

Estimating the lost benefits of antiretroviral drug use in South Africa

Although South Africa is one of the countries most severely affected by HIV/AIDS the Mbeki government argued that HIV was not the cause of AIDS and that antiretroviral (ARV) drugs were not useful for patients. They declined to accept freely donated nevirapine (to prevent mother-to-child transmission) and grants from the Global Fund. Researchers from the Harvard School of Public Health (Boston) used modelling to compare the number of persons who received ARVs for treatment and prevention of mother-to-child HIV transmission between 2000 and 2005 with an alternative of what was reasonably feasible in the country during that period. More than 330,000 lives were lost because a feasible and timely

ARV treatment program was not implemented in South Africa. Thirty-five thousand babies were born with HIV by not implementing a mother-to-child transmission prophylaxis program using nevirapine. The authors concluded that in the case of South Africa, many lives were lost because of failure to accept the use of available ARV drugs to prevent and treat HIV/AIDS in a timely manner.

Reference: Chigwedere P, Seage GR 3rd, Gruskin S, Lee TH. Estimating the lost benefits of antiretroviral drug use in South Africa. *J Acquir Immune Defic Syndr.* 2008;49(4):410-5.