Request for proposal

Terms of Reference

Daily Media Monitoring for UNAIDS Secretariat

1. **Background**

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations to respond to AIDS.

The Secretariat headquarters is in Geneva, Switzerland with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through the UN theme groups, and the joint programmes on AIDS.

Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org

2. **Purpose of this consultancy**

To develop a daily media monitoring report, “Today’s News,” which is sent to several hundred UNAIDS staff and partners around the world.

Today’s News is a comprehensive daily digest of news that relates to UNAIDS and the AIDS epidemic. News is collected for each region (Africa and the Middle East, Asia and the Pacific, Europe, Latin America and the Caribbean and North America).

The consultancy would last either one or two years.

3. **Scope of the work**

The incumbent will conduct a comprehensive daily search for appropriate content, which (s)he will compile and format according to the existing template (see sample in Annex 1).

The document must be delivered on time every day that UNAIDS is open. If the incumbent is unable to complete the report on a given day, (s)he must arrange independently for the project to be completed on time by someone else.

On a number of holidays throughout the year, UNAIDS is closed and Today’s News does not need to be delivered. These dates will be provided to the incumbent as soon as they are available.

4. **Administrative arrangements**

The incumbent will submit an invoice monthly.

5. **Deliverables**

Deliverables consist of a daily report sent to UNAIDS staff and partners worldwide, as well as occasional additional reports focused on major UNAIDS-related announcements.

A sample of the daily report follows in Annex 1.

6. **Competency of the bidder**

The bidder should have professional experience developing daily media monitoring reports under strict deadlines, and be able to provide samples of previous work.

PROPOSAL SUBMISSION

The purpose of this letter is to invite you or your company to submit a formal bid to provide this facility on behalf of UNAIDS. The bid prepared by the bidder and all correspondence and documents relating to the bid shall be written in English.

Please send proposal by registered post, in a single sealed envelope to the address below, to arrive no later than 14 January 2008. Please submit five copies of the RFP proposal and ensure your name or the name of your company appears on all documents submitted.

Mr Joel Rehnstrom
Chief, Finance and Administration Programme Support Group
UNAIDS
20, avenue Appia
1211 Geneva 27
Switzerland

Please add in large letters on the outside of the single sealed envelope "**SEALED BID - DO NOT OPEN**" and the reference: **CKS / Daily Media Monitoring**. All bids will be opened at the same time and a decision made regarding the individual or company to which the contract will be awarded will be made by 31 January 2008. You or your company will informed by this date. We reserve the right to select any or none of the bids.

REVISIONS TO THE REQUEST FOR PROPOSAL

If it becomes necessary to revise any part of this proposal an addendum will be sent to all those who received the original document.

LIMITATIONS OF LIABILITY

UNAIDS assumes no responsibility or liability for costs incurred by proposed consultants in responding to this proposal request or in responding to any further request for interviews, additional data, etc.

PROPOSAL PREPARATION

In order to facilitate evaluation of the proposals, the offerer is instructed to be concise and to follow the outline below in responding. Proposals that do not follow the outline, or do not

contain the required information, may be considered as unresponsive proposals. Additional detailed information may be annexed to the proposal.

FORMAT FOR PROPOSALS

Proposed consultants are requested to be concise and proposals should include, in order, the following:

A. Cover letter;

B. Brief (under one page) organizational profile or curriculum vitae, indicating background and experience of the firm or individual;

C. Summary of previous projects similar in scope to the project described herein; (UNAIDS reserves the right to contact any references provided herein or otherwise obtained);

D. Two or three samples of previous similar projects;

E. Proposed plan and potential schedules for delivering daily product including an explanation/discussion of technical approaches;

F. Budget required to perform the work (all budgets should be tailored for one year with indication if there is interest for a two year contract).

SIGNATURE

The proposal shall be signed by an official authorized to bind the offer and shall contain a statement to the effect that the proposal is a firm offer for a ninety (90) day period from opening. The proposal shall also provide the following information: name, title, address and telephone number of the individual(s) with authority to contractually bind the company and also who may be contacted during the period of proposal evaluation for the purpose of clarifying submitted information.

RIGHT TO REJECT PROPOSALS AND WAIVE INFORMALITIES

UNAIDS reserves the right to reject any or all proposals, to waive any nonmaterial irregularities or information in any RFP, and to accept or reject any item or combination of items.

PROPOSAL EVALUATION AND SELECTION

Proposals will be reviewed using a quality based evaluation process. UNAIDS communication staff, along with other UNAIDS staff, will evaluate proposals based on the documentation requested herein, utilizing criteria, which includes, but is not necessarily limited to or in the order of, the following:

A. The proposal's responsiveness to the proposal (format, capabilities, work program, approach, clarity, ability to meet proposed schedule, etc.);

B. Apparent specialized experience and technical competence of the firm or individual in the required disciplines;

C. The qualifications and experience of personnel committed to the project;

D. Once the highest quality and most cost-effective proposals have been identified, the staff may contact vendors for further clarification.

For additional information or clarification, please contact:

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Annex 1: Sample daily report – Today's News

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

Today's News
Friday, 7 December 2007

UNAIDS

Date	Headline	Publication
05.12.07	UN partners with Italian foundation to promote AIDS education in Africa Hundreds of thousands of students in four southern African countries stand to benefit from HIV and AIDS prevention education ⇨⇨	UN News Centre

Africa and Middle East

Date	Headline	Publication
07.12.07	AIDS crisis looms over ANC ahead of leadership vote AIDS has driven a wedge between the leadership and rank-and-file of the ruling African National Congress ⇨⇨	Mail & Guardian, SA
07.12.07	RDCONGO: 140 millions USD pour combattre le VIH/SIDA en RDC,selon le PNUD Au moins 140 millions de dollars sont nécessaires pour combattre le VIH/SIDA en RDC ⇨⇨	Angola Press
05.12.07	Call for focus on HIV-infected children top paediatric HIV and Aids specialists have made a plea for a renewed focus on the almost 300 000 children living with HIV ⇨⇨	Cape Argus, SA
07.12.07	Fight AIDS, Not People With AIDS People think that "AIDS" is a synonym for "imminent death".⇨⇨	Arab News

Asia and Pacific

Date	Headline	Publication
07.12.07	China Fighting AIDS With New Media Announcements UNDP and the Chang Ai Media Project have hosted the launch of three new ambitious HIV awareness public service announcements ⇨⇨	China CSR
07.12.07	GSK drops claims on two AIDS medicines In a relief to generic firms like Cipla and Ranbaxy, GlaxosmithKline has pulled out the patent applications of two anti-AIDS medicines in India ⇨⇨	Economic Times, India
07.12.07	India needs improved regimen of anti-retroviral drugs: expert "This will help to reduce mother-to-child transmission of HIV" ⇨⇨	The Hindu, India

Europe

Date	Headline	Publication
07.12.07	Family doctors urged on HIV tests GPs and other health professionals should be more proactive in offering at-risk groups HIV tests, experts say ⇨⇨	BBC News, UK
06.12.07	Children dying for lack of child-sized drugs –WHO Children are dying for lack of drugs tailored to their needs, according to the WHO⇨⇨	Reuters, UK
07.12.07	African artists launch Aids album Thirty-seven of Africa's best known musicians have released an album to raise awareness about HIV. ⇨⇨	BBC News, UK
06.12.07	Dreams postponed Desmond Tutu says South Africa has lost its moral direction ⇨⇨	New Statesman, UK
06.12.07	When a spoonful of sugar won't do Wanted: medicine for a group whose voice is still too small to be heard ⇨⇨	The Economist, UK

Latin America and Caribbean

Date	Headline	Publication
07.12.07	HIV/AIDS 'targets' workforce Trinidad and Tobago stands to lose about four percent of its annual national income in the next few years if HIV and AIDS continue to spread ⇨⇨	Trinidad & Tobago Newsd@y
07.12.07	Capacitarán a vendedores sobre VIH/Sida La alcaldía capitalina firmó ayer un convenio de cooperación con la Asociación Salvadoreña Promotora de la Salud ⇨⇨	Prensa Gráfica, El Salvador
07.12.07	Gobierno lanza Política Nacional contra el VIH-Sida Las acciones contenidas en esta Política se deben ejecutar en el periodo 2006-2010.⇨⇨	La Nación, Costa Rica
06.12.07	Empresa norte-americana quer lançar teste para HIV no Brasil em 2008 A precisão é de 99%. O resultado sai em 20 minutos ⇨⇨	O Día, Brazil

North America

Date	Headline	Publication
07.12.07	U.S. Care For HIV Detainees Falls Short: Report The department's detention guidelines for people with HIV/AIDS failed to meet national and international standards for appropriate care ⇨⇨	New York Times
07.12.07	U.S. Agency's Slow Pace Endangers Foreign Aid The Millennium Challenge Corporation has taken far longer to help poor ⇨⇨	New York Times
07.12.07	Getting AIDS Education on Track in India In a Country Where the Topic Is Taboo, Government Delivers Message by	Washington Post

	Train⇨⇨	
05.12.07	Critical element missing in HIV/AIDS relief: Food Why does the HIV/AIDS virus cripple developing countries more so than anywhere else? ⇨⇨	Statesman Journal, OR
05.12.07	HIV-Infected Children Living in Central Africa Have Low Persistence of Antibodies to Vaccines Used in the Expanded Program on Immunization The Expanded Program on Immunization (EPI) is the most cost-effective measures to control vaccine-preventable diseases ⇨⇨	PLoS One
07.12.07	The Native Paranoia of Thabo Mbeki South Africa's President Thabo Mbeki risks a humiliating defeat within his own party ⇨⇨	Wall Street Journal

UNAIDS

UN partners with Italian foundation to promote AIDS education in Africa
UN News Centre
05/12/2007

5 December 2007 – Hundreds of thousands of students in four southern African countries stand to benefit from HIV and AIDS prevention education thanks to a new partnership between the United Nations Educational, Scientific and Cultural Organization (UNESCO) and Italy's Fondazione Virginio Bruni Tedeschi.

The agreement, signed at UNESCO's Paris headquarters today, includes $1.7 million in funding for an HIV/AIDS prevention education project in Angola, Lesotho, Namibia and Swaziland for two years.

Southern Africa is among the regions hardest hit by the HIV/AIDS epidemic, with infection rates as high as 30 per cent among adults. The new initiative will help provide prevention education programmes and materials to some 100,000 students in each of the target countries.

Nearly 100 schools and a thousand teachers will be involved in the initiative, which will also include activities related to reducing stigmatization of HIV-positive people.

UNESCO notes that while studies have shown that the mere fact of attending school provides protection against the disease, there is often a lack of classes focusing on HIV/AIDS for children in school.

As the UN agency specializing in education, UNESCO is the lead organization for EDUCAIDS, an initiative by the Joint UN Programme on HIV/AIDS (UNAIDS) implemented by a number of countries to promote HIV/AIDS education. The agency assists governments in improving their educational systems to ensure quality education on HIV/AIDS and in providing assistance to communities most exposed to the epidemic.

Created in February of this year, the foundation honours the memory of Virginio Bruni Tedeschi, an Italian graphic designer who died of cancer in July 2006.

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Africa and Middle East

AIDS crisis looms over ANC ahead of leadership vote
Mail & Guardian, SA
07/12/2007

By Paul Simao, Johannesburg

JOHANNESBURG - AIDS has driven a wedge between the leadership and rank-and-file of the ruling African National Congress, with top officials accused of ignorance and activists aghast at the government's handling of the pandemic.

South African President Thabo Mbeki and his former deputy, Jacob Zuma, who will battle each other for the presidency of the ANC at a leadership conference later this month, have both been burned politically by the HIV/AIDS crisis.

Mbeki drew sharp criticism shortly after coming to power in 1999 when he questioned accepted AIDS science and failed to make life-saving anti-retroviral drugs widely available in a nation where some 365,000 people die annually from the disease.

Zuma, who once led South Africa's national AIDS council, added to the party's grief when he testified in his 2006 rape trial that he had showered to protect himself from the disease after having sex with his HIV-positive female accuser.

The Zulu politician, who leads Mbeki in local branch nominations for the ANC presidency, was acquitted of rape but, like Mbeki, thrashed in the court of public opinion for poor judgment and a lack of awareness on AIDS.

"Mr. Zuma has a lot to prove to demonstrate that he is committed. In President Mbeki's case there is little he can do to resurrect the disaster he has created," said Nathan Geffen, a spokesman for the Treatment Action Campaign, a South African group campaigning for the rights of people with HIV/AIDS.

ZIG-ZAG APPROACH

There are fears South Africa, still viewed as a late and reluctant convert in the AIDS war, could continue on a zig-zag track with either Mbeki, who is vying for a third term as ANC leader, or Zuma at the helm.

The best hope for a radical break with the past could come in the form of a compromise candidate, such as ANC activist-turned-tycoon Tokyo Sexwale, who is board chairman of LoveLife, a national HIV prevention program for youth.

"When there is a fire, you put it out. You don't argue about what causes the fire, you don't first discuss the theory of combustion," Sexwale told the Cape Town Press Club in an October 25 speech that was widely seen as an attack on Mbeki's AIDS policy.

Neither Sexwale nor former union chief Cyril Ramaphosa, also seen as an alternative to Mbeki and Zuma, have been nominated for the ANC presidency. They could, however, still end up on the ballot through a floor nomination at the December 16-20 congress.

Mbeki, for his part, has never recanted his unorthodox AIDS views and continues to exercise sway over the direction of the government's AIDS policy, largely through his unwavering support for controversial Health Minister Manto Tshabalala-Msimang.

Dubbed Dr. Beetroot for her promotion of beetroot, garlic and other foods as frontline treatments for HIV/AIDS, Tshabalala-Msimang has been branded an AIDS denialist by angry scientists and grassroots activists.

LEADERSHIP VACUUM?

Hopes of a shift in the government's attitude to a disease affecting nearly 12 percent of its 47 million people were stoked earlier this year when Tshabalala-Msimang withdrew from public life after a liver transplant.

A revamped AIDS strategy, including an expanded rollout of ARVs, was unveiled at about the same time, with Deputy President Phumzile Mlambo-Ngcuka and former Deputy Health Minister Nozizwe Madlala-Routledge spearheading a more orthodox approach.

Activists in the ANC and its leftist coalition partners, who had for years been calling for such a U-turn, were delighted.

But Mbeki muddied the waters again when he fired Madlala-Routledge, ostensibly for failing to seek permission for a foreign trip but widely seen as punishment for stealing the limelight from the ailing health minister, an Mbeki ally.

Tshabalala-Msimang has returned to her post.

The AIDS debate is unlikely to be the make-or-break issue when the more than 4,000 ANC delegates cast ballots in Polokwane this month despite a widespread recognition that it is one of South Africa's biggest problems and one of the ANC's biggest failures.

"We were fiddling whilst our Rome was burning," Archbishop Desmond Tutu said last week in a speech on the eve of World AIDS Day. "People who would have been alive today died needlessly," the Nobel laureate said. (Reuters)

RDCONGO: 140 millions USD pour combattre le VIH/SIDA en RDC,selon le PNUD
Angola Press
07/12/2007

Kinshasa, 07/12 - Au moins 140 millions de dollars sont nécessaires pour combattre le VIH/SIDA en République démocratique du Congo (RDC), selon le Programme des Nations unies pour le développement (PNUD) dans un document transmis jeudi à Kinshasa.

Le PNUD relève que le renforcement du partenariat entre le Fonds mondial, le ministère congolais de la Santé et plus particulièrement les programmes nationaux de lutte contre le SIDA et le PNUD est un acquis en termes de développement en RDC.

Cette collaboration, consolidée par le rôle détermi nant des sous- récipiendaires (Société civile, Personnes vivant avec le virus du VIH/SIDA, Organisations non-gouvernementales nationales et internationales) a permis ces deux dernières années en RDC, de mettre 1.300 patients sous traitement Antiretroviral, de distribuer 56 millions de préservatifs et de donner un traitement préventif à 3.200 femmes enceintes.

Le Conseil d`administration du Fonds mondial aapprouvé pour la phase II ou III, les appels à proposition d`un financement additionnel d`environ 70 millions de dollars US basé sur la performance des résultats programmatiques.

Ce financement permettra de mettre 13.000 personnes supplémentaires sous traitement soit 26.000 d`ici à la fin 2009, de distribuer 120 millions de préservatifs et de dépister 600.000 personnes.

Call for focus on HIV-infected children
Cape Argus, SA
05/12/2007

Di Caelers

Some of South Africa's top paediatric HIV and Aids specialists have made a plea for a renewed focus on the almost 300 000 children living with HIV, warning that adult programmes must not take precedence.

In one of the most comprehensive scientific papers examining the challenges to paediatric HIV care and treatment in the country, they sound a warning that unless programmes are strengthened South Africa will not achieve the UN's Millennium Development Goals.

From the Western Cape, the authors include Tygerberg Hospital's Professor Mark Cotton and Red Cross Children's Hospital's Dr Brian Eley, both heavyweights in the battle for equity of care for children with HIV and Aids.

The paper, published in the American Journal of Infectious Diseases, blames HIV for reversing decreases in child deaths in South Africa and says hospitals still cope with large numbers of admissions of HIV-infected children.

Post-natal transmission of HIV is also high, reflecting poor education and support for infant feeding choices.

Too few infants and children were entering care through early diagnosis, which should be widely available, and while the number of children getting antiretrovirals was rising steadily, there was still significant inequality in access between and within provinces.

Other challenges pinpointed were a lack of sufficiently trained health staff and inadequate facilities, along with the complexity of drug regimens and formulations.

Estimates were that 293 000 children had been HIV-infected by mid-2006, but the proportion of these who needed ARVs was unknown.

The authors pointed to the fact that progression from HIV to Aids is faster in children and that it was likely that "a large proportion of HIV-infected children are urgently in need of access to ARVs".

In the Western Cape, the research shows that as at September 2006 nearly 2 500 children younger than 14 were receiving ARVs. Children accounted for nearly 12 percent of the total number of patients on ARVs in the province.

A major concern the researchers identified in the study was the "compartmentalisation" of the ARV roll-out programme, which hinders prevention of mother-to-child transmission of HIV and makes it difficult for children to be identified and referred to appropriate services.

"It is essential that a focus on the plight of children be maintained, so that their needs not be subsumed by the overwhelmingly large adult programme," the authors warned.

Fight AIDS, Not People With AIDS

Arab News
07/12/2007

Lulwa Shalhoub, Arab News

JEDDAH, 7 December 2007 — When hearing of a person who has been diagnosed with AIDS, one might envision an ensuing divorce and shattered family. People think that “AIDS” is a synonym for “imminent death”.

However, this is not the case with Abu Abdullah, a 46-year old Saudi with AIDS patient who is married to two women and has 11 children.

“Among my family and children, I feel all the happiness and forget that I am sick,” he said. “But deep inside I feel weak and tired from every little effort I make.”

Because of the stigma of the viral infection, Abu Abdullah’s income has plummeted since his diagnosis: From SR6,000 a month to SR1,300, which comes from his modest income as a cab driver and money from the Kingdom’s General Organization for Social Insurance.

Abu Abdullah was the only AIDS patient who agreed to speak to Arab News. Others said they were fed up of speaking to the media, saying they felt it made little difference.

Another AIDS sufferer told Arab News that “nothing has changed” since he spoke to the media several times. He said that he is still suffering job discrimination.

Abu Abdullah used to work at Jeddah’s King Abdul Aziz International Airport. His colleagues eventually discovered the truth behind his repeated absences from work. He says they treated him differently after that and Abu Abdullah felt so heartbroken and depressed that he felt like he needed to resign.

“My weak physical condition was not the only thing that made me leave work,” he said. “Peoples’ looks of pity were to harsh to bear. My friends and colleagues were cautious and changed the way they treated me. They looked at me as a stranger. They all knew that I infected with HIV.”

Abu Abdullah said he contracted the infection after a car accident abroad, in the country where his wife is from (he wouldn’t say which country). The accident left Abu Abdullah with broken ribs and a permanently disabled arm. He said he received a transfusion of blood tainted with the virus.

“After I came back here I started having acute diarrhea... I was sweating so much that I was nearly dehydrated,” he said. “I felt like I was dying.”

He went to King Fahd General Hospital where he did tests.

“When the doctor told me that I had AIDS, the word was not even familiar to my ear and I asked what it means,” he said. “He answered that it is a fatal virus and they should put me in isolation because I am dangerous. I will never forget his words.”

As is standard procedure in these cases, officials verify if the person diagnosed with AIDS is a citizen or an immigrant. If the person diagnosed with AIDS is a foreigner (legal or illegal), he or she is deported. Accompanied by the police, Abu Abdullah was put in an isolation room. When they verified his citizenship, they released him from custody. He was then asked to bring in his women and children to test their blood. Fortunately, nine of the other family members — including a child that was born after contracting the virus — were free from HIV.

Dr. Tarik Madani, who is treating Abu Abdullah, warned his patient to be careful with his women in the future.

Madani, who in addition to being a medical doctor is also a consultant and associate professor of medicine and infectious diseases at the Faculty of Medicine at King Abdul Aziz University and the health minister’s consultant for infectious diseases, said that there are thousands of cases around the world where the mothers have disease and do not transmit them to their babies.

Only 28 percent of newborns catch the disease, according to Madani. The baby gets the disease through the placenta or during delivery when exposed to the mothers’ vaginal fluids.

“If the mother was given the treatment to kill the virus, her babies do not get the disease,” Madani said.

As for general treatment, AIDS patients can take drug treatments that greatly mitigate the effects of the viral infection.

“There are now treatments that exterminate the virus completely but the patients have to take it throughout their lifetimes so that they have normal immunity,” Madani said.

The doctor pointed out that women are 20 times more likely to contract the virus from men than vice versa due to the physiological factors between sexes: A woman is more likely to receive bodily fluids from sexual intercourse than a man.

“Men can get the disease from their wives, but it is rare,” said Madani. “On the other hand, 100 percent of women who have been living with infected husbands for 10 years and more eventually contract the virus.”

The doctor pointed out that AIDS patients could do most jobs without infecting others. AIDS is not transmitted through casual contact. Persons infected with HIV could even serve food. (Hepatitis is far more infectious and common as a life-threatening food-borne infection.)

While some countries ban people with HIV from working in the heath field, Madani says HIV-positive people have as much a right to work as anyone else.

“The Ministry of Health addressed the governmental and private companies and establishments that AIDS patients have the right to have any job as long as they can work,” the doctor said.

He said that these patients have difficult life circumstances not to mention the negative psychological situation and need to work to support themselves and their families.

“These patients could (otherwise) drift into forbidden practices like drugs or prostitution for money,” he said.

AIDS patients from King Saud Hospital recently went to Egypt and attended a workshop there and shared their experiences.

“I saw patients who had the disease since the 1980s and 1990s,” said Abu Abdullah. “I always thought that AIDS patients do not survive more than three to four years after they catch the virus. This gave us a drive to survive in life and have more hope.”

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Asia and Pacific

China Fighting AIDS With New Media Announcements

China CSR
07/12/2007

The United Nations Development Programme and the Chang Ai Media Project have hosted the launch of three new ambitious HIV awareness public service announcements with commercial media and advertisement sector partners to promote safe sexual practices in China.

Featuring Jackie Chan, Pu Cunxin and Peng Liyuan, the PSAs were created by Ruby Yang and Thomas Lennon, produced in cooperation with China's Ministry of Health and distribution in association with UNDP. Yang and Lennon won the Oscar for "Best Documentary – Short Subject" at the 2006 Academy Awards.

UNDP, through public-private partnerships with China's commercial media and advertisement sector, aims to utilize the market advantage and entry points of these organizations to greatly expand the effectiveness, geographic coverage and sustainability of AIDS awareness and anti-stigma campaigns.

"This public awareness initiative and multi sector partnership with Government, arts, the private sector and the UN, coming together to distribute information about HIV and AIDS demonstrates a new willingness in China address these issues," stated UNDP China Country Director Subinay Nandy. "Furthermore, it shows our collective resolve against the HIV and AIDS epidemic, which is one of the most serious development challenges affecting all of us."

Participating media companies in this campaign include Air Media, Beijing CityTV Media, EPIN Media Holdings; Ltd., Towona Mobile Media, and 56.com. By donating air time on their video advertisement platforms potentially hundreds of millions of people will view these new and innovative PSAs every month over the next year. The total estimated value of donated air time is over US$1.5 million

GSK drops claims on two AIDS medicines
Economic Times, India
07/12/2007

Khomba Singh

NEW DELHI: In a relief to around 2.5 million HIV patients and generic firms like Cipla and Ranbaxy, GlaxosmithKline (GSK) has pulled out the patent applications of two anti-AIDS medicines in India.

While GSK has formally withdrawn the application of Abacavir, it is learnt that the UK giant's other drug, Trizivir, is deemed withdrawn after it made a request to the patent office not to examine its case.

Abacavir is a second-line anti-retroviral (ARV) drug used to treat patients who have developed resistance to first-line medications. Trizivir is a combine of three ARV drugs used for first and second-line treatments. Both are on the list of drugs the Centre and WHO recommend for HIV treatment.

Indian firms like Cipla, Ranbaxyand Hetero, among others, already market one or both these drugs in India. If GSK had secured the patent, they would have had to pay a royalty to the company. This would up HIV treatment costs.

"The applicant (GSK) of this instant application has withdrawn the application under reference (Abacavir). Accordingly, there will be no more further proceedings towards the representation," the examiner of the Patent and Design office in Kolkata said in a order, a copy of which is with ET.

GSK had filed the patent application in the Kolkata patent office last year. NGO sources said the office has also considered the application of Trizivir 'withdrawn' after GSK officials made a 'no request for examination' application.
When contacted, GSK declined to comment on the status of application of the two drugs.

A GSK spokesperson said, "We do not comment on specific patent applications. However, as part of our policy, routine reviews of our patent applications are undertaken on a regular basis."

A source said GSK's move is the result of Swiss drug giant Novartis' failed attempt to invalidate section 3(d) of the Patent Act, which says patents based on incremental innovations can be granted only if new drugs provide major therapeutic advantages than known ones.

GSK drugs were salt forms of existing drugs. The company deemed it prudent to withdraw the application rather than being rejected as such a verdict would weaken its chances of securing a patent in other developing countries. Another source said many similar patent applications based on the same grounds may also be either withdrawn or abandoned.

Civil societies group I-MAK and MSF (Medecins Sans Frontieres) had challenged the patent application on behalf of Indian Network of Positive People (INP+). "The government should not wait for opposition but strictly implement the 3(d) provision before granting any patents," said MSF project manager India Leena Menghaney.

Incidentally, Novartis abandoned the patent application of its ARV drug Atazanavir in India earlier this year. However, a company spokesperson said, "Novartis has not given up its rights in India to patent Atazanavir. Indian patent application 805/MAS/9 has lapsed; however, the patent rights to Atazanavir are being pursued by Novartis under a continuing patent application known as a divisional patent application."

India needs improved regimen of anti-retroviral drugs: expert
The Hindu, India
07/12/2007

M. Dinesh Varma

CHENNAI: India needs to switch to an improved regimen of anti-retroviral drugs to cut down the risk of mother-to-child HIV transmission, says Philippe Van De Perre, an HIV expert of the University of Montpellier, France.

The preliminary findings of several ongoing global studies to determine the best possible matrix of drugs indicate that anti-retroviral drugs used in combo can lower the risk of parent-to-child transmission of the virus to between 1 and 2 per cent, Dr. Perre told The Hindu during a recent visit to Chennai.

“The major worry with a single dose regimen with just one drug like Nevirapine is the potential for the mother developing resistance when the drug is used at a later stage,” said Dr. Perre, whose specialised work includes parent-to-child transmission.

WHO-recommended regimen
The drug regimen recommended by the World Health Organisation involves AZT, Nevirapine and 3TC. It is effective in neutralising the virus across lifecycles, from 28 weeks into pregnancy to the post-partum phase.

“India should seriously consider adopting the WHO-recommended regimen to lower the incidence of parent-to-child HIV transmission,” said Sai Subhasree Raghavan, president of SAATHII (Solidarity and Action Against The HIV Infection in India).

(Currently, it is estimated that the parent-to-child transmission is 15-20 per cent if no intervention is provided.) Far from being improbable, adopting the WHO-advised regimen should be a viable proposition in India, as the country accounted for nearly half of the global anti-retroviral drug manufacture and exports anti-HIV medicines to over 100 countries, she said.

Non-compliance
According to Dr. Subhasree, any fear of non-compliance by those who get started on anti-retroviral drugs should not stand in the way of switching to a combo regimen as the public health system in India has been providing long-duration anti-retroviral therapy to over one lakh patients.

However, the big challenge is to make access to these drugs distributive and decentralised in a country where 50 per cent of the deliveries still take place in homes and 25 per cent of live births occur in private hospitals.

Proper sanitation
It was imperative that ART interventions be integrated with the existing, ongoing health programmes such as the National Rural Health Mission. This would require toning up of primary health centre infrastructure and the proper sensitisation and training of grassroots healthcare personnel, Dr. Subhasree said.

Pitfall
However, the pitfall to be avoided, according to Dr. Perre, was keeping apart prevention programmes and delivery of treatment. “The failure to link prevention with care and support has become the tragic flaw of many HIV/AIDS programmes across the world.”

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Europe

Family doctors urged on HIV tests
BBC News, UK
07/12/2007

GPs and other health professionals should be more proactive in offering at-risk groups HIV tests, experts say. The University College London study of 263 HIV-positive African patients in the UK found half were diagnosed late despite above average use of services.

And in 80% of these cases, the issue of HIV testing had not been discussed with a doctor, the Aids journal said.

Campaigners said doctors were often put off such a subject because of fear of offending patients.

There are estimated to be over 63,000 adults living with HIV in the UK, two thirds of whom have been infected via heterosexual sex.

The majority of these are people who caught the infection abroad and of African origin.

The study said the introduction of highly-active antiretroviral therapy means that if HIV is diagnosed early - before symptoms show - then in most cases it becomes a chronic condition rather than terminal illness.

But HIV-positive individuals who are diagnosed later are approximately 14 times more likely to die within one year of diagnosis than those identified early.

Lead researcher Dr Fiona Burns believes GPs in particular should be more proactive.

"What we are seeing here is a failing to utilise opportunities for earlier diagnosis of HIV.

"People are dying because they are not being tested early enough.

"We need to be in a position where GPs are prepared to discuss HIV risks and offer tests as a matter of course to people from at-risk communities."

Be alert
The findings of the research, funded by the Wellcome Trust, come after recent advice from England's chief medical officer, Sir Liam Donaldson.

He said health professionals should "be alert to the circumstances in which it is appropriate to offer and recommend an HIV test".

Lisa Power, of the Terrence Higgins Trust, said: "I think doctors are worried about suggesting it because they feel it may offend their patient because of the stigma.

"But I think GPs should be encouraged to broach this subject and patients should be made aware that it is fine to be asked."

Dr Ewen Stewart, of the Royal College of GPs, said it was an "extremely important issue".

"GPs have an important role in increasing levels of HIV testing in the population.

"In order to do this we need to be proactive about raising the issue of HIV testing with people who may have been at risk and then carrying out the HIV testing in general practice settings."

Children dying for lack of child-sized drugs -WHO

Reuters, UK
06/12/2007

By Ben Hirschler

LONDON, Dec 6 (Reuters) - Children are dying for lack of drugs tailored to their needs, according to the World Health Organisation (WHO), which launched a global campaign on Thursday to promote more research into child medicine.

More than half of the drugs currently used to treat children in the industrialised world have not been specifically tested on youngsters, even though they metabolise medicines differently to adults.

As a result, clinicians lack clear guidelines on the best drug to use and often have to guess at the correct dose.

The problem is even worse in developing countries where price remains a major barrier and 6 million children die each year from treatable conditions.

In the case of HIV/AIDS, the few existing paediatric therapies developed for children generally cost three times more than adult ones.

In a bid to address the problem, the WHO has drawn up the first international List of Essential Medicines for Children, containing 206 products deemed safe for children that tackle priority conditions.

"But a lot remains to be done. There are priority medicines that have not been adapted for children's use or are not available when needed," said Dr Hans Hogerzeil, the U.N. agency's director of medicines policy and standards.

Medicines that need to be adapted to children's needs include many antibiotics, as well as asthma and pain drugs. The WHO also wants more research and development of combination pills for HIV/AIDS, tuberculosis and malaria.

The agency is building an Internet portal linking to clinical trials carried out in children and will launch a Web site with the information early next year.

Testing medicines on children has always been a vexed issue, since good ethical practice requires informed consent from people participating in clinical trials, which is difficult to obtain in the case of children.

As a result, research-based drug companies have been wary of developing child-friendly medicines and generics companies have been slow to produce them at lower cost.

In an attempt to tackle the issue, both Europe and the United States now have special rules offering extended patent protection for drugs that have been tested on children. (Reporting by Ben Hirschler; Editing by Louise Ireland)

African artists launch Aids album

BBC News, UK
07/12/2007

Thirty-seven of Africa's best known musicians have released an album to raise awareness about HIV.
The UN-sponsored album has been freely distributed to radio and television stations throughout Africa.

It is "the starting point of a real battle against Aids and not just words in the air," Senegalese rapper Didier Awadi said, AFP news agency reports.

The artists include Senegal's Youssou N'Dour, Algeria's Cheb Mami and Cameroon's Manu Dibango.

According to the Pan-African News Agency, the album, which has songs in more than 10 languages, is also to address issues such as poverty, gender inequality, illiteracy and conflict.

The song We are the Drums calls on people to get involved in efforts to ensure an Aids-free generation by 2015, it says.

"People no longer have trust in the leadership, they trust men on the street and as we are from the streets, they listen to us," Awadi said.

The latest UN figures show that 22.5m people in sub-Saharan Africa are living with HIV.

Dreams postponed
New Statesman, UK
07/12/2007

William Gumede

Desmond Tutu says South Africa has lost its moral direction, and the bitter contest for the ANC leadership offers no hope for new direction or ideas

The African National Congress, the continent's oldest liberation movement, faces its moment of truth. South Africa's millions of poor blacks have gained little from the economic boom that has produced 5 per cent annual growth rates for the past two years. Apart from voting every five years, the country's celebrated turn to democracy in 1994 has not brought them much.

On 16 December 4,000 ANC members will assemble for the party's five-yearly national conference in the small northern town of Polokwane. The election for party leader is likely to be a face-off between two old liberation warhorses: the state and ANC president, Thabo Mbeki, and Jacob Zuma, the ANC deputy president. Zuma was cleared last year of charges of rape, although he admitted having unprotected sex with an HIV-positive woman who told the court she had looked up to him as a surrogate father. He still faces allegations of fraud and corruption over an arms sales scandal. Yet, in spite of this, Zuma is the clear favourite to become head of the ANC. His victory would pile pressure on Mbeki to stand down as state president, leaving South African politics in some disarray.

The most dispiriting aspect of the election is that younger and more innovative candidates have been discouraged from standing. The gathering takes place as the majority black population demands change in the party. After years of drift, South African society is in desperate need of renewal, fresh leadership and new ideas. Trust in government and democratic institutions has collapsed. Opinion polls show many people believe parliament has become a rubber stamp; voters cannot hold representatives responsible because of the party list system, in which MPs are accountable to party leaders rather than constituencies. Under public pressure, Mbeki appointed a commission in 2002 to investigate whether South Africa needed a new electoral system, but its report has been gathering dust in the president's office since it was delivered in 2004.

The ANC's moral authority is brittle. Senior figures who behave badly - and who are close to the party leadership - are either not sanctioned, or get away with a slap on the wrist. A deputy minister, Malusi Gigaba, used a government credit card to pay for flowers to his wife and trips for associates. His boss, the home affairs minister, Nosiviwe Mapisa-Nqakula, merely said that the parliamentary rulebook did not lay out the "dos and don'ts" clearly enough.

But the law appears to move very quickly against those who have fallen foul of the ANC elite, such as Vusi Pikoli, director of the National Prosecuting Authority, who was suspended this September after seeking a warrant to arrest Police Commissioner Jackie Selebi over alleged links to criminal syndicates. Mbeki said that he and the minister of justice and constitutional affairs should have been consulted first.

Diminished debate
The Anglican archbishop emeritus Desmond Tutu describes South Africa as having lost its moral direction. He points to the high incidence of violence against women and children, breakdown of family structures, desecration of the environment, rising ethnic and racial division, increased inequality and a declining sense of social justice. "We imagined that because we had this noble cause, the vast majority of people were idealistic. We thought we were going to transfer it automatically to the time when we were free. It's not happened," Tutu said last year.

Few ideas have come from the heart of power about how to reverse the slide. Often the focus has been more on wrangling over statistics: how many are really poor or have died of HIV/Aids. Some in the ANC leadership still express doubt about whether the pandemic exists. The small coterie running the party has close ties dating from the years in exile under apartheid. Such is the fear of antagonising Mbeki, and such is the atmosphere of fawning, that policies are often poorly drafted and not properly scrutinised.

Under Mbeki's watch, the rights to dissent and debate have diminished considerably. Loyal friends of the president are protected, such as the health minister, Manto Tshabalala-Msimang, even though she has overseen the near-collapse of the public health system and has been in a state of denial over HIV/Aids. Those speaking out can expect to be quickly silenced. A few months ago, Tshabalala-Msimang's former deputy Nozizwe Madlala-Routledge was fired for saying that the number of preventable infant deaths in public hospitals was a disgrace.

If white, internal critics are often labelled as racists; if black, they are derided as "sell-outs" or "native assistants" of whites and foreign powers. Astonishingly, the ANC leadership is now proposing to debate whether to introduce a tribunal to regulate the media at the forthcoming conference. "We are concerned about legislation that will have a massive impact on media freedom," says Jovial Rantao, chairman of the South African editors' forum, citing the Film and Publications Bill, the National Key Points Act and other legislation restricting the use of terms relating to the 2010 Fifa World Cup.

The ANC is also considering a proposal to put control of individual courts in executive hands, contrary to the constitution's clear stipulation on separation of powers. The veteran human rights lawyer George Bizos said the proposed constitutional amendments were "a threat to the independence of the courts and could be the first step towards an epic battle between the legislature and the judiciary". Although not perfect, the judiciary - especially at the highest level, the Constitutional Court - has done more than any other institution to set ethical standards for public life.

Paradoxically, it was only when the most unlikely and least credible of critics spoke out that attention started to be paid to the failings of the ANC. Zuma was fired as South Africa's deputy president in 2005 following allegations of sleaze. With his back to the wall, he attacked Mbeki and the ANC's record in government - although he has been careful not to mention the president by name. After Zuma's comments, to dismiss criticism as coming from bitter whites or the left-wing fringe no longer sounded so convincing.

Now it has gone a stage further. Mbeki's penchant for suspending internal democracy within the ANC to push through unpopular policies, marginalise critics and shout down alternative views has led to an unprecedented rebellion by grass-roots members. There has been a wave of spontaneous community protests, against corrupt local representatives, poor services and rude public servants. Zuma has skilfully exploited discontent with Mbeki to portray himself as a humble, pro-poor alternative, inclusive and caring and less sensitive to criticism.

Mbeki, meanwhile, is clinging on. He tells public rallies - and anyone else who wishes to hear - that he has brought macroeconomic stability and made South Africa a diplomatic force in the world. Yet at home he has failed to address a rising tide of poverty and unemployment.

New leaders for a new era

Even if Mbeki does cling on to the party leadership, he would, with elections due for the South African presidency in 2009, become a lame duck, as under the constitution he is not allowed to stand for a third time. A good leader knows when to go: ask Nelson Mandela, who left at the zenith of his power after one term. Sadly, this is often the moment when new democracies stall. Leaders overstay their welcome; new blood, new thinking are not introduced.

Although several figures have tried to persuade Mbeki and Zuma to step aside for younger talent, powerful vested interests on both sides want to confine the race to these two. Efforts to suggest a compromise candidate are hamstrung because nobody can agree on who it should be. Cyril Ramaphosa, possibly the leading compromise candidate (and who was Mandela's choice to succeed him), says he might step up, but only if the other two stand down first. Another potential candidate, the former premier of Gauteng Province and business tycoon Tokyo Sexwale, has also been discouraged from campaigning.

Mbeki could yet decide to stand down while pushing one of his preferred candidates to challenge Zuma. His chosen successor would be either the deputy president, Phumzile Mlambo-Ngcuka, the foreign minister, Nkosazana Dlamini-Zuma, or the party's strategist Joel Netshitenzhe. As for Zuma: one of his motives for standing is his attempt to give himself immunity from prosecution. Any hopes that Mbeki could have persuaded the courts to lay off him disappeared as the two exchanged insults.

What South Africa now needs is leaders for a new era. The left of the ANC, including the trade union organisation Cosatu and the Communist Party (SACP), have backed Zuma. Their support helped him win 2,236 branch votes against Mbeki's 1,394 in the first round of the ANC election on 26 November. This support is puzzling, because Zuma has never been a man of the left. In fact, his appalling views on HIV/Aids (he says showering after unprotected sex can prevent infection) and on women (he said he could see by the way a woman crossed her legs that she was looking for sex) go against what both the SACP and Cosatu are supposed to stand for.

Although Zuma tells business leaders that he will continue with Mbeki's centrist economic policies, he has pro mised the left that he will steer South Africa on to a bold new redistributive path, without giving further details. For most of the post-apartheid era the left provided moral leadership within the ANC, from protesting against HIV/Aids denial and Mbeki's delusional diplomacy with Zimbabwe, to calling for a basic income for the poorest. By backing Zuma, Cosatu puts the movement that helped protect civil liberties and fight for the shrinking space for debate within the ANC at risk. Both the SACP and Cosatu have pledged to ballot their members about a formal break with the ANC if Zuma fails to be elected.

This is turning out to be the most bitter leadership campaign since the ANC's founding in 1912. The use of smear campaigns, dirty tricks and state agencies to undermine rivals has become routine. When the party was in exile, leadership elections were often fixed in secret because the ANC feared competitive contests would cause divisions during the fight against the apartheid government. That might have suited a close-knit liberation movement, but it has no place in a constitutional democracy.

Whatever the outcome - business-as-usual Mbeki or the more controversial Zuma - South Africa is hardly going to collapse. An opportunity to rejuvenate the country's democracy and breathe new life into its faltering nation-building project will have been missed, however. To paraphrase one of Mbeki's favourite poems by W B Yeats, the new leader will have to "tread softly" on the dreams of the poor. They have invested so much in the ANC, but their dreams seem about to be postponed once again.

The updated edition of William Gumede's "Thabo Mbeki and the Battle for the Soul of the ANC" (Zed Books, £16.99) is out now

THE NUMBERS
47m Total population
322,000 Number of blacks deemed to be “core” middle class
47 years Life expectancy for men
11 Number of official languages
$13,300 GDP per head
24% Population which is unemployed
11% Population living below
$1 a day
12% Population which is HIV-positive

When a spoonful of sugar won't do

The Economist, UK
06/12/2007

IMAGINE a class of human beings, amounting to about one-third of world's population, whose needs are barely noticed by the people who are dealing with all the most pressing public-health problems. In fact, such a group

exists: children, especially those in poor countries who are often among the first victims of epidemics and other life-threatening upheavals.

According to the World Health Organisation (WHO), about 60 essential medicines are unavailable in formulations appropriate for use by children. A general lack of child-friendly drugs has been made more obvious by the particular difficulty of treating children with HIV/AIDS, who have to ingest massive doses of nasty stuff. “Some kids with HIV need to take 12 huge tablets a day...and they taste horrible,” says Hans Hogerzeil, a specialist on medicines at the WHO. There are no suitable combination drugs—medicines that have two or more active ingredients, thus reducing the number of pills needed—no soluble tablets and very few syrups, he adds.

In the hope of making these and other medicines go down in at least a more bearable way, the WHO is trying to raise $50m from its member governments, for a fund that would kick-start the development of children's drugs—and highlight the need for governments and firms to pay more attention to youngsters' medical needs. Some rich countries have already taken steps in that direction. For example, America's Best Pharmaceuticals for Children Act, passed in 2002, puts more onus on the Food and Drug Administration to take children's needs into account when certifying drugs. But that law has more to do with avoiding risk to children than with helping positively to treat them.

Creating new drugs for children, especially babies, is not a straightforward business. Children metabolise drugs in a way that is quite different from adults. And when combination drugs are put together—for HIV/AIDS, for example—the proportions that suit children are not the same as those needed by grown-ups. In fact, combination pills for children can be three times more expensive than adult doses, because they are harder to make. Still, the WHO has identified a dozen combination drugs that ought to be developed in order to treat children with malaria, tuberculosis and HIV/AIDS.

The WHO wants some of its proposed fund to pay for the basic research necessary to create children's formulations. It will initially focus on a small group of diseases that account for most deaths among the under-fives, including HIV/AIDS, malaria, tuberculosis, pneumonia and various forms of diarrhoea. The biggest problems in children's medicine concern diseases that afflict the poor. But the shortage of child-friendly medicine is not confined to poor countries. Even in Europe, fewer than half of the drugs administered to children have been tested and authorised for their use. And there are gaps in the treatment of diseases not unusual among rich-world children, including epilepsy and psychotic conditions.

At present, very few clinical trials are conducted in children, partly because obtaining “informed consent” is hardly possible. (The WHO hopes that countries can at least compare notes on how to get round that problem.) This in turn deters pharmaceutical firms from researching and developing child-friendly medicines, and generic drug producers from producing low-cost versions. And before testing any new formulation on children, paediatric specialists have to make very hard judgments about the benefits and risks.

However, there are also risks in not creating children's drugs. At the moment, the lack of proper formulations forces health workers and parents to use fractions of the adult dosage; or else they resort to makeshift solutions such as crushing pills (and mixing them with something nice) or dissolving portions of capsules in water.

The WHO's hope is that by putting some public funds into research, it will lessen the risks for private firms, and simultaneously “convince and shame them into investing a bit more”. The Geneva-based body is also giving gentle encouragement to those companies that have already started trying to close some of the more scandalous gaps. For example, the latest drugs for malaria, based on artemisin, have no child-friendly version, despite the fact that fully 40% of malaria cases occur in children. Sanofi-aventis, a pharmaceutical firm based in Paris, has been working to develop a new malaria drug for children. The WHO is backing this effort by helping the company make evaluations; the drug may soon—perhaps as early as February—be approved for UN procurement.

As for tuberculosis, another deadly killer of the young, no effective, child-friendly drug exists at present, even though the scientific knowledge to produce one certainly does. That is just one reason, say the policymakers at the WHO, why urgent action is needed to give that big, voiceless interest group a better chance of growing up.

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HIV/AIDS 'targets' workforce

Trinidad & Tobago Newsd@y
07/12/2007

By Leiselle Maraj Friday, December 7 2007

Trinidad and Tobago stands to lose about four percent of its annual national income in the next few years if HIV and AIDS continue to spread at the existing rate.

This is the projection of the Health Economics Unit of the University of the West Indies, St Augustine.

Carl Francis, Permanent Secretary in the Ministry of Labour and Small and Micro Enterprise Development, disclosed the unit's assessment in an address at the opening ceremony of the HIV and AIDS and the World of Work Public Information Fair at the Brian Lara Promenade, Port-of- Spain yesterday.

Statistics show that at the end of 2006, 17,000 HIV cases were reported out of an estimated 20,000 persons who may be living with the virus. On average, four new cases are reported daily while 73 percent of new infections occur between the ages of 15 and 49 which represents the dominant age group of the workforce.

Francis explained that the approximate average annual loss of GDP attributable to HIV and AIDS for the period 1991 to 2002 was US$45 million.

The HIV virus, he said, has implications for labour, including reduced levels of productivity, increases in labour costs, increased payout from pension funds causing contributions to increase, increased recruitment and retraining costs and increased overall costs of production. In addition, he said, the cost of treatment and cure is quite high.

"It is clear therefore, that HIV/AIDS is not only a biomedical issue but also a workplace issue with considerable economic and social impact," Francis said.

He explained the issue has to be addressed in the workplace as it is an ideal environment for addressing issues of mis-information, stigmatisation and discrimination. Francis said there is still a high level of unawareness of the importance of HIV/AIDS as a workplace issue. He said the ministry has been working with the International Labour Organisation (ILO) and the US Department of Labour (USDOL) on the development of the ILO/USDOL International HIV/AIDS workplace education programme and on the project advisory board set up to oversee the programme.

Capacitarán a vendedores sobre VIH/Sida

Prensa Gráfica, El Salvador
07/12/2007

Ángela Medina

La alcaldía capitalina firmó ayer un convenio de cooperación con la Asociación Salvadoreña Promotora de la Salud (ASPS) para el abordaje de la temática del VIH/Sida al interior de la comunidad de vendedores del mercado central.

Dicho documento tiene como propósito capacitar e informar a los comerciantes acerca de las formas de contagio.

La alcaldesa Violeta Menjívar dijo que se realizarán campañas educativas en coordinación con la ASPS. El convenio beneficiará a más de 6,000 vendedores, 20,000 usuarios y 400 empleados.

Cifras.
El municipio de San Salvador ocupa el primer lugar en la lista de contagios por VIH/Sida, según lo muestra el último reporte epidemiológico realizado por el Ministerio de Salud en el período comprendido de enero a octubre de 2007.

El estudio muestra que 1,471 personas resultaron contagiadas por VIH, mientras que 401 fueron detectadas con Sida, haciendo un total de 1,872.

De estos, 816 casos se registran en la capital, de los cuales 524 son hombres y 292 son mujeres.

Gobierno lanza Política Nacional contra el VIH-Sida
La Nación, Costa Rica
07/12/2007

Ángela Ávalos R. | 05:41 PM | aavalos@nacion.com

San José (Redacción). El gobierno de la República presentó hoy la Política Nacional contra el VIH-Sida con la cual se busca educar a la población para prevenir el contagio de esta enfermedad.

Las acciones contenidas en esta Política se deben ejecutar en el periodo 2006-2010.

Según informó la oficina de prensa de la Presidencia, esta nueva estrategia nacional compromete a todas las instituciones del Estado a participar en la planificación de acciones en materia de educación, vigilancia de la salud, promoción de estilos de vida saludables y mitigación del impacto de la enfermedad.

Se calcula que en el país viven 12.000 personas infectadas con el virus, 33% de ellas son mujeres.

En la presentación de la Política Nacional, el Presidente de la República Óscar Arias Sánchez, hizo un llamado a la responsabilidad personal de los costarricenses para evitar el contagio del virus.

“Cada uno de nosotros debe decidir si se unirá a la lucha aquí y ahora mismo, o si simplemente caminará entre las víctimas, deseando nunca ser una de ellas. (...) Como ciudadanos comunes no podemos inventar una vacuna que destruya el virus. Pero ciertamente podemos aplicar una vacuna contra la discriminación”.

La elaboración de la Política fue coordinada por el Consejo Nacional de Atención Integral del VIH-Sida (Conasida).

Empresa norte-americana quer lançar teste para HIV no Brasil em 2008
O Día, Brazil
06/12/2007

Brasília - A precisão é de 99%. O resultado sai em 20 minutos. E o sangue é componente dispensável para detectar a presença do vírus da Aids. As promessas são do fabricante do OraQuick, um novo exame para a detecção do HIV 1 e 2 a partir de fluidos orais.

O teste ainda não foi liberado pela Agência Nacional de Vigilância Sanitária (Anvisa), mas a OralSure Technologies, empresa que fabrica o exame, espera poder vender o produto no mercado brasileiro já em 2008.

O método é aplicado nos Estados Unidos desde 2004 e foi aprovado pela Food and Drug Administration (FDA), agência norte-americana que regulamenta o setor de remédios e alimentos.

Segundo a médica brasileira Ely Côrtes, o OraQuick é tão seguro quanto os métodos tradicionais, que utilizam amostras de sangue. "Esse teste tem altíssima sensibilidade e a mesma confiabilidade do teste convencional, que se faz com o sangue".

O teste deve ser feito sempre sob a supervisão de um técnico. A pessoa recebe uma palheta e colhe a amostra de fluido da gengiva.

O material é imerso em um frasco com um reagente, que vai determinar ou não a presença de anticorpos produzidos pelo organismo para combater o vírus.

Se liberado pela Anvisa, o OraQuick não deve ser vendido em farmácias. A empresa já negocia com o governo brasileiro o fornecimento para a rede pública de saúde.

O Ministério da Saúde lembra que, enquanto a Anvisa não der o aval para a comercialização no Brasil, os entendimentos sobre o produto não podem ser conclusivos.

"As características desse teste são bem interessantes na medida em que a aceitabilidade das pessoas em colher um fluido oral é muito maior do que para colher uma amostra de sangue", afirmou o assessor técnico do Ministério da Saúde, Eduardo Campos de Oliveira.

"Então, há uma perspectiva de que a aceitabilidade ao teste no Brasil seja grande, como é em outros locais, mas ainda precisamos do registro da Anvisa como base legal para começar qualquer tipo de discussão da aplicabilidade do teste no país".

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North America

U.S. Care For HIV Detainees Falls Short: Report

New York Times
07/12/2007

NEW YORK (Reuters) - The U.S. Department of Homeland Security has failed to provide adequate care to immigrant detainees with HIV, putting their health and lives at risk, Human Rights Watch charged on Friday.

In a 71-page report, whose findings were challenged by Homeland Security, the rights group said the agency denied, delayed or interrupted treatment for HIV-positive detainees in immigration custody.

The department's detention guidelines for people with HIV/AIDS failed to meet national and international standards for appropriate care, the report said, adding the agency did little to enforce its own minimal standards.

The report said without improved standards for medical care, internal oversight and accountability to the public, "immigrant detainees with HIV/AIDS will continue to needlessly suffer, and in some cases, die in U.S. immigration detention."

The report detailed the treatment of several people who it said either died or became resistant to AIDS drugs and received incomplete dosages. Most were not identified by their full names.

A cellmate of Victoria Arellano, a 23-year-old transgender detainee with HIV/AIDS, said in an interview with Human Rights Watch that after Arellano began to vomit blood, "(she) was told only to take Tylenol and drink large amounts of water ... she died a week later."

There were 47 detainees with HIV in facilities run by U.S. Immigration and Customs Enforcement, or ICE, a division of the Homeland Security Department, through April 2007, Human Rights Watch spokeswoman Rebecca Schleifer said.

Detainees also are held in other facilities such as local jails and regional centers, where the government does not track the number of people with HIV, she added.

Asked about the report, ICE spokeswoman Kelly Nantel said, "ICE provides excellent care to the detainees in our custody, it's an absolute priority with us.

"We spend nearly $100 million every year on detainee health care," she said.

About a quarter of the 300,000 people whom ICE processes each year are diagnosed with chronic health problems, and many learn about them only when ICE doctors tell them, she said.

On any given day, there are about 30,000 detainees at eight facilities run by Customs officers, seven run by private contractors and about 400 local and state facilities such as jails, Nantel said.

The report asks the government to increase the number of facility inspections, revise medical standards for detainee care, enhance protections for lesbian, gay, bisexual, transgender and HIV-positive detainees and increase access to HIV testing.
(Editing by Christine Kearney and Peter Cooney)

U.S. Agency's Slow Pace Endangers Foreign Aid
New York Times
07/12/2007

By CELIA W. DUGGER

The Millennium Challenge Corporation, a federal agency set up almost four years ago to reinvent foreign aid, has taken far longer to help poor, well-governed countries than its supporters expected or its critics say is reasonable.

The agency, a rare Bush administration proposal to be enacted with bipartisan support, has spent only $155 million of the $4.8 billion it has approved for ambitious projects in 15 countries in Africa, Central America and other regions.

And the agency's slow pace is making it politically vulnerable at budget crunch time. Both the House and the Senate have slashed the Bush administration's 2008 budget request for the agency, but the Senate has gone a step further, pushing for a change that African leaders say threatens the essence of the agency's novel approach.

Eyeing the unspent billions, the Senate has proposed that Congress provide no more than half the money up front for future five-year projects, which typically come with a price tag of $250 million to $700 million. Such projects are now fully financed at the start to make sure countries have the wherewithal to finish what they start.

Senator Patrick J. Leahy, the Vermont Democrat who heads the Senate appropriations subcommittee on foreign aid, said that Congress could be counted on to come up with the rest of the money if the countries fulfilled their end of the bargain. But, he asked, where else should Congress look for savings in its foreign aid budget?

"Do we cut maternal health?" he asked. "AIDS? Malaria? Do we cut refugees? The only thing that's got a blank check is the war in Iraq."

Agency officials and the African leaders they assist said in recent interviews that the change would be a big step backward. American foreign aid often takes the form of modest, short-term projects that are planned in Washington and carried out by American contractors and charities. But under the agency's approach, poor countries with sound economic policies and strong track records of helping their people are chosen to conceive and carry out big undertakings themselves.

The Millennium Challenge Corporation's budget now makes up less than 10 percent of the United States foreign aid budget.

By changing how its projects are financed, “then M.C.C. becomes like the World Bank and all the other countries using overseas development aid in stop and go fashion,” said John A. Kufuor, the president of Ghana, who heads the African Union. “The aid is spread so thin that at the end of the day the necessary difference is not made.”

The Millennium Challenge Corporation’s chief problem has been its sluggish record in getting projects beyond the planning stage to the point where contractors can actually build the roads, irrigation canals, power plants and clean water systems that poor countries say they need.

Sheila Herrling, who follows the agency at the Center for Global Development, a nonprofit research group in Washington, says there are understandable reasons projects take time and suggests that the agency’s current five-year timeline for each one may be too short.

Poor countries, even relatively well-run ones, are not used to planning such complex developments and have needed more time than expected to get them off the ground, she said.

Also, the infrastructure projects poor countries need are prone to corruption, and putting stringent accountability systems in place has consumed more time than expected.

Development analysts have praised the agency for giving poor countries an incentive to make significant reforms to qualify for its big contracts, including improving education for girls, making it easier for individuals to operate on-the-books businesses.

But the agency itself must also shoulder some of the blame for the slow progress, Ms. Herrling said. Its decision-making has been too focused on putting together the projects, rather than on carrying them out.

“It shouldn’t have taken so long,” she said. “The agency needs to figure it out this year. They are part of the problem.”

John J. Danilovich, the businessman and former ambassador who has led the agency for two years, recently reorganized it to concentrate on results with what he called “laser focus.”

“We need to do better and we will do better,” he said in an interview.

Mr. Danilovich, a Bush appointee, has convinced Representative Nita Lowey, the New York Democrat who heads the House appropriations subcommittee that oversees foreign aid, that he is serious. Mrs. Lowey said in an interview that the agency was still unproven. And she was disappointed on a visit to Ghana this year to find that its $547 million compact to develop a modern agricultural economy still was not very far along. But on the need for progress, she said, “I do believe that Danilovich gets it.”

The future of the Millennium Challenge Corporation is one of the many issues caught in the budgetary stalemate between the administration and Congress.

The administration asked for $3 billion for the agency. In their foreign aid appropriations bills, the House provided $1.8 billion, the Senate $1.2 billion. Mrs. Lowey said she strongly opposed the Senate’s proposal to provide no more than half the financing up front, an idea originally suggested by Senator Richard G. Lugar, Republican of Indiana. The House and Senate are expected to settle the issue by next week.

If the agency gets the lesser Senate amount, under the current rules requiring the money up front, Burkina Faso, a West African country that has spent more than two years qualifying for and drafting its $560 million to $620 million plan, will get nothing, agency officials said. Tanzania and Namibia are ahead of it in line.

Burkina Faso’s prime minister, Tertius Zongo, said his country would be deeply disappointed if the money was not available.

“We have done our part,” he said. “This is a partnership.”

Burkina Faso has gone to great lengths to meet the agency's good governance standards. The agency gave it a $13 million grant to improve girls' education, which the country used to build, among other things, schools with day care centers so school-age girls do not have to stay home to look after their younger siblings.

Identified by the International Finance Corporation as one of the most difficult places in the world to do business, Burkina Faso has also halved the number of days it takes to start a business, and reduced by a third the cost of registering property.

In small, poor countries like Burkina Faso, every burp and hiccup of an aid agency like the Millennium Challenge Corporation is news — and often front page news. David Weld, the agency's country director for Burkina Faso, said he did not know how he could face people there if Congress did not come through with enough money to help them.

"What type of message does that send to Burkina Faso, a country that has spent a huge amount of political capital and money on this process?" he asked. "What does that tell the Togos, the Nigers that want to become eligible? It tells them: Do everything like Burkina Faso, make all these reforms, spend millions of your own money, and then maybe at the end we might be able to sign a compact with you — or maybe not."

Getting AIDS Education on Track in India
Washington Post
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By Rama Lakshmi; Washington Post Foreign Service; Page A29

ALWAR, India -- Seventeen-year-old Ravindri Chaudhury and some classmates lined up Sunday morning to board an unusual train called the Red Ribbon Express, which had pulled into their dusty town. Chaudhury had a lot of questions about AIDS but did not know whom to ask. So she hoped the colorfully painted train, with its traveling AIDS exhibition and counseling center, would give her some answers.

"Will I get AIDS from mosquito bites? From sharing a soda?" she asked, then whispered her next question shyly. "Will I get AIDS from kissing?" Her friends giggled, covering their mouths with their palms.

Chaudhury, an arts undergraduate, said that her parents often shoo her from the room when condom ads and AIDS announcements appear on television.

"We had a session on AIDS in school once, but it was sketchy. I still do not know the difference between HIV and AIDS. We could not ask any questions, because the boys in our class would tease us later," she said as her friends nodded in agreement. "At home, my mother knows even less, and my father would not allow such a conversation."

Chaudhury and her friends illustrate the daunting challenge of communicating AIDS information to young people in a society that regards discussion of the disease as taboo.

So the Indian government has launched the Red Ribbon Express, hoping to hold the line on growth of an HIV-positive population that now numbers about 2.5 million people, according to a recent U.N. report, one-third of them in the 15-24 age group.

About 80 percent of Indians ages 15 to 24 have heard of HIV and AIDS, the Health Ministry reports, but only 57 percent of them can correctly identify prevention methods.

Fifteen years after India began a national anti-AIDS program, officials say the Red Ribbon Express represents an admission that the general population remains woefully ignorant about the disease.

Some progress has been reported, however, among high-risk groups such as sex workers, truckers and intravenous drug users.

"We hope the train will carry the message to a wider population beyond the high-risk groups," said Sujata Rao, head of the government-run National AIDS Control Organization, which coordinates all prevention programs in India.

Last Saturday, on World AIDS Day, senior political leaders in New Delhi saw the train off on its first mission -- a 17,000-mile, year-long journey to deliver information on AIDS to about 60,000 villages.

Assisted by UNICEF, the train project aims to attract millions of people to 180 train station stops. Those in remote villages will be visited by a band of cyclists distributing pamphlets and by buses carrying folk entertainers and exhibits.

"The train will force people to face the issue head-on," Rao said. "There is still a lot of denial about AIDS in our society."

This year, protests erupted in several parts of the country over adolescent sex education manuals for schoolteachers. Critics said the flip charts in the manual contained explicit images of male and female reproductive systems, conception and contraception. They said the training program was irresponsible, encouraging sex in the guise of spreading AIDS awareness and promoting condom use.

Condom promotion has always been a difficult issue in India. AIDS officials tread cautiously by offering the ABC strategy -- "abstinence," "being faithful" and "condom use."

The government withdrew the teacher training program and ordered a review. Rao said a new manual that addresses "cultural sensitivities" will be out in January.

"You start talking about HIV, and it is the quickest way to lose an audience in India," said Ashok Alexander, director of Avahan, founded by the Bill & Melinda Gates Foundation. Avahan works with 6 million people from high-risk groups. "We pretend to be more moral than others, even though studies show the high prevalence of concurrent sexual relationships," Alexander said, speaking of Indian society in general. "We act as if our morality is an invisible condom."

The national AIDS organization has pledged the equivalent of almost $3 billion over the next five years for programs such as public education, blood safety, condom promotion and antiretroviral therapy.

On Day 2 of its journey, the train pulled into Alwar, about 85 miles south of New Delhi, where folk performers in colorful turbans sang about AIDS, calling it a "new danger in the country."

People pushed into the train to examine an array of interactive push-button exhibits, touch-screen information monitors and films. One rail car had been transformed into a counseling center, where visitors asked questions in curtained privacy.

Dhuli Chand, a 40-year-old mason, turned up on his bicycle out of curiosity.

"I heard there was a disease called AIDS only two years ago, when I bought a TV for my home. But I do not know anything else," said Chand, who left school after the 10th grade. He lives with his wife and son and says he has never used a condom.

After hearing the singers and spending an hour looking at the exhibits, he slipped into the counseling room and asked about causes, testing and treatment. He also got a demonstration of condom use.

After he disembarked, Chand pondered what he'd heard. "I think I will get myself tested soon," he said. "Just to be safe."

Critical element missing in HIV/AIDS relief: Food
Statesman Journal, OR
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OPINION
Marshall Matz and Karen Sendelback

December 5, 2007

In 2005, an estimated 38.6 million people worldwide suffered from HIV/AIDS. Although the virus itself does not discriminate when it comes to infection, it is rampant in the world's poorest countries, forcing them to continually bear the brunt of this epidemic. Life expectancy is reduced, agricultural production and food supplies plummet, children stop attending school and a shrinking labor force diminishes productivity.

Why does the HIV/AIDS virus cripple developing countries more so than anywhere else? A combination of hunger and extreme poverty makes living with the virus unbearable for millions of infected people. Poverty-stricken families suffer the immediate impacts while governments and the international community struggle to alleviate long-term consequences.

Children of infected parents are forced to stay home from school to take care of family members. The right to an education falls by the wayside. Laborers are physically unable get out of bed and go to work and their families endure the loss of income while struggling for basic survival.

Farmers lack the strength needed to plant their crops. They die young, unable to pass agricultural skills to the next generation. By 2020, HIV/AIDS will have killed at least one-fifth of farmers in southern Africa.

The international community's response to HIV/AIDS has been generous. Specifically, the United Nations World Food Program (WFP) is working in developing countries throughout Africa, Asia and Latin America to help improve the lives of HIV/AIDS patients and lessen the long-term impacts.

One weapon in the fight against HIV/AIDS is anti-retroviral drugs (ARVs). They are prescribed to HIV/AIDS patients to reduce and delay the negative impacts of the virus. The virus attacks the immune system but, when taken properly, ARVs can slow down that destruction. However, medication alone is not enough.

WFP, the world's largest humanitarian relief organization, implements programs that provide HIV/AIDS patients with food, which they take with their medication. In some cases, their families also receive food supplies.

Like most prescription drugs, ARVs must be taken on a full stomach. If not, they will not work or they will worsen a patient's condition. In many cases where ARVs are taken on an empty stomach, the side effects wreak so much havoc on the body that patients will cease treatment altogether, resulting in prolonged and unnecessary human suffering.

In the United States, the directions "take with food" on a prescription bottle are taken for granted. However, in a country like Ethiopia, where nearly seven million people relied on WFP food assistance last year, access to a proper diet is a daily struggle.

Including food in HIV/AIDS treatment is a simple and low cost solution. It costs an average of $0.66 per day to provide food aid to an HIV/AIDS patient and his/her family — roughly less than the cost of a candy bar in the United States.

This beneficial combination results in healthier patients who are more likely to continue taking their medication and return for further treatment. Patients rapidly regain their strength and go on to live normal, healthy lives again. They return to work and make enough money to support their families. Their children are able to stay in school. Farmers are strong enough to work in the fields and grow crops.

One example is Josephine and her 6-year-old daughter Deborah, who live in the Central African Republic (CAR). Abandoned by their family because of their HIV/AIDS status, they had to fend for themselves. The virus made Josephine ill and unable to work in the fields. After enrolling in a WFP program, she and her daughter began receiving food rations with their medicine on a weekly basis. Their health has drastically improved, and Josephine is able to work again.

Eventually, HIV/AIDS patients like Josephine and Deborah, who regularly receive food and medicine, will rely less on humanitarian assistance and become more self-sufficient.

The power of food will be felt in future generations as well. No longer will entire age groups be nearly wiped out by HIV/AIDS. National workforces will be fully restored with healthy and energetic workers who are eager to work and support their families. Young children, instead of being robbed of their parents, can enjoy a more normal childhood and look forward to a brighter future. A country like Zambia will see its adult population living longer than the expected 37.7 years.

Requiring a food aid component in HIV/AIDS relief plans is not just a priority for WFP but for the American public as well. A poll conducted by the Alliance to End Hunger found that a majority of American voters are dissatisfied with the United States government's efforts to reduce hunger and more money should be spent on anti-hunger programs. American voters strongly support international hunger relief efforts such as providing HIV/AIDS patients with food and ARVs.

Countries and international relief organizations have the power to fight HIV/AIDS across the globe. But without nutrition, the effort will continue to be ineffective.
Marshall Matz is chairman of the board and Karen Sendelback is president and CEO of Friends of the World Food Program.

HIV-Infected Children Living in Central Africa Have Low Persistence of Antibodies to Vaccines Used in the Expanded Program on Immunization

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Abstract
Background
The Expanded Program on Immunization (EPI) is the most cost-effective measures to control vaccine-preventable diseases. Currently, the EPI schedule is similar for HIV-infected children; the introduction of antiretroviral therapy (ART) should considerably prolong their life expectancy.

Methods and Principal Findings
To evaluate the persistence of antibodies to the EPI vaccines in HIV-infected and HIV-exposed uninfected children who previously received these vaccines in routine clinical practice, we conducted a cross-sectional study of children, aged 18 to 36 months, born to HIV-infected mothers and living in Central Africa. We tested blood

samples for antibodies to the combined diphtheria, tetanus, and whole-cell pertussis (DTwP), the measles and the oral polio (OPV) vaccines. We enrolled 51 HIV-infected children of whom 33 were receiving ART, and 78 HIV-uninfected children born to HIV-infected women. A lower proportion of HIV-infected children than uninfected children had antibodies to the tested antigens with the exception of the OPV types 1 and 2. This difference was substantial for the measles vaccine (20% of the HIV-infected children and 56% of the HIV-exposed uninfected children, $p<0.0001$). We observed a high risk of low antibody levels for all EPI vaccines, except OPV types 1 and 2, in HIV-infected children with severe immunodeficiency (CD4+ T cells <25%).

Conclusions and Significance
Children were examined at a time when their antibody concentrations to EPI vaccines would have still not undergone significant decay. However, we showed that the antibody concentrations were lowered in HIV-infected children. Moreover, antibody concentration after a single dose of the measles vaccine was substantially lower than expected, particularly low in HIV-infected children with low CD4+ T cell counts. This study supports the need for a second dose of the measles vaccine and for a booster dose of the DTwP and OPV vaccines to maintain the antibody concentrations in HIV-infected and HIV-exposed uninfected children.

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The Native Paranoia of Thabo Mbeki
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By R.W. JOHNSON

CAPE TOWN -- South Africa's President Thabo Mbeki risks a humiliating defeat within his own party, the African National Congress, which may even see him ejected from office before his term ends in May 2009. In the run-up to the national Polokwane conference in a fortnight, his arch-rival Jacob Zuma has crushed him in a party-leadership nomination poll and the media are preparing the public for a Zuma presidency.

Mr. Mbeki appears to be an increasingly isolated figure. He has angrily shrugged off suggestions that he withdraw his bid to continue as ANC party head and seems to be in denial over Mr. Zuma's impending triumph. He still has too much power not to be feared but much of the old public deference is gone. The word here is that Mr. Mbeki's circle of advisers has shrunk to one or two intimates. Newspapers are full of quotes by anonymous cabinet ministers, expressing their doubts about the man they once followed blindly.

What worries people is that his judgment and behavior have become increasingly erratic. Recently he startled a public gathering by asking what "tik" was. Tik is a heroin derivative widely used in the Cape. There has been massive press coverage about the hideous damage the drug has done to many young people, frequently causing violent and criminal behavior. It was as if the President lived in another country, was only visiting here and asking the sort of innocent questions that tourists may ask.

Similarly, when at the last ANC policy conference the rank and file made it brutally clear that they did not want him to soldier on, that they wanted to avoid having two centers of power (i.e., Mr. Mbeki as state president and Mr. Zuma as party president), Mr. Mbeki's response was, let's say, bizarre. He immediately rushed to a TV camera to express his willingness to continue if the people twisted his arm to do so.

"It's as if he's Joan of Arc, listening to strange voices. He's certainly not listening to ours," said one bewildered cadre and former admirer.

For years now Mr. Mbeki's political style could only be described as paranoid. He's always casting himself as a victim, accusing others of "hidden agendas," suggesting that his rivals within the ANC are plotting a coup against him. Any sign of opposition could only be explained as the machinations of Western imperialists and their local reactionary clients. Recently he warned his parliamentary caucus of "mercenaries and counterrevolutionaries," leaving them wondering who exactly he meant.

Then there are his statements on AIDS -- such as that HIV has nothing to do with the illness because "a virus cannot cause a syndrome" -- and his belief in a plot by big pharmaceutical companies to assassinate him. One missive he sent to then President Bill Clinton and Prime Minister Tony Blair on the subject of AIDS was so wacky that Mr. Clinton thought it must be a fake.

Similarly, his siding with Zimbabwe's President Robert Mugabe is also based on a conspiracy theory: that Western imperialists are trying to overthrow radical regimes in the region and that if Zimbabwe "fell," South Africa would be next. While Mr. Mbeki himself has been careful enough not to say this in public, his spokesmen have repeatedly made that point for him.

This paranoid trait is accentuated by a streak of narcissism. Mr. Mbeki sees himself as a major intellectual figure, towering above the rest of his party -- and there was never a shortage of sycophants to confirm this view. He spends hours surfing the Internet, where he gleans odds and ends of (half-) knowledge which he uses to second-guess AIDS scientists, unemployment statisticians, actuarial analysts and so on. He peppers his speeches with quotations suggesting a vast knowledge of literature, and his weekly online letter includes earnest essays on anticolonial history from Haiti to Sudan. Typically relying on single or dubious sources, these would be full of historical howlers. (For instance, in one such tractate, he wrote of British Governor Charles Gordon coming to conquer Sudan when actually he came to effect a withdrawal.) Mr. Mbeki's aides told me that Fidel Castro was once amazed to find their boss creeping off to write these weekly lectures, protesting, reasonably enough, that he could get other people to perform such work.

Mr. Zuma's dogged and gradually successful campaign appears to have exacerbated Mr. Mbeki's paranoia. His online letters are now full of tirades, not simply against critics or opponents but "enemies." The press is allegedly engaged in a systematic campaign of denigration aimed at his overthrow.

Equally eccentric has been Mr. Mbeki's patronage of Ronald Suresh Roberts. The author and lawyer once famously lost a libel suit against the Johannesburg Sunday Times, the country's biggest newspaper, for an unflattering portrait of him. The court found Mr. Roberts to be "vindictive and venomous." And yet, Mr. Mbeki chose this man, who was censured by the Law Society for his improper behavior, to write his official biography -- titled, without a hint of irony, "Fit to Govern: The Native Intelligence of Thabo Mbeki." The book is a hagiography of schoolboy standard, purporting to show that Mr. Mbeki never was an AIDS denier, and that he always was a multiparty democrat. In fact, Mr. Mbeki, a graduate of Moscow's Marx-Lenin Institute, once wrote articles in praise of the Algerian one-party state. According to this rewrite of history, Mr. Mbeki never supported Mr. Mugabe and actually criticized him.

It was child's play for critics to punch holes in this oeuvre -- and in any case, even after the book's launch Mr. Mbeki was ringing up another biographer, Mark Gevisser, to volunteer an AIDS-denying document he had penned himself, in which AIDS scientists are compared to Nazi concentration camp doctors and black people who accepted their medicines as displaying a slave mentality.

More recently, Mr. Mbeki staggered critics by sacking his deputy health minister because she had spoken out against the high infant mortality rate in an Eastern Cape hospital, saying that the situation there was part of a

national health emergency. Mr. Mbeki, who is fiercely protective of his health minister (who supports his AIDS denial) not only insisted that 200 dead black babies a year in that hospital was perfectly normal but inserted into his argument a long and prurient analogy about 1960s miniskirts and what they revealed and suggested, claiming that media coverage of the event was concealing and suggesting but not exposing the truth. This juxtaposition of miniskirts and dead babies shook many who had hitherto overlooked the president's eccentricities. When he later sacked the public prosecutor and threatened to arrest the editor of the Sunday Times for publishing that the health minister was a drunk and had a conviction for stealing from comatose patients, it only further damaged public confidence.

His opponents, particularly the backers of ANC Deputy President Jacob Zuma, are by now so bitterly alienated from him that if Mr. Mbeki fails to be re-elected as ANC president next month, they could well try to remove him also as president of the country. For this is the terrible irony of Mr. Mbeki's life. His paranoia has led him to offend so many of his former supporters that he has conjured up the true paranoid nightmare: For it really is true now that his opponents are conspiring against him, that he is cornered and that his enemies may triumph. Naturally this winds up Mr. Mbeki even more. The next month or two are going to be a difficult time in South Africa.
Mr. Johnson is southern Africa correspondent for the Sunday Times, and author of "South Africa: The First Man, The Last Nation" (Phoenix, 2004).

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