THE BRIDGE

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HIV/AIDS in South Africa, then and now

In South Africa, AIDS is a social and political crisis, not just a medical one, contends Hoosen Coovadia. In the past few years, as racially and culturally polarised South Africa has moved from apartheid to democracy, such programmes have proven particularly difficult. "At the top, we currently have many political and social problems which have relegated issues like HIV/AIDS to the much lower provincial decision-making levels," Coovadia says.

Coovadia, the chair of the XIII International AIDS Conference in Durban, South Africa in 2000, explains that in his country, AIDS has long been viewed as a problem of black people. "There is no question that there is political will, but with few good schools for black children and a wide income gap between white minority and black majority, AIDS has taken the back seat."

He reminds us that "before 1994 we were all involved in the liberation struggle. There were many more pressing problems than HIV. Therefore no comprehensive prevention programmes to stop the spread of the virus were set."

The apartheid government did extend some HIV prevention strategies to black South Africans, but these efforts were resisted when they feared that condoms were intended simply to reduce the black population. So while everyone in South Africa knows about AIDS, so far this knowledge has not translated into behaviour, to stem the epidemic.

The XIII Interational AIDS Conference is scheduled for Durban, South Africa, July 9 – 14, 2000. Interested delegates can get on their mailing list by contacting Congrex in Sweden.

Conference fast facts

Number of registrants and media, as of July 2: 13,404
Countries represented: 136
Number of volunteers supporting the conference: 800
Total presentations: 5,000
Proportion presented by Southern authors: 41%
Proportion of non-abstract sessions related to North-South issues: 62%
Number of scholarships awarded: 981
Number of applications received: 4,000
Proportion awarded to Southern participants: 70%
Square metres of space at Palexpo: 100,000
Kilometres of cable required for Conference Internet connection: 17
Bottles of water consumed by Conference participants: 130,000
Average water bottle consumption per delegate: 9.7

Interest in scholarship programme skyrockets

An extensive scholarship programme is nothing new for a world AIDS conference. But this year, according to Scholarship Programme Coordinator Ida Giordano, the number of scholarship applicants grew faster than sponsors can keep up.

"Vancouver broke new ground for scholarships, using a programmatic approach and transparent selection process," Giordano said. "The process evolved further in Geneva, through the establishment of directed scholarships for key participants in the Conference programme."

The result was an overwhelming response from scholarship applicants from around the world. But "the flip side was that funding didn't increase, so that a number of very worthy individuals didn't make it. We were almost a victim of our own success."

Some scholarship statistics:

- The Geneva Conference received 4,500 applications, up from 2,500 in Vancouver.
- 1000 scholarships were awarded.
- 70% of all scholarships were awarded to applicants from the South
- 249 scholarship applicants were accepted from Africa, including 150 poster presenters and 22 authors of oral abstracts.
- 184 applicants come from Asia, including 103 posters and 25 orals.
- 160 applicants originate in Latin or South America, including 83 posters and 15 orals.
- 94 applicants were drawn from Eastern Europe, including 54 posters and 4 orals.

Programme update

Oral sessions

In the Late Breaker oral session for Tracks C and D at 8:30 in Session Hall VII, Paulette Murphy will present the paper *Behavioral status in HIV positive children as perceived by HIV positive mothers.*

Martha Lee will discuss *Living healthy while saying goodbye: Adolescents whose parents have AIDS.*

We apologise for having moved Andrew Carr, speaker in Late Breaker Session A-B, to Austria – Andrew Carr is Australian!

Community Symposium

Traditional healers and doctors co-exist: Senegal

Eighty-five percent of people in Africa use traditional healers who are held in very high esteem in their communities. At Wednesday evening's community session on alternative and traditional heading, Erick Gbodossou from Senegal related these statistics and said traditional healers represent the best hope for effective AIDS prevention and treatment in developing countries.

But since traditional healers provide the majority of health care in Africa, it only makes sense for modern practitioners to forge alliances with their traditional counterparts. In fact, this has been done in Uganda, where a group has brought traditional healers, both herbalists and spiritualists, into contact with modern medical practitioners, says another session participant, Donna Kabatesi. Noting the scarcity of modern facilities and treatment in Africa, Kabatesi states certain AIDS-related conditions are quite amenable to traditional treatment. For example, she said, herpes zoster has been shown to respond even better to herbal treatments than to acyclovir.

"Traditional healers have one big advantage over modern medicine," Kabatesi said, "in that they have an intimate knowledge of the needs of their communities."

Gbodossou describes a medical centre in Senegal, in which traditional healers and a primary care physician fulfill complementary roles. "Their diagnoses may or may not be identical," Gbodossou says. "For example, a case described by one as 'pneumonia' might be called 'bad wind' by the other." Excellent results have been achieved in some AIDS-related symptoms, as well as opportunistic infections. "The centre provides an ideal situation for the provision of education and health awareness to the local population," Gbodossou points out.