

DoH to revise ART guidelines - Living with AIDS # 359

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July 24, 2008

The Department of Health is reviewing its guidelines for antiretroviral treatment, and at the heart of discussions is whether people should be able to start taking medication sooner.

It is expected that the revised national guidelines will change to allow people with a higher CD4 cell count to qualify for ARV treatment. A CD4 cell count is the number of healthy cells in the body that can fight against infection. Currently, you must have a CD 4 count of 200 or less to get antiretrovirals in the public health sector. Work on revising the guidelines is at an advanced stage, said the Chief Director of the HIV/AIDS programme in the national Department of Health, Dr Nomonde Xundu, in a telephone interview.

"Yes, indeed we started the process consulting, getting views, getting inputs and we put together recommendations that have been processed internally in the Department of Health and I'm saying after much consultation with expert groups and so on, the Department of Health has interrogated the recommendations quite extensively and made some further inputs which were incorporated. We then submitted that document for a higher level discussion by principals at a meeting called the co-group, which is basically the Minister (of Health) sitting with the D-G and the Deputy Director-Generals in the Department, after which then an approach will be decided on taking it to the National Health Council, which is the Minister with the MECs of the provinces - remember the provinces are the implementing agencies and heads of health... Again, let me quickly say, that we discussed it in the treatment task team of SANAC", she explained.

However, Xundu would not be drawn into revealing what specifics the document is recommending. But sources close to the discussions have revealed that one of the key issues is to increase the CD4 cell count at which people should start taking treatment, said chairperson of the Treatment Action Campaign, Nonkosi Khumalo.

"The recommendations around the globe, which is what we are also advising, is that people start treatment at around 350 than the proposed 200 at the moment, because that's already late... The benefits are that at that particular point in time a person is more tolerant with the drugs, which are potent and have side-effects - which are manageable. But if you start when you are still much, much healthier because when you reach a CD 4 count of 200 you are more susceptible to more opportunistic infections, and so it means your pill burden is much more at that point in time than you are at 350 where there are very few cases of people who would have active TB and actually needing to take antiretrovirals. So, it's motivated by the fact that we want to decrease the pill burden for people, but we want to treat them when their immune system is still responding, to a certain extent, to the medication".

In addition to ensuring that people get access to treatment timely and efficiently, the TAC has advised the Department of Health to work towards broadening the choice of antiretroviral medicines in order to deal with side-effects and resistance to existing regimens. South Africa has only two regimens, referred to as 1(a) or 1(b) and 2. If people develop resistance to these, there is no alternative treatment to offer them.

[See the topic on aegis.org](http://aegis.org)