



PAYING THE PRICE FOR AIDS DENIALISM



Professor Nicoli Nattrass, an economist and Director of the AIDS and Society Research Unit at the University of Cape Town.

The ongoing 'pernicious' legacy of President Thabo Mbeki taking AIDS denialists seriously is the undermining of science and scientific regulation of medicines, resulting in 'treatment anarchy', where untested and unregulated 'cures' proliferate.

She drew a picture of a politically compromised scientific community, citing the sluggish, government-aligned Medicines Control Council and legal amendments that effectively put professional medical boards under the health minister's control.

Professor Nicoli Nattrass, an economist and Director of the AIDS and Society Research Unit at the University of Cape Town, said this in an address to the Graduate School of Public and Development Management in Johannesburg on 22 August.

Her large and predominantly academic audience included several top HIV clinicians, scientists and public health professionals.

Peppered with eloquent graphs and slides from her research, her talk was entitled 'AIDS and the scientific governance of medicine in post-apartheid South Africa'.

She drew a picture of a politically compromised scientific community, citing the sluggish, government-aligned Medicines Control Council (MCC) and legal amendments that effectively put professional medical boards under the health minister's control.

Nattrass said South Africa had become infamous for its slow response and resistance to the use of antiretrovirals, for either HIV prevention or AIDS treatment. She quoted Stephen Lewis, former UN Special Envoy on AIDS, who said in 2005 that he had visited every country in East and southern Africa, many of them several times. Lewis stated 'confidently and categorically' that 'every single country... is working harder at treatment than is South Africa, with fewer relative resources, and in most cases nowhere near the infrastructure or human capacity'. Lewis said this left him 'absolutely mystified'.

Nattrass said she set out to probe this 'mystery', resulting in a book called *Mortal Combat; AIDS Denialism and the Struggle for Antiretrovirals in South Africa*. After ruling out all possible other reasonable explanations (including economic imperatives), she concluded that antipathy towards the use of ARVs, rooted in AIDS denialism, was the cause. 'The power of ideas', rather than economic interests or proper science, shaped South African AIDS policy.

'ART delay cost 343 000 lives'

'It is, in some senses, a testimony to the havoc that can be reaped by a very bad idea when it is adopted by a head of state and his loyal health minister,' she said.

South Africa had more HIV-positive people than any country on earth – and the greatest number of people on antiretroviral therapy. Given the country's capacity to address the AIDS epidemic, and its resources, the current HAART programme 'should have been far bigger'.

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Had the national government begun rolling out the prevention of mother-to-child transmission in 1998 and rolled out HAART at the same time and pace as the Western Cape, then between 1999 and 2007 an additional 343 000 deaths and 171 new HIV infections could have been prevented.

The Actuarial Society of South African (ASSA) model predicted that about 369 000 lives were saved by government programmes (condoms, education, voluntary counselling and testing and the eventual use of ARVs for PMTCT and HAART).

Nattrass said her point was 'simply that many more lives could have been saved if the government had acted faster on ARVs for both prevention and treatment'.

Producing an expert affidavit in support of the Treatment Action Campaign (TAC) nevirapine case and then engaging with the Director General of Health in a subsequent answering affidavit was a 'surreal and formative experience'.

Nevirapine court fight 'bizarre'

'It seemed nothing short of bizarre to be... trying to convince government to introduce PMTCT because it was in the narrow interests of taxpayers, never mind wanting to save the children and



spare families the agony of nurturing AIDS-sick babies through their short, painful lives,' she said.

Even in the face of an open and shut cost-saving argument, the health minister continued to rail against the use of ARVs and PMTCT, ignoring evidence of the successful pilot HAART programme in Khayelitsha and the World Health Organization's adoption of it as 'best practice'.

Mbeki's continued support of Tshabalala-Msimang in spite of considerable embarrassment over the most recent revelations defied assertions that cabinet had reasserted control over AIDS after the 2003 Toronto AIDS conference debacle.

Tshabalala-Msimang's promotion of bizarre nutritional interventions and description of ARVs as toxic, urging patients to 'choose', caused widespread confusion and severely undermined modern medicine.

'All manner of quacks and charlatans' quickly exploited the treatment anarchy by peddling untested 'alternative' cures, some with the active support of the health minister. None were being regulated by the MCC, in spite of clearly breaking the Medicines Act.

The most notorious cure was *ubhejane*, which retailed in KwaZulu-

Natal for R350 a month (almost half the value of an old-age pension). Complaints were laid against this product (the recipe for which came to truck driver Zeblon Gwala in a dream) but no action was taken. Instead, one of its key promoters, retired sociologist Herbert Vilakazi, was made head of Mbeki's 'Presidential Project on African Traditional Medicine'.

Nattrass drew parallels between Mbeki's undermining of scientific authority and what has come to be known as the Republican 'War on Science' in the USA.

Virodene a turning point for MCC

Ever since the MCC clashed with Mbeki in 1997 over Virodene, its operational independence and resources had been steadily curtailed. Not only was the MCC now apparently incapable of responding to complaints, but it appeared reluctant to endorse trials and products involving ARVs.

Nattrass drew parallels between Mbeki's undermining of scientific authority and what has come to be

known as the Republican 'War on Science' in the USA. There, scientific advisory and regulatory bodies had been dismantled or weakened and aggressive attacks launched against the scientific consensus on climate change, evolution, the effects of tobacco smoking, the safety of abortion, the use of stem cells in research and interventions seen as lessening the risks of unsafe sex.

Under Newt Gingrich's leadership of Congress, rival scientific experts were being roped in to defend entrenched positions rather than relying on the broader scientific consensus to guide policy.

Nattrass said it was difficult to get away from the likelihood that South Africa's AIDS policy tragedy was 'in large part' a consequence of the President being swayed by the arguments of AIDS denialism – and running with them in the face of mounting opposition from scientists, civil society and even his own allies. Although the kind of denialism seen in 2000 had 'long been shut down', its pernicious legacy, the erosion of the scientific governance of medicine, remained a 'serious problem'.

Chris Bateman