexion,’ the Red Queen replied. And the smile on the Cheshire Cat’s face grew wider and wider.

Bridget Farham