

## FROM THE EDITOR

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The wonderful World Cup and a devastating public sector strike are behind us. One generated national pride and reminders that we are the rainbow nation with fabulous potential, and the other national shame that compassion and humanity for the most poor and vulnerable could be sacrificed for material gain. With the enormous responsibility of lifelong antiretroviral treatment for over a million individuals we need a health system that is reliable, responsible and obsessive. The concept that health facilities would not be open, or worse still that patients would be barred from accessing those services, flies in the face of all our hard-won battles for adherence to pills and programmes. You may have seen the *Economist* of 9 August 2008, featuring an article referring to global ART programmes, from which I quote: 'as a result, taxpayers are accumulating an indefinite – and indefinitely growing – responsibility of keeping people alive'. Many First-World taxpayers have been generous in helping to expand and sustain our treatment programme – but following international news reports of treatment interruptions as a consequence of the strike, some of them may well be questioning our own commitment to that responsibility.

We have a clinically focused edition for you this quarter! Cassim and colleagues re-ignite the hope that we can eradicate paediatric HIV in South Africa with a report on the outcomes of HAART-based PMTCT in the private sector in KZN. Kwaan and colleagues, also from KZN, report on adherence strategies in a treatment cohort in Cato Manor. They emphasise simple strategies such as tablet return as a way to encourage dialogue with patients about pill taking. An interesting paper describes traditional healer beliefs and practices around HIV and ART, and interactions between biomedical and traditional health care. It seems that we still have a long way to

go in terms of the two sectors really understanding each other's role. Ugandan colleagues present data on the immune reconstitution inflammatory syndrome among adolescents – numbers are small, but it is a point well made. This age group typically presents us with adherence challenges above those in adult and paediatric care, and treatment experiences that may be unpleasant need careful handling if we are to keep our adolescents adherent. Polly Clayden and co-authors summarise what we know (and do not know) about efavirenz in pregnancy. Two clinical case studies of gastro-intestinal mycobacterial infection follow, expertly commented on by Andrew Black from Baragwanath Hospital. One is from Pretoria, the other all the way from Taiwan, where HIV is really only just emerging. Many will feel a sense of foreboding or *déjà vu* as authors Kao and Hung make a plea for thinking of HIV co-infection in patients with extra-pulmonary TB. Two clinical cases of well-known opportunistic infections occurring in strange places follow. The first, again from Uganda, is a case of toxoplasmosis of the hard palate, and the second *Pneumocystis jirovecii* in the external ear canal. Finally, Mitha and colleagues describe an unusual manifestation of lipodystrophy, namely multiple subcutaneous lipomas, which I hope will stir up interest and invite some comment. Finally, we have a letter from the Blood Transfusion Service. This section of the journal could do with much more traffic!

The *Journal* office has been offered some additional editorial help, which should enable more efficient management of your copy. Thanks to all who have been so patient. I am sure you will see a difference soon.

**LINDA-GAIL BEKKER**  
*Editor*

## MESSAGE FROM THE EXECUTIVE

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The Society is about to embark on some of the most profound changes in its history. An external objective evaluation has pretty much told us what we knew – that we are too big and successful to continue with the current structure.

The Executive met for 2 days in April, to study the evaluation and suggest changes. Many of these are simply improved corporate governance – tightening up our legal, oversight and financial systems, tackling our voting systems (traditionally, only doctors could vote), the structure of the Executive, how we administer our branch meetings, providing more support to nurses, creating committees to handle specific projects and

areas of works, updating our IT and data systems (non-paid-up members: be afraid) – all sensible stuff any organisation needs to do as it moves out of adolescence.

It is an exciting time. But we'll keep giving you the *Journal*, *Transcript*, the discussion fora, the branch meetings, more guidelines, the new nursing journal, the skills workshops, support for bursaries and an updated website – all the stuff that makes us good and wholesome.

**FRANCOIS VENTER**  
*President*

