

## How good are we in South Africa at managing HIV?



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HIV, or more specifically, South Africa's HIV pandemic, is undoubtedly the biggest challenge facing the South African healthcare system. Other significant challenges include the state of delivery in public hospitals; healthcare inflation in the private sector (driven by its focus on specialist services) and how to fund the myriad of expensive technologies that can improve care (but often only marginally).

HIV is the most prevalent disease in South Africa. It has a major effect on life expectancy, quality of life, productivity and healthcare costs in South Africa. The disease affects about 11.2% of the South African population. The risk cost of a member with HIV to a medical scheme averages about 360% of the average cost of a member without any chronic diseases.

As a nation, we have failed in managing HIV a fact we, the medical professionals, government, businesses, organised labour and civil society, should feel extremely embarrassed by our failure to confront the pandemic.

But, as Lady Macbeth said: "What's done is done".

The questions we now need to ask are: will we still be embarrassed about the pandemic in 10 years' time, and will the management of this pandemic tarnish our legacy?

This will all depend on the choices we make while managing the disease going forward.

### The cornerstones of managing a disease are:

1. ensuring that everyone knows how they can prevent themselves getting the disease;
2. screening to make sure the disease is diagnosed early;
3. ensuring that patients have a clear understanding of their disease;
4. ensuring that patients have a clear understanding about the lifestyle changes that would improve their condition;
5. having good treatment policies and ensuring patients get the correct treatment;
6. ensuring that patients understand the treatment they are on and the importance of taking it regularly;
7. ensuring that patients see their GP regularly, so that their care can be co-ordinated.

### So, how effectively are we managing this disease?

The good news is that our treatment policies are reasonable and we have a great national commitment to address this challenge. We have also made good progress

in screening which has improved in the corporate sector, medical scheme sector and public sector.

The bad news, however, is that our prevention initiatives are failing. The fact that the percentage of South Africans who have HIV has stabilised is no cause for celebration. It simply means the HIV death rate matches the HIV infection rate.

Considering we have the world's largest HIV problem, we would expect South Africa to be a world leader when it comes to HIV disease management. We have made great progress in disease management and developed a multitude of HIV management initiatives. In a competitive market this should give us comfort that the quality of disease management is good. But are we good at managing the disease?

The truth is that the jury is still out.

HIV is a viral disease. The main problem with HIV is that the virus affects a person's ability to fight off infections. If left unchecked, a person with HIV gets certain infections, which a healthy person generally would not get.

The mainstay of HIV treatment is anti-retroviral therapy (ARVs). We can then measure how well the medication is working by doing blood tests that measure how much virus is in the blood (a viral load) and how the person's ability to fight infections has been affected (by measuring their CD4 count - a measure of immunity).

In my capacity as a professional adviser to funders, I often see HIV management programme reports that don't specifically state how many viral loads and CD4s were performed on the members receiving medication for HIV. While HIV programmes are starting to report viral loads and CD4 counts, they often neglect to indicate how many of each test are being done on members on treatment on average per year.

To use an analogy - while school textbooks are only a component of what is needed to ensure that children are taught well, we should be concerned about the quality of education provided when a department fails to get text books delivered, as happened in Limpopo in 2012.

In the HIV disease management context - while routine testing (viral load/CD 4 counts) is only a component of good disease management; we should be concerned when HIV disease management reports fail to state how many of each test were performed on average on the members on medication per year.

Another key measure of disease management that is often not reported is the medication compliance (adherence) rates for members on treatment (six month or longer). These should be part of the standard measurement of all disease risk-management initiatives.

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So next time you are presented with a HIV disease management report, ask yourself the “Limpopo” question. Does this report specifically state how many viral loads and CD4 tests were done on the patient with HIV on medication?

As we head into 2013, we must reassess how we are progressing in managing this pandemic. Be sure to ask the “Limpopo” questions to ensure that those with the disease are being properly managed and that we are doing all that we can to prevent any further infections.

Note: We extend an invitation to HIV managers whose management initiatives are showing good results to share

these with us - in turn, we would like to share your victories and advice, derived from practical experience, with readers in future columns. 🙏

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**Reference:** ASSA2008: ASSA2008 Model: ProvOutput. AIDS and Demographic Model. AIDS Committee of Actuarial Society of South Africa. <http://aids.actuarialsociety.org.za/ASSA2008-Model-3480.htm>

