

# Testing, treating, and preventing



On Sunday 25 April 2010 the South African government finally made a 180-degree turn in the HIV/AIDS policy of Thabo Mbeki and his minister of Health, the late Manto Tshabala-Msimang. President Zuma launched an ambitious campaign to establish the HIV status of 15 million South Africans over the next 12 months.

The HIV Counselling and Testing (HCT) Campaign, as it is formally known, is widely considered to be the single most important intervention aimed at turning the tide against HIV in South Africa. The aim of the campaign is to offer free HIV counselling and testing to all people living in South Africa. Health practitioners will be expected to offer counselling and testing to every patient consulting them.

The HCT campaign is a result of a new vision and decisive leadership after realising that South Africa is losing the war against HIV mainly due to the high infection rate fuelled through unprotected sexual intercourse, rather than its response to those who need treatment. The campaign started with the public testing of political leaders and top government officials, sending an important message that talking about HIV/AIDS is no longer a taboo, but indeed top priority for government and the country.

The HCT campaign is estimated to cost about R1.4bn, whilst government has pledged an additional R3bn in this year's budget (in addition to the R5.4bn already provided for in the previous year) for antiretroviral treatment (ART). Apart from HIV counselling and testing, everybody who tests will also be tested for hypertension (blood pressure measurement), TB (TB-screening questions, followed by sputum testing and chest X rays if indicated), and anaemia (Haemoglobin measurement). Women will also be offered free Pap smears, whilst men will be offered free circumcision. Possibly the most controversial part of the campaign, the government plans to do 2.5 million free circumcisions during the next year. Every person tested will also receive 100 free condoms. The basic principles are therefore sound: testing, treating and preventing.

The main concern about the campaign seems to be the matter of resources. The national minister of Health, Dr Aaron Motsoaledi, wrote a personal letter to private practitioners and

retired health practitioners to ask their support in the form of participation. Hundreds of private practitioners responded to make their practices available for free testing. A total number of 2.1 million testing kits will be provided to participating practices and healthcare providers. More than 4000 retired medical practitioners and nurses have also agreed to participate. The health services of the national defence force and university final year medical students will also be involved. Big business has also responded: Clicks and Link Pharmacies made 470 pharmacy clinics available as testing sites, whilst Discovery, Life Healthcare and Medscheme made generous donations on the form of cash or condoms. At the time of writing a plan to involve independent pharmacies on a large scale was also being finalised. The response from the health care industry is heartening.

Another concern must be the government's ability to treat all those in need of treatment, resulting from a successful campaign. The minister conceded that this may be a problem, but he gave the assurance that people will not be turned away if they meet the new treatment criteria. The campaign will be co-ordinated and resourced by a full-time chief director from Pretoria. One can only hope that the integration of the campaign into the existing health services will be seamless as South Africa cannot afford another vertical programme draining away the scarce resources that should be allocated to the country's essential comprehensive primary health care programme (see the <http://www.15by2015.org> campaign).

Already this campaign has received the immediate support of the SA National AIDS Council (SANAC) and the South African Medical Association (SAMA). Whilst no official statement has been released by the South African Academy of Family Practice/Primary Care (SAAFP) as yet, South African Family Practice wish to voice its unreserved support for this campaign, and urge family physicians and general practitioners show their support through active participation as testers and counsellors. Whilst there can be no questioning of the scientific and human merits of the campaign, we should also not underestimate the value of campaigns like this to unite the public and private health sectors.

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