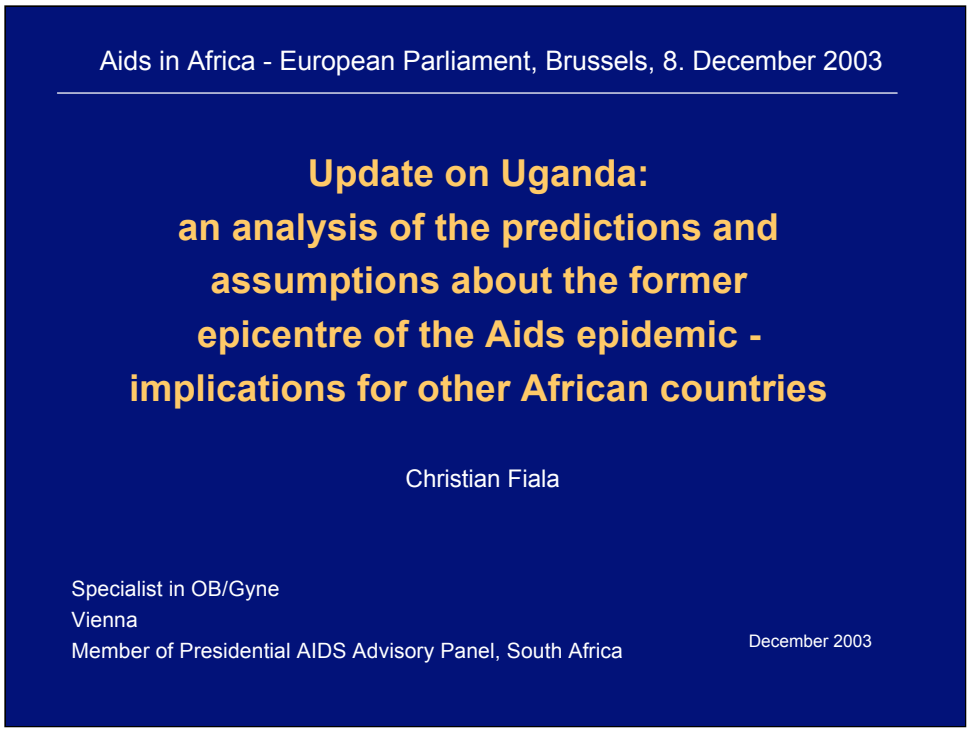


We are still subject to news and predictions about a very high death toll of the current Aids epidemic in Africa that is beyond imagination. However, the claim of such a high number of deaths is based on estimates and certain assumptions. It seems essential to substantiate these claims before asking for wide ranging interventions.

The case of Uganda provides an important lesson in this respect. A detailed analysis seems mandatory before engaging in costly and potentially dangerous interventions in other African countries like South Africa.

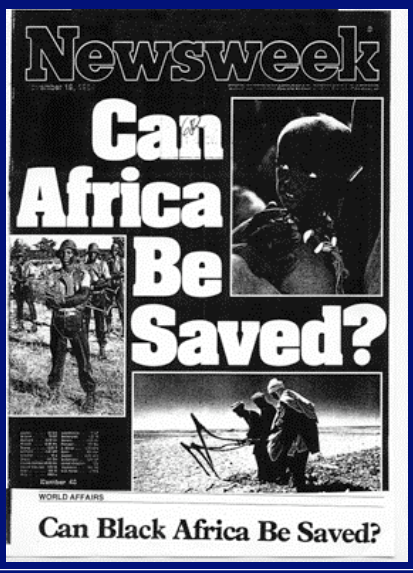
The absence of the predicted Aids catastrophe in Uganda calls the basic assumptions about the epidemic into question. It is high time to reconsider the priorities of health policy and foreign aid.

Christian Fiala is a gynaecologist and obstetrician who has been involved in the discussion over the spread of HIV/Aids for 15 years. In 1997 his book on the subject of HIV, “Are we loving dangerously”, was published (Deuticke Verlag Wien). He is a member of the expert panel on HIV/Aids set up by the President of South Africa. Last year he was working in Mulago hospital in Kampala, Uganda. e-mail: christian.fiala@aon.at

This article can also be found on the website of the British Medical Journal:

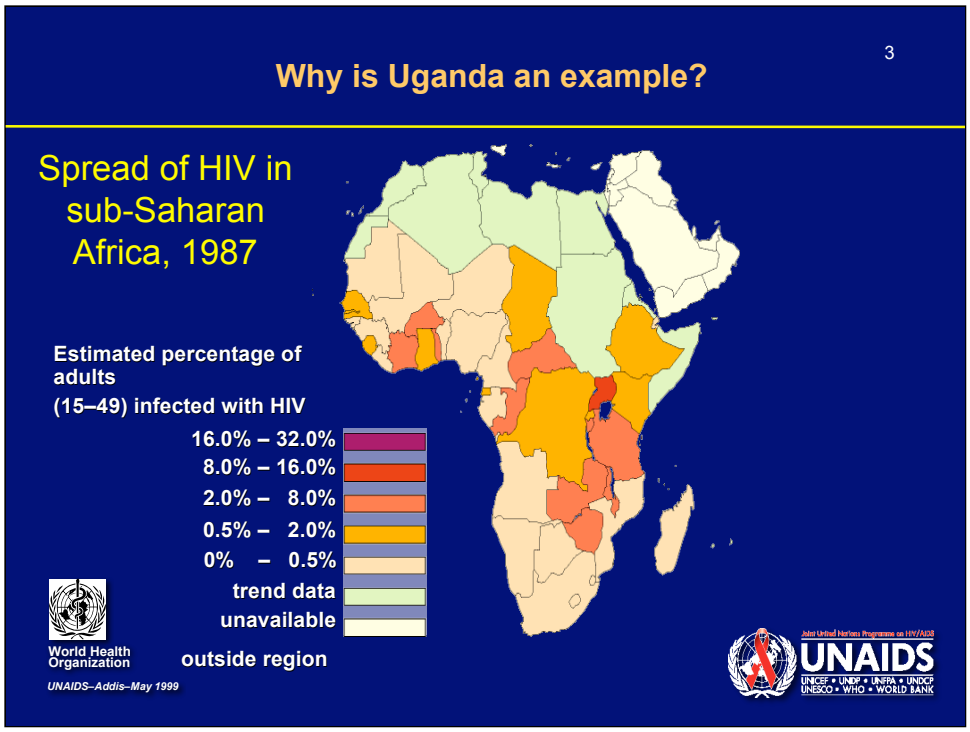
http://bmj.bmjjournals.com/cgi/eletters/327/7408/184-a

What do we believe to know about Africa?



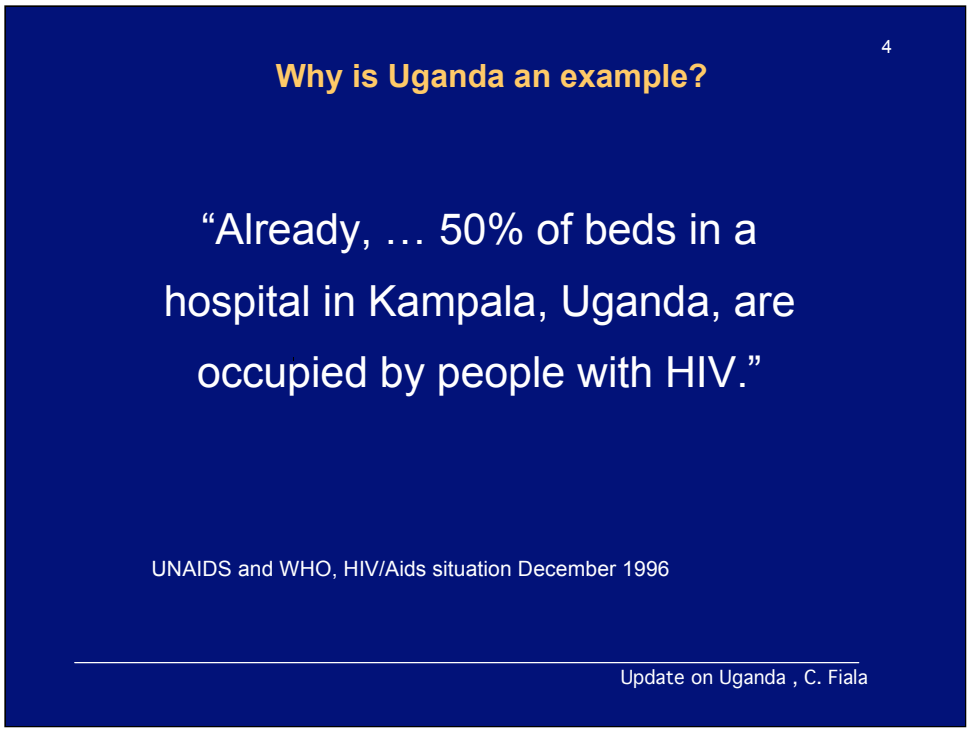
November 1984

“Can Africa be saved?” asked Newsweek on it’s front page as far back as 1984, reflecting the old Western belief that Africa is doomed to starvation, terror, disaster and death. (1) This was repeated two years later in an article in the same journal in a story about Aids in Africa. The title set the scene: “Africa in the Plague Years”. (2)



It continued: “Nowhere is the disease more rampant than in the Rakai region of south-west Uganda, where 30 percent of the people are estimated to be seropositive.” The World Health Organisation (WHO) confirmed “by mid-1991 an estimated 1,5 million Ugandans, or about 9% of the general population and 20% of the sexually active population, had HIV infection”.

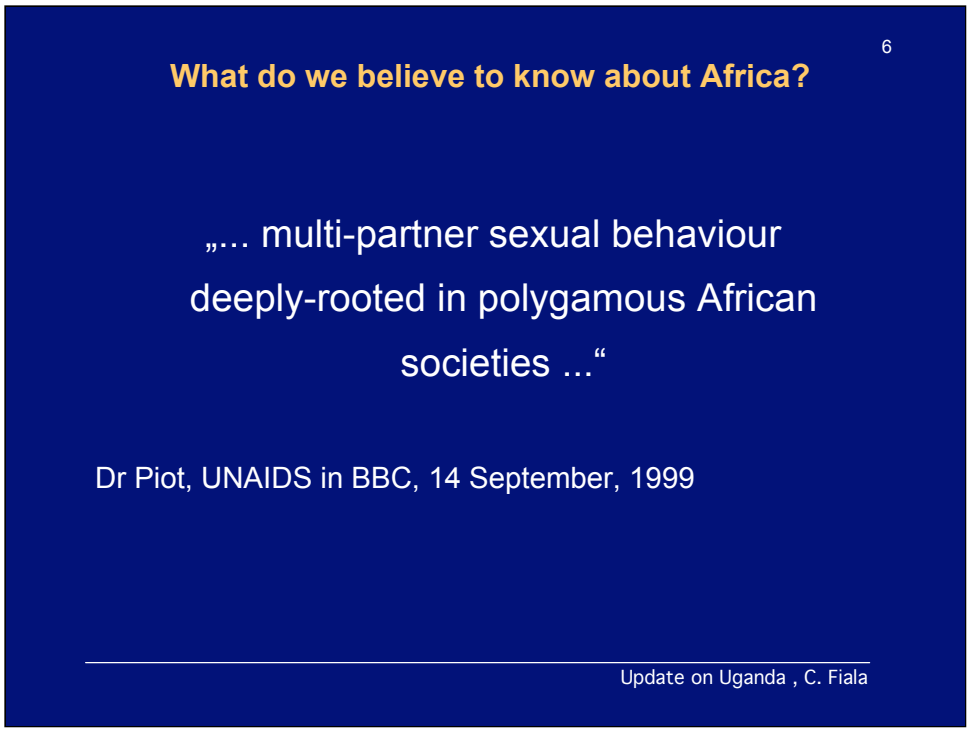
UNAIDS also claims in this slide that the Aids epidemic started in Uganda.



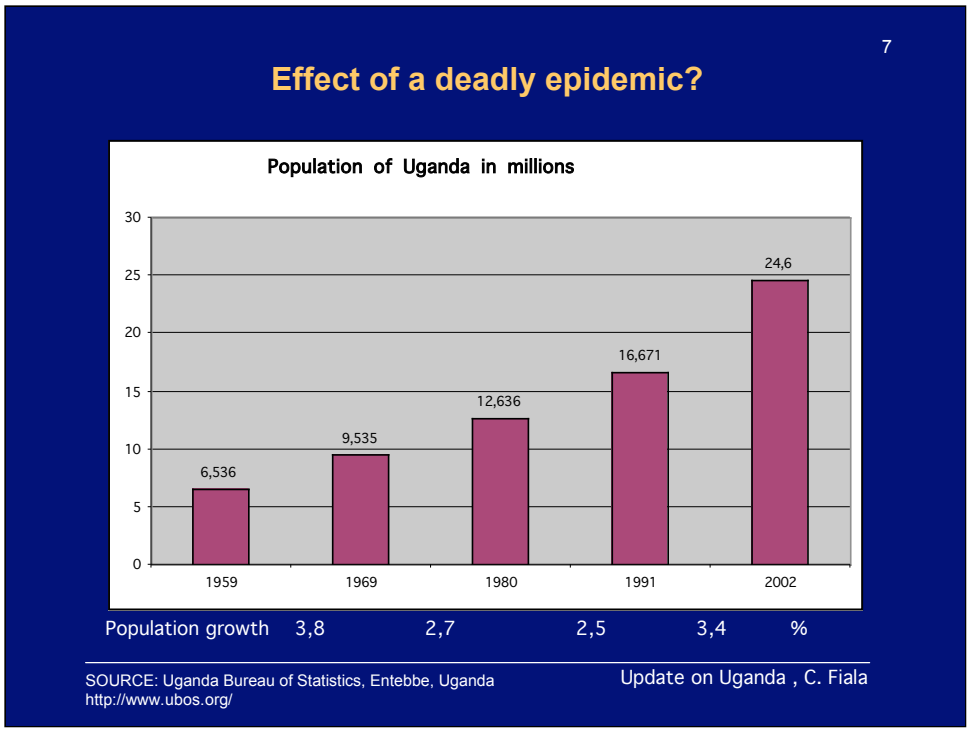
The World Health Organisation (WHO) confirmed “by mid-1991 an estimated 1,5 million Ugandans, or about 9% of the general population and 20% of the sexually active population, had HIV infection”. (3)

Similar reports were repeatedly published during the last 15 years, declaring as much as 30% of the population doomed to premature death, with all the consequences on the families and the society as a whole.

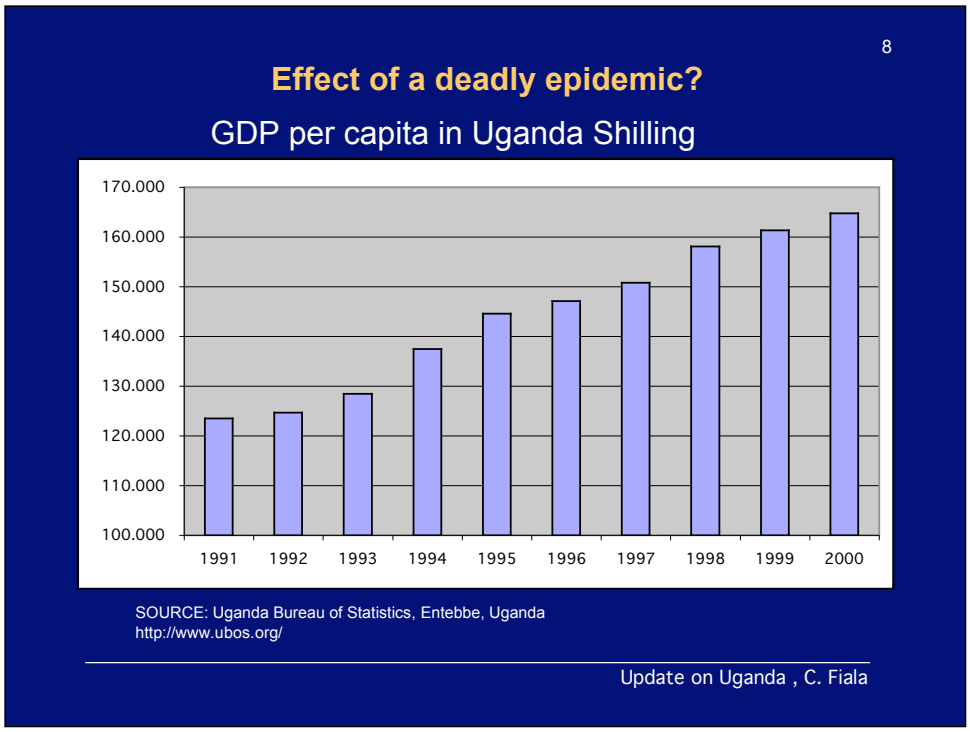
The predictions announced the practically inevitable collapse of the country in which the worldwide epidemic supposedly originated.



It was also made clear from the very beginning that the West believed Africans were to blame for this catastrophic development. Such a prejudice has to be seen as continuation of the long tradition of Christian fantasising of African sexual behaviour.



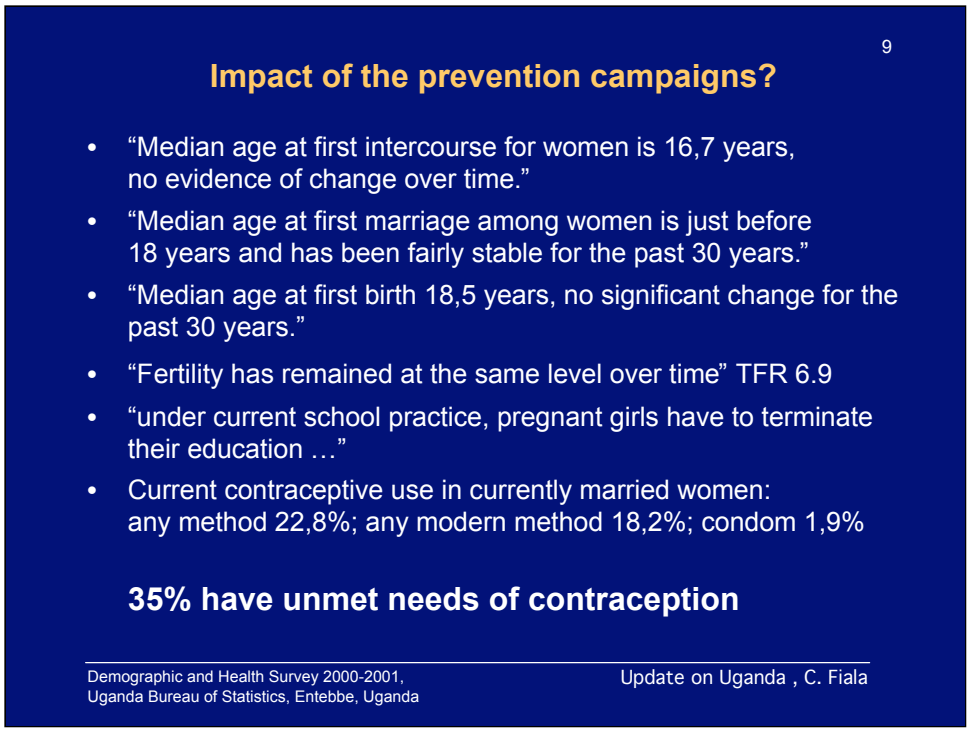
Today, however, one reads little about Aids in Uganda. Because all prophesies have proved false, as the results of the (ten-year) census in September 2002 show. (4) Summing up, the Uganda Bureau of Statistics says, “Uganda’s population grew at an average annual rate of 3.4% between 1991 and 2002. The high rate of population growth is mainly due to the persistently high fertility levels (about seven children per woman) that have been observed for the past four decades. The decline in mortality reflected by a decline in Infant and Childhood Mortality Rates as revealed by the Uganda Demographic and Health Surveys (UDHS) of 1995 and 2000-2001, have also contributed to the high population growth rate.” In other words, the already high population growth in Uganda has further increased over the past 10 years and is now among the highest in the world. (5)



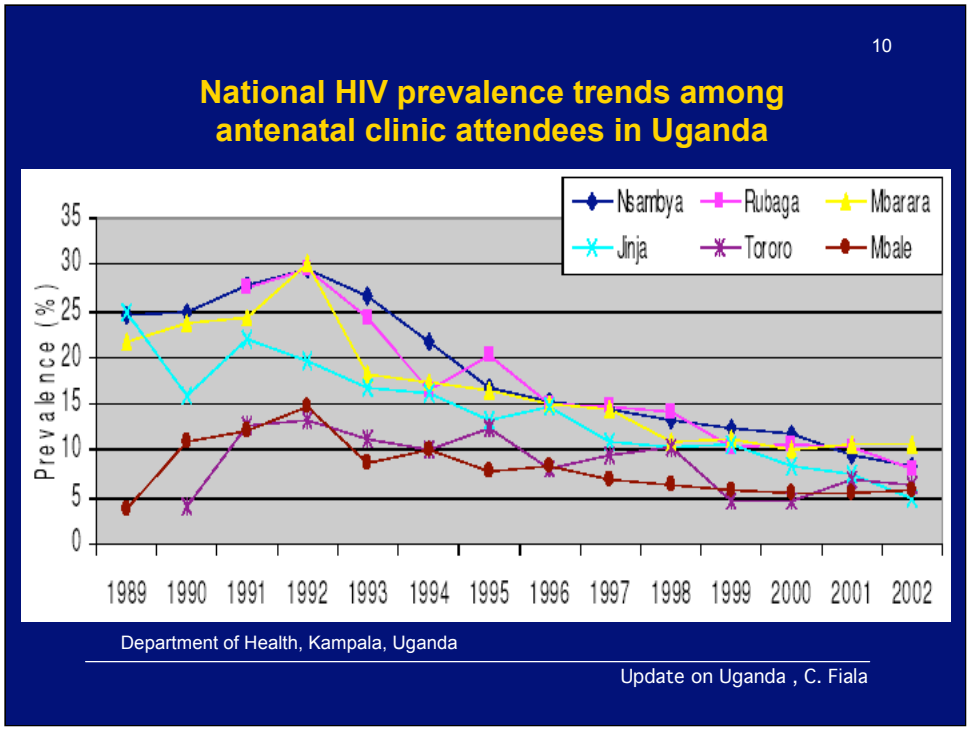
Similarly economic development has shown a constant growth over the same period reflecting the energy and determination of Ugandans to improve their living conditions. (6)

How can this contradiction be explained, that a land condemned to death has not only avoided the predicted catastrophe but that population growth has even dramatically accelerated in this period and economic development has been positive? And more specifically, how has it been possible to reduce HIV-prevalence without antiretroviral therapy, the so-called Aids-drugs.

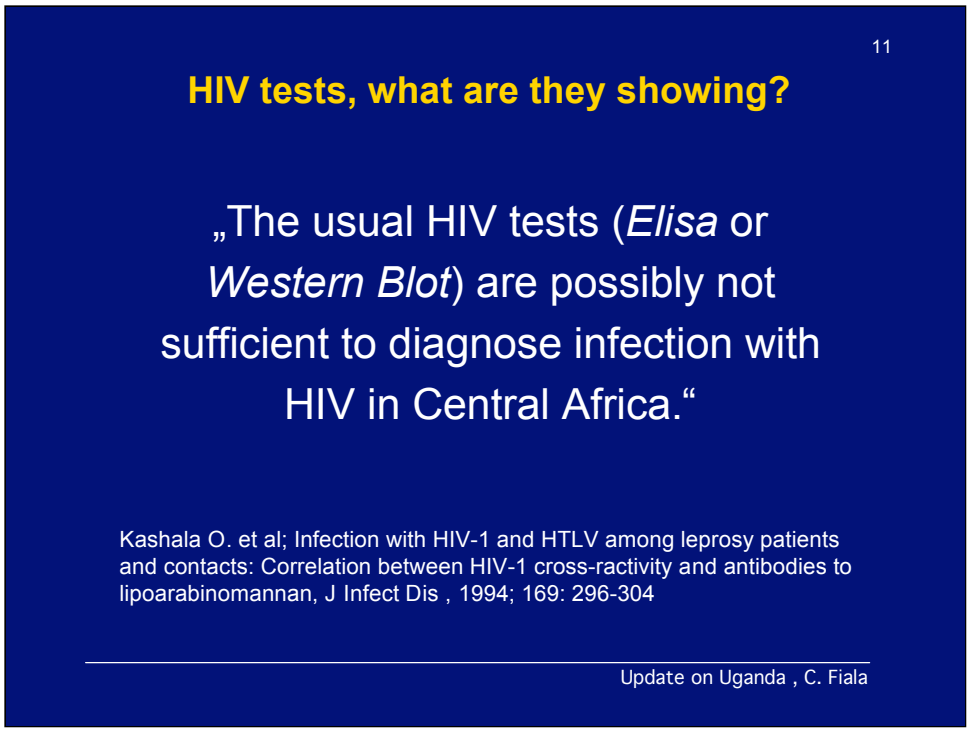
It is often mentioned that the energetic action of the government and the aid organisations as well as the numerous campaigns against Aids could have led to a change in sexual behaviour and thus to a fall in HIV infections. This belief, however, cannot be sustained on the basis of the indicators of sexual behaviour in Uganda, as the latest household survey in 2001 shows.



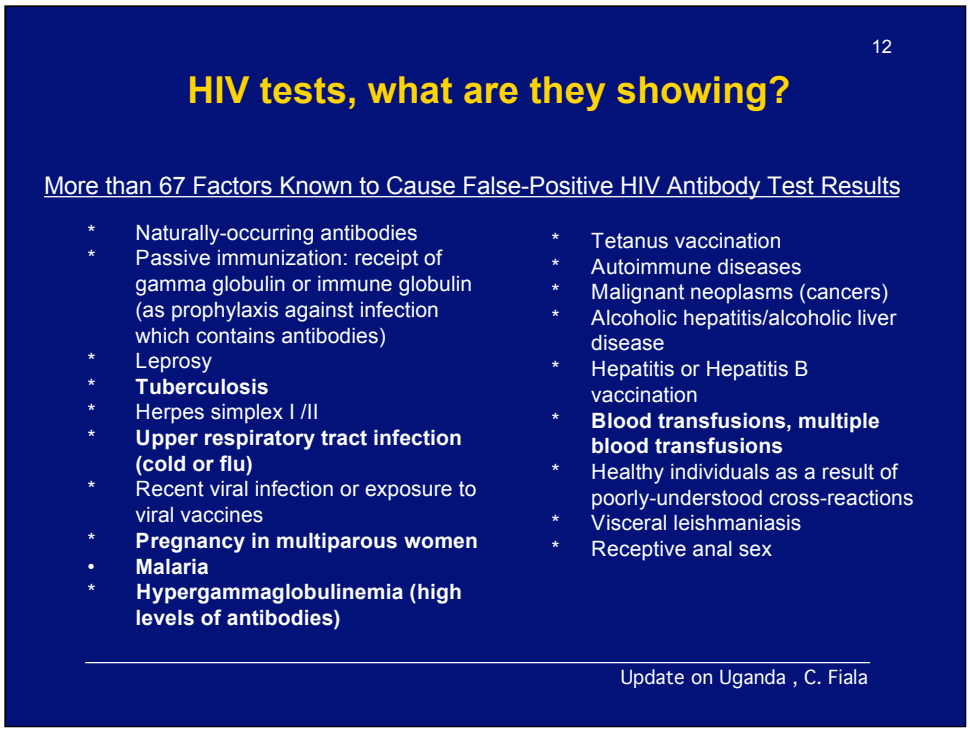
The following indicators have been stable, some for 30 years: fertility (seven children per woman), the average age of women at the time of first sexual intercourse (16.7 years), the time of marriage (18 years) and first childbirth (18.5 years). The only indicator that has slightly changed is the proportion of married women using contraception. This has risen over the last five years from 15 to 23 percent – still very low by international comparison. (8) And only 2 percent regularly use a condom. (But 35% have unmet needs for Family Planning!) There is thus no reliable evidence showing a change in sexual behaviour of people in Uganda.



Actually the explanation is to be sought elsewhere. The horror scenarios were based on the large number of people testing HIV positive in Uganda in antenatal surveys and numerous other studies. (9) Most of these HIV positives, according to the underlying assumption, would contract Aids in eight to ten years and consequently die relatively fast. Surprisingly however, mortality did not increase over the last decade – obviously therefore this assumption has been wrong.



The reason is suggested by a 1994 survey of reliability of HIV tests: “ELISA and Western Blot [the most frequently used tests] are possibly not sufficient for the diagnosis of HIV infection in central Africa.”



Numerous other studies since then have confirmed this statement and the unreliability of HIV tests. In Africa in particular, people have a high number of antibodies against infectious diseases or against foreign proteins after receiving blood or dirty injections. Some of these antibodies may lead to a false positive HIV test. As these people do indeed have a positive HIV test but are not infected with HIV, they also do not die after the allotted time.

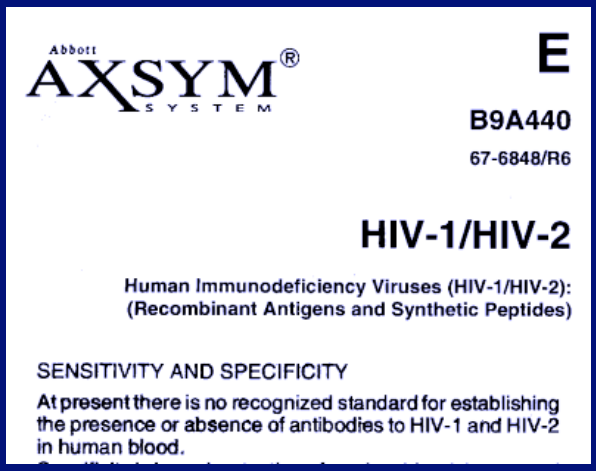
HIV tests, what are they showing?

„Published data indicate a strong correlation between the acquired immunodeficiency syndrome (AIDS) and a retrovirus referred to as Human Immunodeficiency Virus (HIV).“

Product information of:
Vironostika® HIV-1 Plus O Microelisa System

It is interesting in this respect to take a closer look at the product information of the HIV-tests. The producers of these tests admit that first: they do not know whether or not HIV is causing Aids,

HIV tests, what are they showing?



Abbott AXSYM® SYSTEM

E

B9A440

67-6848/R6

HIV-1/HIV-2

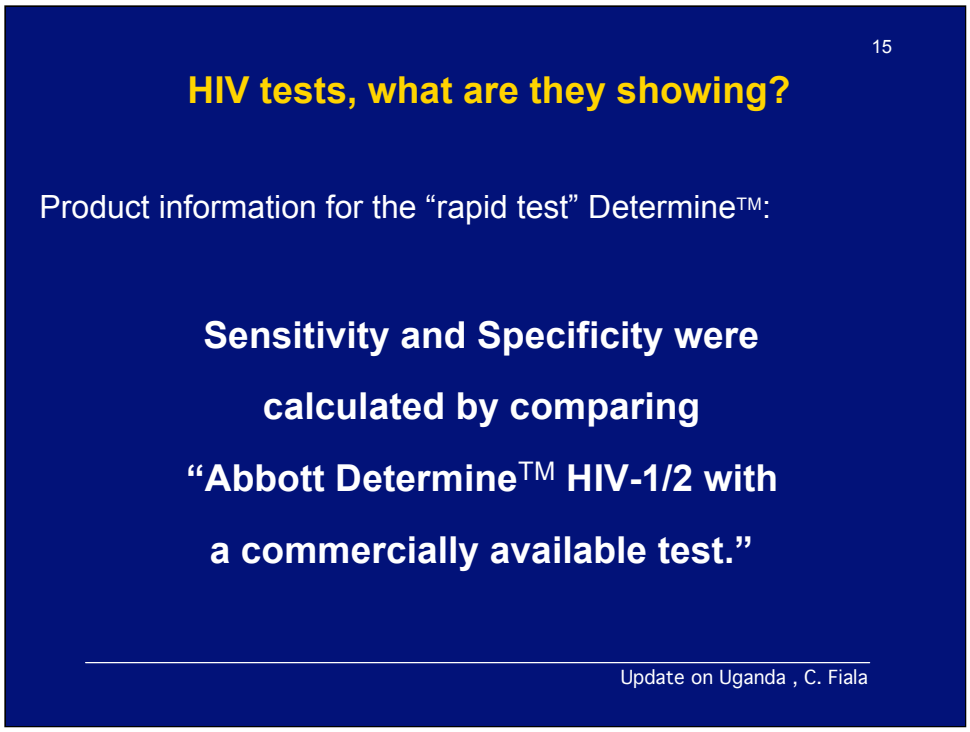
Human Immunodeficiency Viruses (HIV-1/HIV-2):
(Recombinant Antigens and Synthetic Peptides)

SENSITIVITY AND SPECIFICITY

At present there is no recognized standard for establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood.

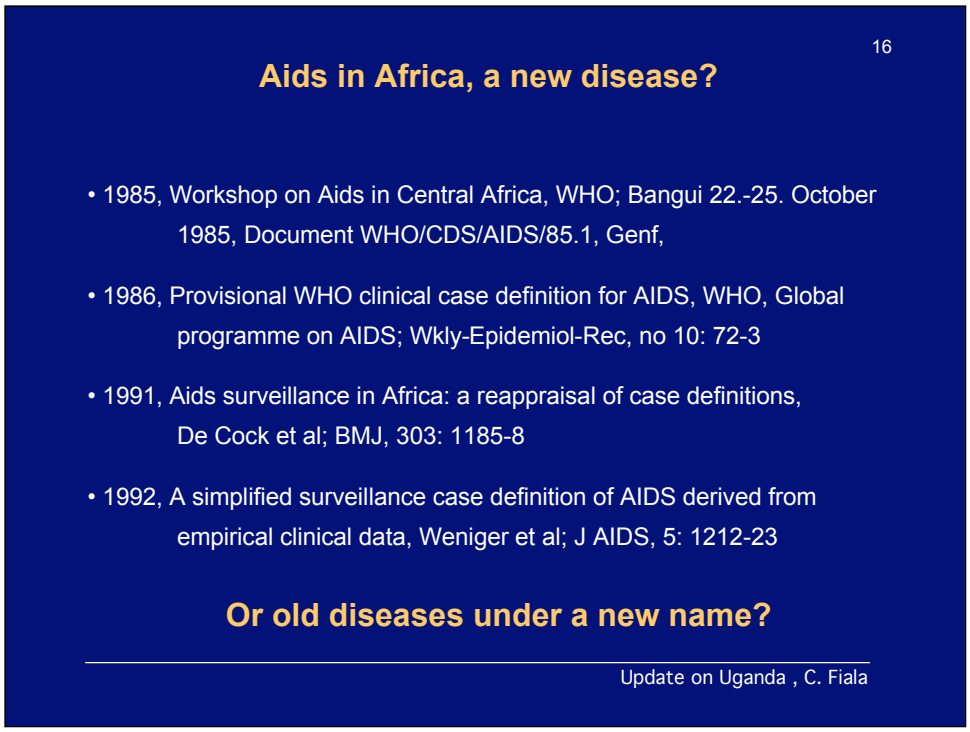
Abbott Laboratories, United States, Information for the ELISA test

they do not know anybody who has so far reliably diagnosed a person as being HIV-positive, and



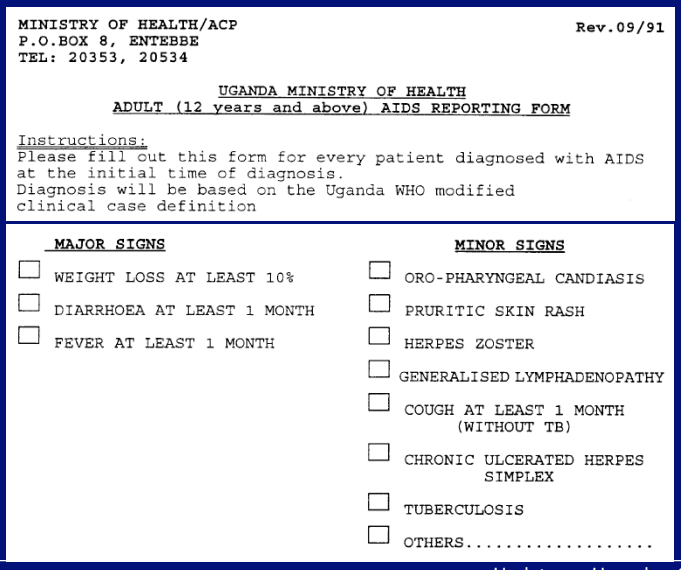
they therefore determine the reliability of their tests by comparing them with other tests. In science this is called the absence of a “golden standard”. And as long as there is no golden standard, nobody is able to say what these tests show.

This precaution from the side of the companies has to be seen in the light of possible legal claims in the future.



Not only are the figures on HIV infections unreliable and misleading, but so are the official Aids statistics. The diagnosis of Aids in Africa is based on a special definition for developing countries (the so called “Bangui definition”), which WHO decided in 1985. (11, 12) According to this definition, Aids is diagnosed on the basis of non-specific clinical symptoms and without an HIV test.

Aids in Africa a new disease?



MINISTRY OF HEALTH/ACP
P.O.BOX 8, ENTEBBE
TEL: 20353, 20534

Rev.09/91

UGANDA MINISTRY OF HEALTH
ADULT (12 years and above) AIDS REPORTING FORM

Instructions:
Please fill out this form for every patient diagnosed with AIDS at the initial time of diagnosis.
Diagnosis will be based on the Uganda WHO modified clinical case definition

MAJOR SIGNS

- ☐ WEIGHT LOSS AT LEAST 10%
- ☐ DIARRHOEA AT LEAST 1 MONTH
- ☐ FEVER AT LEAST 1 MONTH

MINOR SIGNS

- ☐ ORO-PHARYNGEAL CANDIASIS
- ☐ PRURITIC SKIN RASH
- ☐ HERPES ZOSTER
- ☐ GENERALISED LYMPHADENOPATHY
- ☐ COUGH AT LEAST 1 MONTH (WITHOUT TB)
- ☐ CHRONIC ULCERATED HERPES SIMPLEX
- ☐ TUBERCULOSIS
- ☐ OTHERS.....

Update on Uganda , C. Fiala

Even today in Uganda and other African countries, people with for example continuous diarrhoea, weight loss and itching are declared to be suffering from Aids. But also the typical symptoms for tuberculosis – fever, weight loss and coughing – are officially considered to be Aids, even without an HIV test. (13)

This definition based on clinical symptoms is being used since 1986 although even the celebrated discoverer of HIV, Prof. Luc Montagnier in his book states that Aids has no typical clinical symptoms.

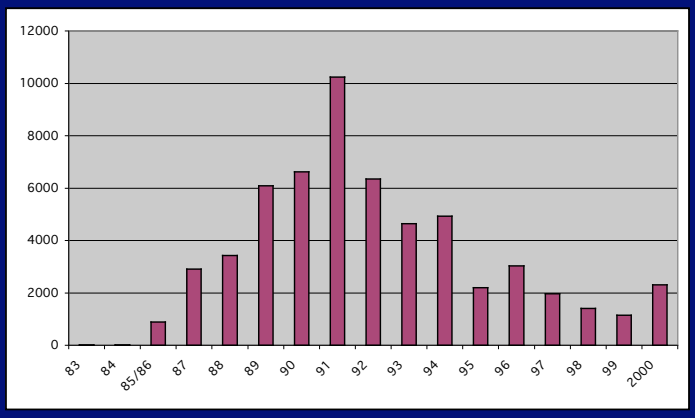
Reported Aids cases in Uganda

Number of Aids cases	
83	17
84	11
85/86	882
87	2.914
88	3.425
89	6.090
90	6.616
91	10.235
92	6.352
93	4.641
94	4.927
95	2.192
96	3.032
97	1.962
98	1.406
99	1.149
00	2.303

Ministry of Health, Kampala, Uganda

But even based on this highly unusual and unreliable definition, the number of Aids cases in Uganda has peaked in 1991 and remained rather small since.

Reported Aids cases in Uganda

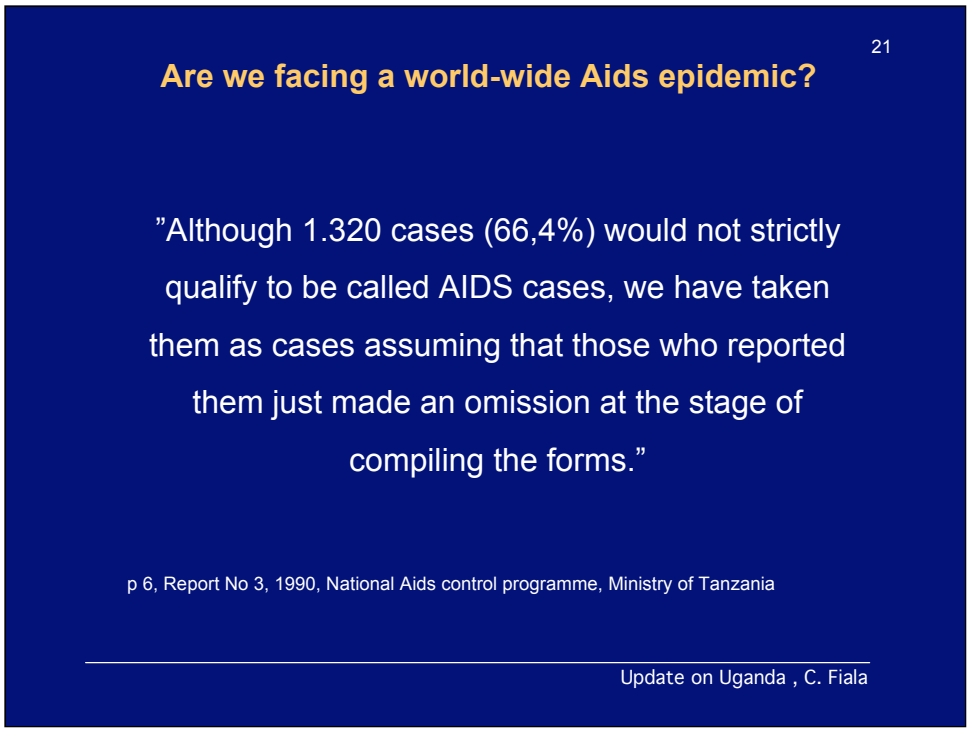


In 1994 more than 4.000 organisations engaged against Aids had been registered

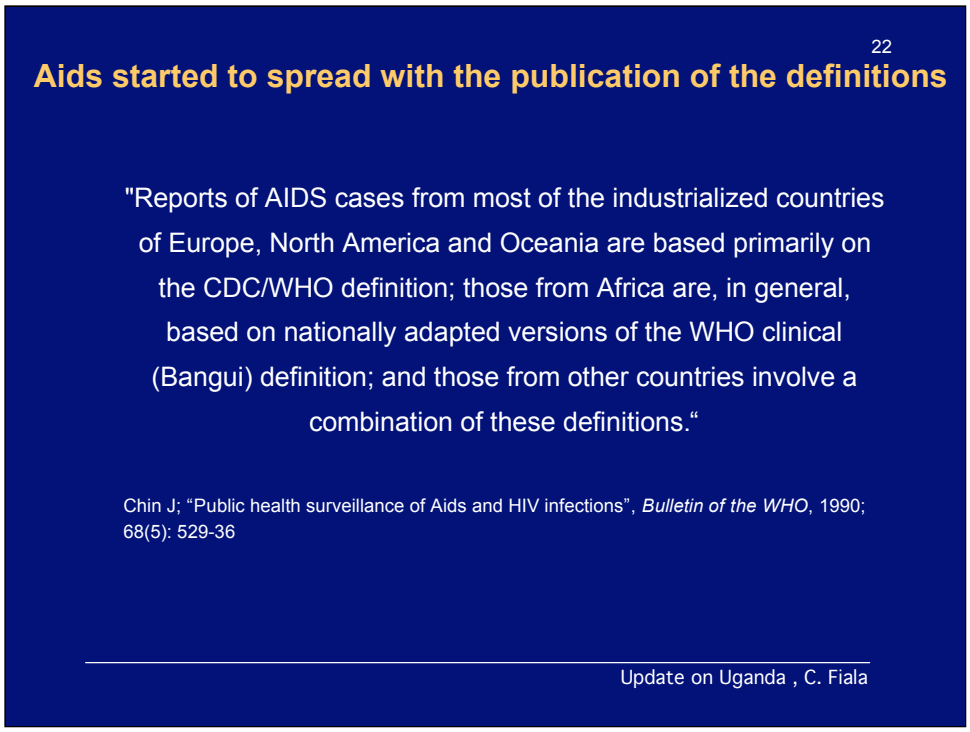
Ministry of Health, Kampala, Uganda

Update on Uganda , C. Fiala

This development is very positive but is in sharp contrast to the predictions we heard some 10 years ago.



Reports based on this definition are then further processed nationally before they are reported to WHO. During this first processing, strange things sometimes occur. In Tanzania for example, it was reported in one yearly report that 66% of the Aids cases did actually not qualify being called Aids, as they did not fulfil the national Aids definition. Nevertheless they were counted and reported to WHO.



On a global level, WHO continues the "processing" of the figures. Reports from all countries are added together, although the people have been diagnosed on the basis of very different definitions.

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Are we facing a worldwide Aids-epidemic?

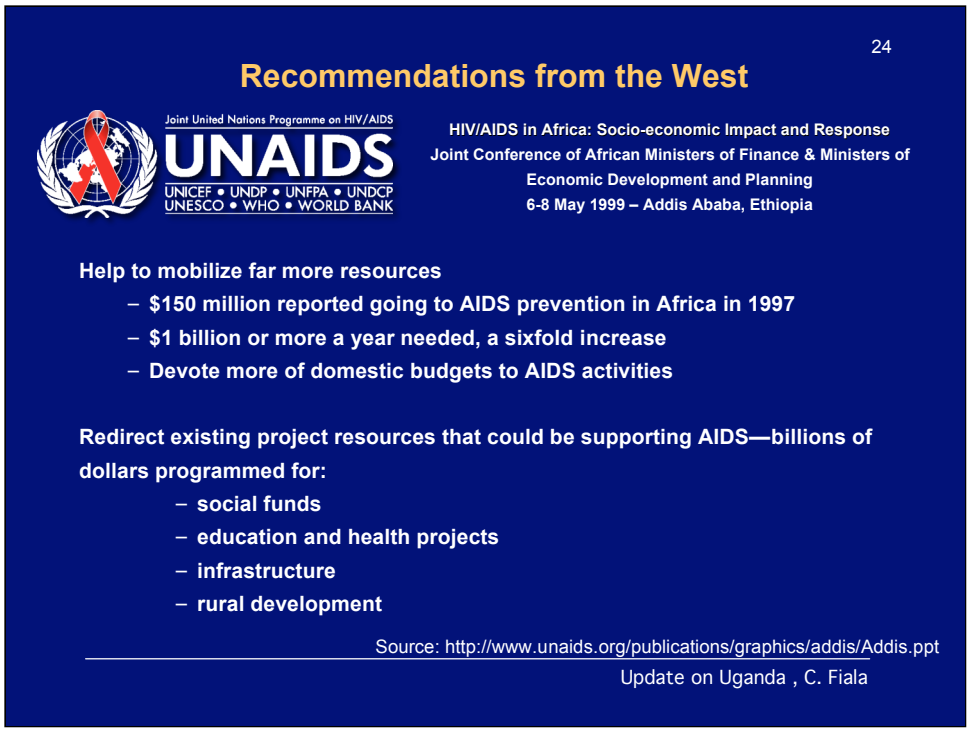
A close look at the data from UNAIDS/WHO:

Cumulative case, in millions / Report of WHO	reported	estimated, not reported	estimated total	% of the estimated cases of the total
July 1994	0.33	2.35	2.68	**88%**
January 1995	0.35	2.8	3.15	**89%**
July 1996	0.5	5.43	5.93	**92%**
November 1997	0.62	9.78	10.4	**94%**
New cases between July 96 and November 97	0.12	4.4	4.5	**97%**

* all cases since 1970/80, including the patients who died

Update on Uganda , C. Fiala

Than, in order to get a total estimate of Aids cases, WHO at it's headquarters in Geneva adds the registered Aids sufferers to a high number of unreported cases, which WHO presumes to have occurred. Thus in November 1997, the WHO announced that since its previous report in July 1996, there had been a further 4.5 million Aids cases in Africa. In this period, however, only 120,000 Aids sufferers were actually registered. In other words, 97 percent of the supposed new Aids cases during this period occurred only at the WHO headquarters in Geneva. The WHO has since been avoiding this absurdity by preparing the statistics differently. Now, healthy people with a positive HIV test are included in the WHO statistics together with those suffering from Aids. Again this procedure is highly unusual in medicine. As for example in tuberculosis no one has suggested putting together sick people actually suffering from tuberculosis and those that are healthy but having antibodies against the bacteria.



The fight against Aids conducted on this misleading basis has fatal consequences however. Thus for example, UNAIDS 1999 recommended finance ministers in the African countries cut their budgets for social security, education, health, infrastructure and rural development in order to have more funds available for the fight against Aids. (14) And if, just in Uganda, 4,000 aid organisations are active in the struggle against Aids (as of 1994), the priorities of the health system are clear. Powerlessly, Uganda authors remark: “Because local decision-makers are so dependent on donations, they tend to accept aid projects indiscriminately.” (15)

25

Result of the hysteric media reports on Aids

Money spent in Thailand for HIV/Aids in million of US $:

	total	donations	national budget	national budget in %
1988	0,68	0,50	0,18	27%
1989	4	3,87	0,44	10%
1990	6	4,11	2,63	39%
1991	10	2,81	7,22	72%
1992	29	4,11	25,2	86%
1993	52	8,39	44,3	84%
1994	58	12,36	45,63	78%
1995	73	11,87	62,09	84%
1996	89	7,90	81,96	91%

Update on Uganda , C. Fiala

And in Thailand we can clearly see how money is diverted from urgently needed projects to pay for the HIV/Aids business. In the first years, foreign aid covered most of the budget for HIV/Aids. But than subsequently, the national budget took over and in the end it were the Thais who had to pay themselves for the campaigns, unreliable HIV tests and potentially toxic Aids-drugs.

Where are the health problems in Uganda?

Results of an analysis of 186,131 inpatients admitted to six Ugandan hospitals during 1992-1998

- “In all hospitals, malaria was the leading cause of admission and the frequency of admissions for malaria showed the greatest increase.
- Other conditions, such as malnutrition and injuries, mainly increased in the sites affected by civil conflict and massive population displacement.
- Tuberculosis accounted for the highest burden on hospital services (approximately one-fourth of the total bed-days), though it showed a stable trend over time.
- A stable trend was also observed for acquired immunodeficiency syndrome (AIDS), which is in contrast to the hypothesis that AIDS patients have displaced other patients in recent years. “

Am J Trop Med Hyg 2001 Mar-Apr;64(3-4):214-21

Other problems are widely neglected in the fight against Aids

27

Where are the health problems in Uganda?

"In conclusion: preventable and/or treatable communicable diseases, mainly those related to poverty and poor hygiene, represent the leading causes of admission and death, reflecting the socio-economic disruption in Northern Uganda."

Am J Trop Med Hyg 2001 Mar-Apr;64(3-4):214-21

Update on Uganda , C. Fiala

And it is still the "old", well known diseases the people in Africa are suffering and dying from. Not sexually transmitted are they, just the consequence of poverty and therefore not "sexy" enough to attract the attention of the world.

And a large part of Uganda's population has no access to clean drinking water. In 1990 the figure was 56 percent. Ten years and millions of dollars of donations later it was still 50 percent. (16) The situation in Kyotera, a town in the Rakai district, is particularly cynical for example. In this district a particularly large amount of money has been spent on the fight against Aids, because it is supposed to be most heavily affected by the epidemic.

Despite millions for Aids research, of aid funds

„Prevention campaigns"


Sunday Vision

VOL 11 No 27 Sunday, July 7, 2002 Price: USh 700 (KSh 40 TzSh 500 RF 300)

Safety is supreme on El Al
Page 29

Our former best students: Where are they?
Pages 10, 27

Shopping for love in the city
Pages 11, 12

No sex for AGOA girls

Mbabazi probes Kazini

PRESIDENT Yoweri Museveni on Tuesday appointed Defence Minister Amama Mbabazi to chair a probe committee to investigate Maj.

, campaigns for abstinence

„Prevention campaigns"

18 years of age after multiple | Ojok Openy Patrique, | each other and both of them are | STDs and preparing for

Good sex is delayed

Many of you said that good sex is sex at the right time. Sorry, guys, that's too vague! You do not win. What IS the right time?

Instead we gave the prizes to those of you who said what the right time was for you.
Some of you said the right time was after studies.
Some of you said after getting a job or after marriage. Others said the right time was after finding someone you love and who loves you.

But always, for all of you, good sex was protected sex after the age of 18.

Good sex is that sex which is made after studies but not when you are studying. **Jennifer Tumuramya, Kisoro Millenium College**

Jackie Namilimu and Zalika Nagginda City SS, Wakiso

Good sex is planned

We also gave prizes to readers who talked of planned sex. Always plan sex to be safe.

Luwaga Brian and his friend Willy are students of Nakyenyi SSS, Masaka

Good sex is well-planned sex because unplanned sex exposes you to STDs and many other dangers. **Brian Luwaga, Vice chair, ST Club, Makyenyi SSS, Mbirizi, Masaka**

Good sex is a well-planned sex between partners ready to take responsibility for any circumstance that might arise. **Albert Tukupe, St Joseph's College, Layibi**

Good sex is sex which has been planned for long and which is safe. **Mugisha Moses. Excel SSS. Kasubi, Kampala**

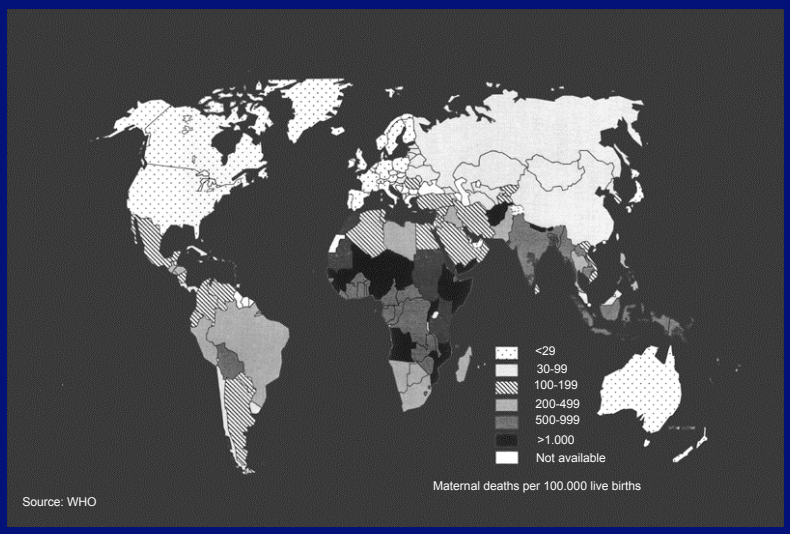
Good sex is sex that is organized and accepted by both

and the distribution of condoms,

the people of Kyotera still have to get their water during most time of the year from an unprotected water hole, which they share with cattle.

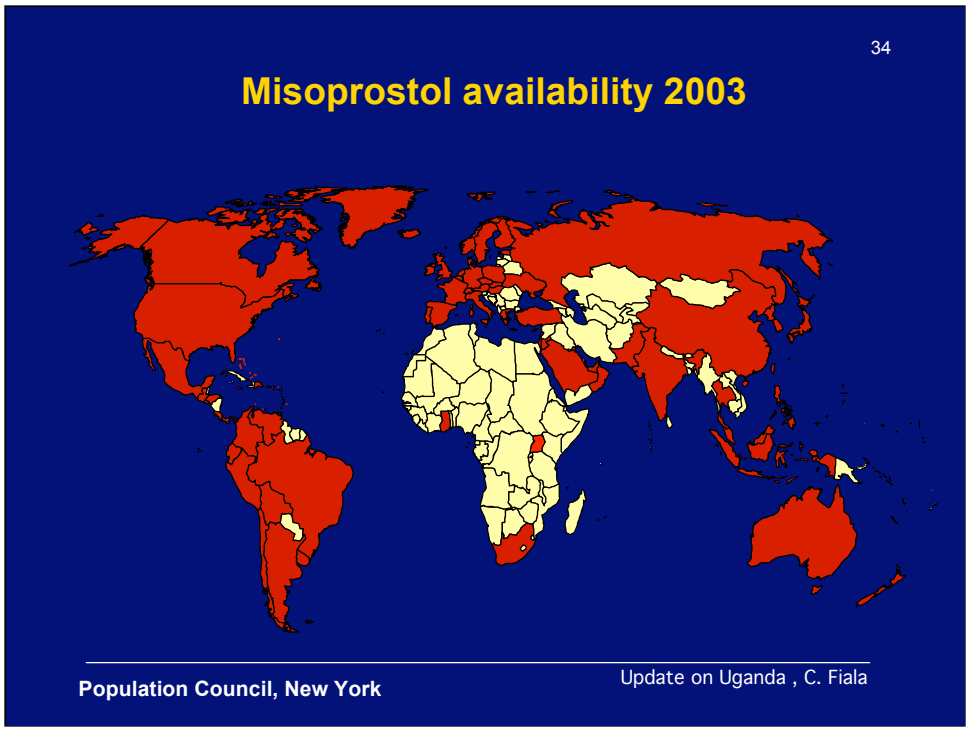
33

Maternal mortality ratios (global estimates 1990)



Update on Uganda , C. Fiala

Maternal mortality in Uganda is also one of the highest in the world and has not fallen over recent decades. As before, one in 16 women die during their years of fertility. (17)



One major reason for this is the consequences of unsafe abortions. (Abortions are illegal in most parts of Africa based on the medieval laws of the former colonialist countries.) A second reason is the lack of the most important medicament in obstetrics: prostaglandins are used world-wide and there is also a very good and inexpensive preparation (misoprostol). But WHO does not include a single prostaglandin in their list of essential drugs and in Africa this life-saving medication is only approved in three countries. (18) Uganda has only been among them since last autumn.

4 The Monitor 24.6.02 N

AIDS orphans increase to 2m

By Sheila C. Kulubya

The number of children orphaned by AIDS has increased from 1.7 million in 2000 to 2million this year despite a decline in the rate of infection.

The incidence of HIV/AIDS has declined from 30 percent in 1989 to 8 percent.

Joyce Namulondo Kadowe, a Social Scientist at Uganda AIDS Commission told *The Monitor* yesterday in an interview that the number has increased because more people who have been living with HIV/AIDS are now succumbing to the virus.

"We now have more orphans because all those people who were infected in the early 90s are now dying off," she said.

"But the prevalence is still going down every year," she added.

She said children orphaned by AIDS are very vulnerable to all forms of abuse and there is need for government to formulate a policy to address their special needs.

"Much as we appreciate what government is doing with UPE, it should not only stop at providing education to orphans. There is also need to address other aspects that affect their livelihood such as food and shelter," she said.

Kadowe said such orphans are more likely to be sexually abused or turn to prostitution as a means of survival.

The story of Aids orphans is certainly the most cynical since the discovery of HIV. And it sheds a characteristic light on the nature of reporting about Aids: obviously anything is allowed, without reservation, that makes people feel threatened.

We are told numbers of orphans that are beyond imagination. This article from 2002 claims there are 2 million orphans in Uganda out of a population of 24 million.

But only by accident one comes across some explanation.

“Aids orphans”

"There is confusion as to what is meant by

the term "orphan" [...]

Projection studies carried out by WHO and studies

done elsewhere have used different criteria."

"The care and support of children of HIV-infected parents" WHO, 1991, GPA/CNP/IDS/91.1

In a document from WHO which is restricted and not intended for the general public, we find some facts about Aids orphans that one might actually have expected to see in the WHO press releases. "There is confusion as to what is meant by the term "orphan" [...] Projection studies carried out by WHO and studies done elsewhere have used different criteria."

37

“Aids orphans”

"The UNICEF defines an orphan as a child whose mother has died, and WHO defines an orphan as a child who has lost both parents or only the mother. [...] In the Uganda enumeration study, an orphan is a child who has lost one or both parents (the standard Ugandan definition of an orphan)."

Lost, however, does not here mean dead, but simply absent, which is why the WHO also adds a far-reaching reservation: "One of the confusing aspects is the extent to which the absence of one parent is the norm in a given society.”

"In the Uganda enumeration study, no distinction was made as to the cause of orphanhood, which in some areas included the effects of war.“

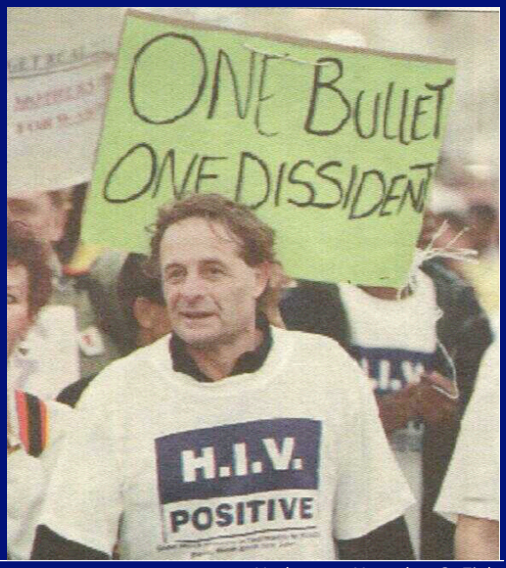
"The care and support of children of HIV-infected parents" WHO, 1991, GPA/CNP/IDS/91.1

We learn that Uganda for example has it’s own definition of an orphan: “In the Uganda enumeration study, an orphan is a child who has lost one or both parents (the standard Ugandan definition of an orphan)." Lost, however, does not here mean dead, but simply absent, which is why the WHO also adds a far-reaching reservation: "One of the confusing aspects is the extent to which the absence of one parent is the norm in a given society." One may add that European societies would have an astonishing high number of orphans if one would apply the Uganda definition. Needless to say a figure based on such an absurd definition does not give any information on the health status of a country.

The character of the Aids-discussion

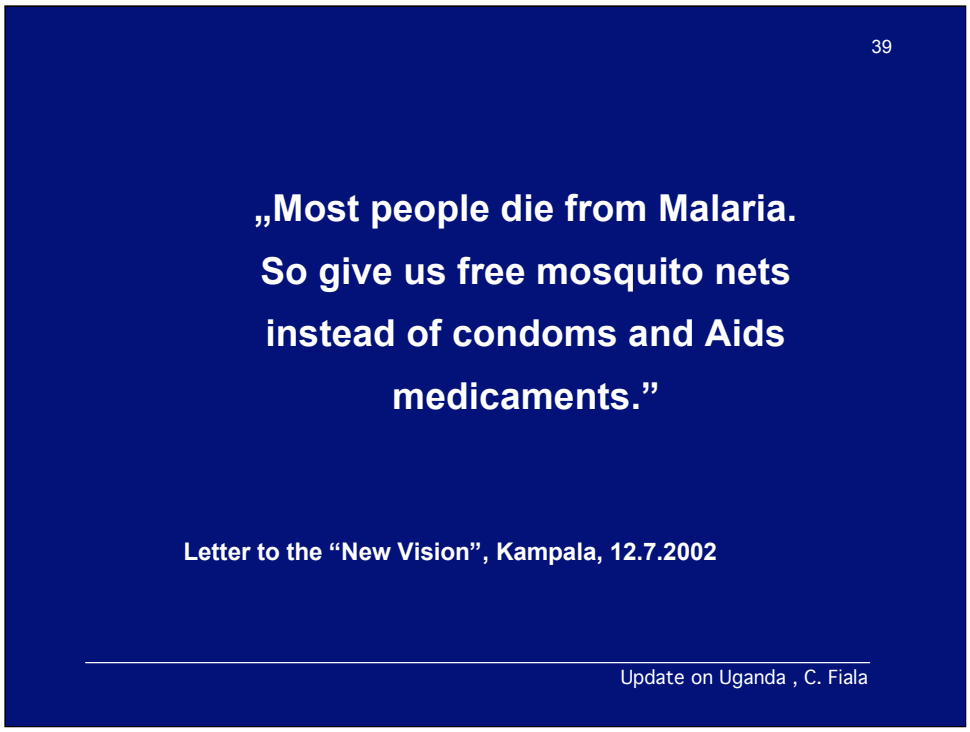
"Angry HIV-positive people march through Durban to protest against scientists who question whether Aids is caused by HIV"

Mail & Guardian, South Africa
July 14 to 20, 2000. Vol 16, No 28, page 8



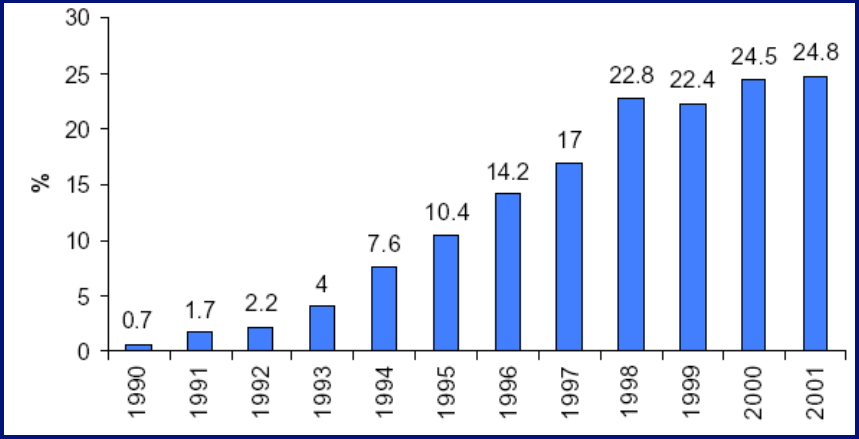
Head of Médecins sans Frontiers (MSF) South Africa and former head of MSF Belgium at a demonstration during the Aids conference in Durban, South Africa in 2000

In the meantime, Aids experts drive around the country in four-wheel-drive air-conditioned vehicles, if they are not saving the world from Aids in their comfortable offices, presenting their latest medical experiments on Africans at an overseas conference or trying to silence those that bring forward arguments instead of emotions.



The government of Uganda has not only bought condoms for millions of dollars on credit, but borrows even more money from the industrialised countries in order to buy imprecise HIV tests and toxic Aids medications. Previously there were only isolated voices against this sometimes cynically understood imbalance. Thus a reader of the daily *New Vision* in Kampala wrote recently: "Most people die from malaria. So give us free mosquito nets instead of condoms and Aids medicaments."

National HIV prevalence trends among antenatal clinic attendees in South Africa: 1990-2001



Department of Health, Republic of South Africa

Aids in Africa - a virtual reality in the era of infotainment

Dire predictions about the imminent deaths of thousands and even millions of innocent people seem to be part of the HIV/Aids era. Numerous predictions of this kind have been published since the first days of the media coverage of HIV, first for the US, then for Europe, Uganda and Thailand. All those predictions had one thing in common: they were completely wrong. But usually it took several years before reliable data could be produced to prove them wrong. By that time, the media attention had already turned to more „sexy„ subjects and coverage of the correction has usually been minor.

Currently South Africa is object to countless similar predictions citing as many as 1,7 million deaths in the coming years due to HIV/Aids in case so-called HIV drugs would not be made available. (19)

These predictions are mainly based on antenatal screening, which showed an impressive increase of HIV-positive pregnant women.

Is there an HIV/Aids epidemic in SA?

"Implementation of this protocol has been monitored closely and gradual phasing-in was adopted so as to ensure that **expected prevalence trends** are not disrupted."

p 2, Summary report, National HIV sero-prevalence survey of women attending public antenatal clinics in South Africa 1999

It is only in a short paragraph of this report that we find an unexpected revelation of the authors: they changed the protocol in order to get an "expected prevalence trend". In other words, they changed the conditions of the study to be sure the result will show a high and increasing number of people with a positive HIV test. Needless to say that this is against all scientific standard.

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Is there an HIV/Aids epidemic in SA?

"The deliberations of the panel were at all times bedevilled by the absence of accurate and reliable data and statistics on the magnitude of the AIDS problem or even HIV prevalence in South Africa. Repeated requests for such data and statistics, failed to result in the provision of such data by either South African panellists or the officials of the Department oh Health."

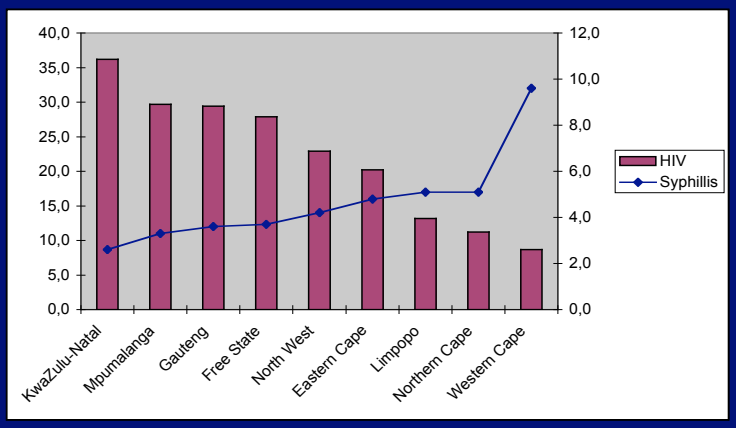
Provisional Presidential AIDS Advisory Panel Report
South Africa, March 2001

South Africa is however in the comfortable situation to learn from past experience and to interpret those predictions with some caution.
And earlier this year Statistics South Africa announced the results of the latest population census in 2001: the total population was found to be at 44,8 million, an increase of 4,3 million during the 5 years since the census in 1996. (20) This is equivalent to an annually population growth rate of about 2%.

We are used to learning new things in medicine. Nevertheless, there seems to be a contradiction between the dire predictions of more than a million deaths due to a deadly epidemic said to have been ravaging South Africa for more than 10 years and the finding of a growing population. At least there is no historical precedent where a deadly epidemic had a similar effect.

HIV heterosexually transmitted?

In South Africa there is no correlation between HIV and STDs



National HIV and Syphilis Sero-prevalence survey of women attending public antenatal clinics in South Africa - 2001, Ministry of Health, Pretoria, http://196.36.153.56/doh/aids/syph-f.html

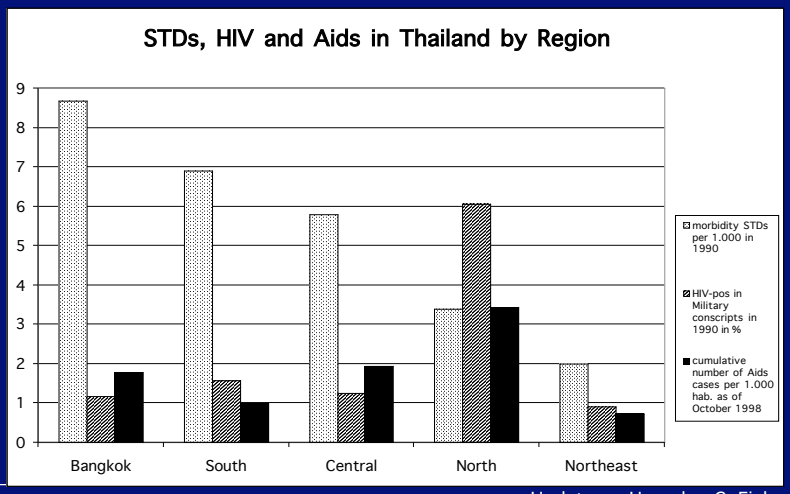
Update on Uganda , C. Fiala

HIV is generally accepted as being sexually transmitted. In Africa it is said to spread mainly by heterosexual contact, which is in contrast to developed countries, where there is no spread in the general population.

Results of the latest antenatal screening survey in South Africa do not support the hypothesis of HIV being transmitted and confirm other publications. This survey includes testing of pregnant women for HIV and syphilis. One would expect a correlation of both diseases in geographical distribution and any change over time. Surprisingly this is not the case – on the contrary. KwaZulu-Natal, which is leading when it comes to HIV, has the lowest rate of syphilis of all provinces. Western Cape on the other hand had the highest rate of syphilis in 2000 but the lowest HIV prevalence. Northern Cape had the highest rate in syphilis in 2001 but the third lowest HIV in that year. Apparently there is an inverse geographical correlation between these two diseases although both are said to be transmitted by the same mode: heterosexual intercourse.

HIV heterosexually transmitted?

Thailand: There is no correlation between HIV/Aids and STDs



Update on Uganda , C. Fiala

Thailand is another country, which is said to be severely hit by a heterosexually transmitted HIV-epidemic. And again we come across the same finding. Bangkok has the highest rate of STDs and a low HIV prevalence. Northern Thailand, the so called Golden Triangle on the other hand has the highest rate of HIV but the second lowest STD morbidity of all regions. And even within the different provinces of the Northern Region there is a negative geographical correlation between HIV and syphilis.

The conclusion of these observations is obvious: HIV can not be heterosexually transmitted. This message has important implications on political decisions and ongoing prevention campaigns.

Source:

Chitwarakorn A. et al, Sexually Transmitted Diseases in Thailand, in Brown T. et al. Sexually Transmitted Diseases in Asia and the Pacific, 1998

Ministry of Public Health, AIDS Division, HIV/AIDS Situation in Thailand October 31, 1998

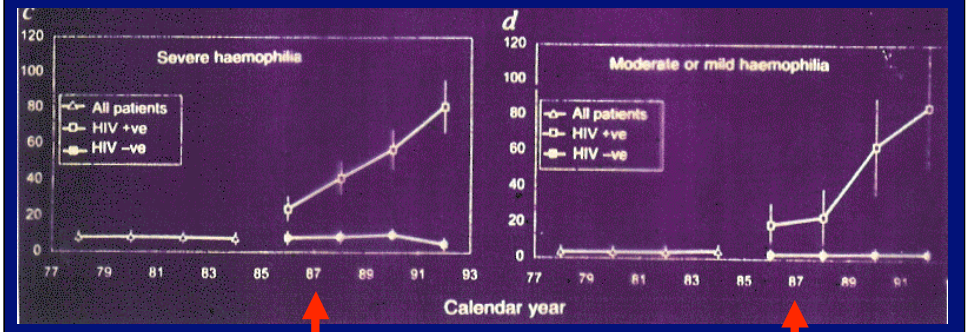
Office of Communicable Disease Control Region 10, Chiang Mai, Thailand, Aids Prevention and Control in Upper North, November 1998

History of antiviral treatment

1987	:1500 mg AZT(Fischle,NEJM)
1993	:1000 mg AZT(Concorde,Lancet)
1995	: 500mg AZT Dose reduction
1996/7	: Beginning of Triple-therapy
1995	: (Hit hard and early,D.Ho,Lancet)
1998	: (caution! Should we be treating HIV-infection early, Levy,Lancet)
2000	: (structured treatment, interruptions, Lorit Lancet,Rosenberg Nature)

Aids drugs are generally referred to as life-saving. Only rarely do we get an explanation of the toxicity of these drugs. AZT has been the first so-called Aids-drug. When it was put on the market it was widely welcome and patients were treated with doses of 1.500 mg per day. Unfortunately this was far to high a dose of this toxic drug. Therefore the dosage was reduced to a third of the initial dosage. This reduction came too late for many patients.

Mortality before and after Aids-treatment in haemophiliacs



Darby,Nature,Vol.377,1995

AZT

AZT

Major side effects: Anaemia and Leucopoenia (Pancytopenia)

Update on Uganda , C. Fiala

In this study, the death rate of HIV-positive patients (treated with AZT) and HIV-negative patients (not treated) was compared. There is a clear correlation between the onset of “treatment” with the toxic AZT and increased mortality for those patients that got AZT.

Currently less AZT is given and therefore less patients die from the treatment.

Why no Placebo-control?

Concord study from 1993 reveals: The more AZT the more deaths

There is a generally accepted rule in medicine: any new treatment or drug must be better than doing nothing. Therefore a comparison is done with a group of people that are not treated, but get a so called “placebo”.

Unfortunately this so-called placebo control was omitted for all Aids-drugs. Consequently we do not know whether these drugs do more harm than good.

Where are the health problems of Africa?

- **Malaria** - the worst of the vector-borne diseases - still strikes up to 500 million people a year, killing at least two million
- **Acute lower respiratory infections** kill almost four million children every year
- **Tuberculosis**, similarly spread from person to person, kills three million people annually
- **Diarrhoeal** diseases, mainly spread by contaminated water or food, kill nearly three million young children every year

Source: The World Health Report 1996, Fighting disease, fostering development

Conclusion

To draw a balance: the Aids hysteria of the last 20 years was indeed politically correct, but led to a neglect of other far more important aspects in health care.

What Africa does not need?

- New names for old diseases
- Exaggerated estimates of new diseases
- Expensive tests without therapeutic consequence
- More of "Western" morals, double standards and discussions of "Western phantasms" about African sexuality
- Campaigns to increase the profit of Western companies, governmental and non-governmental agencies, whether for tobacco or for HIV

Blantyre, Malawi, 02

Update on Uganda , C. Fiala

Unfortunately, not only did the commitment to fight Aids cost a lot of money, but it was also to the disadvantage of people in Africa. Innumerable western companies, NGOs, international organisations and Aids experts profited from it.

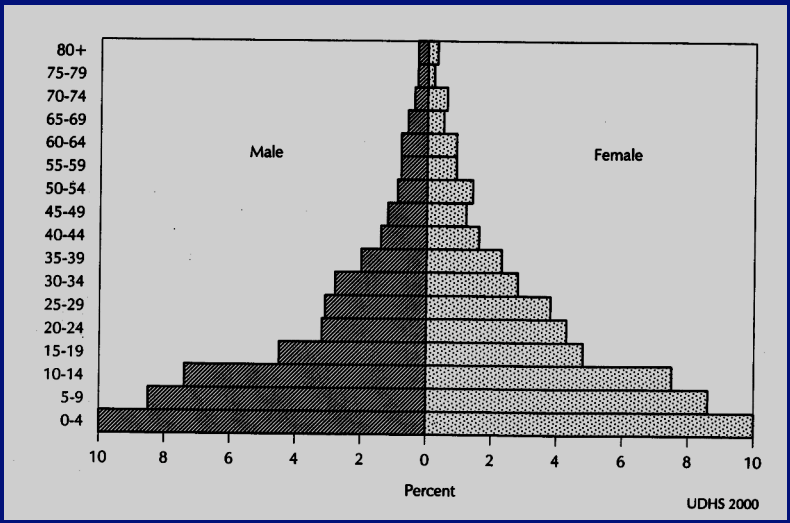
Interestingly the way to advertise against HIV/Aids is quite similar to the advertisement of any other (profitable) product.

HIV/Aids is indeed a new disease in this world of virtual reality and Infotainment: The celebrated discoverer of HIV later admits that he could in fact never purify the virus and the supposedly deadly disease leads to a real explosion in population growth in the so-called "epicentre", the country most heavily affected. (21)

Now, to err is human, however, a policy that is obviously based on false assumptions and has predominantly negative effects for those concerned has to be discarded or adapted. Adhering to it leads to questions regarding the responsibility of the decision makers. The ever more urgent question thus arises of when the current policy will be rethought and adapted to the priorities of the population.

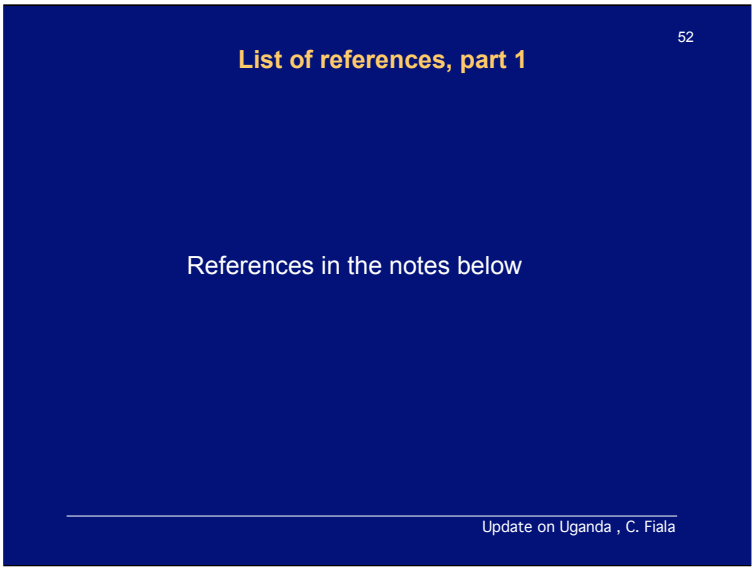
People in Africa need help and support. But it is neither helpful nor effective if wrong data and absurd definitions are employed to mislead and divert attention from the real problems.

What do we know about Africa?



Age distribution of the population of Uganda, DHS 2000/2001, Uganda Bureau of Statistics, Entebbe, www.ubos.org

Prof. Montagnier asked for this graph during the discussion.



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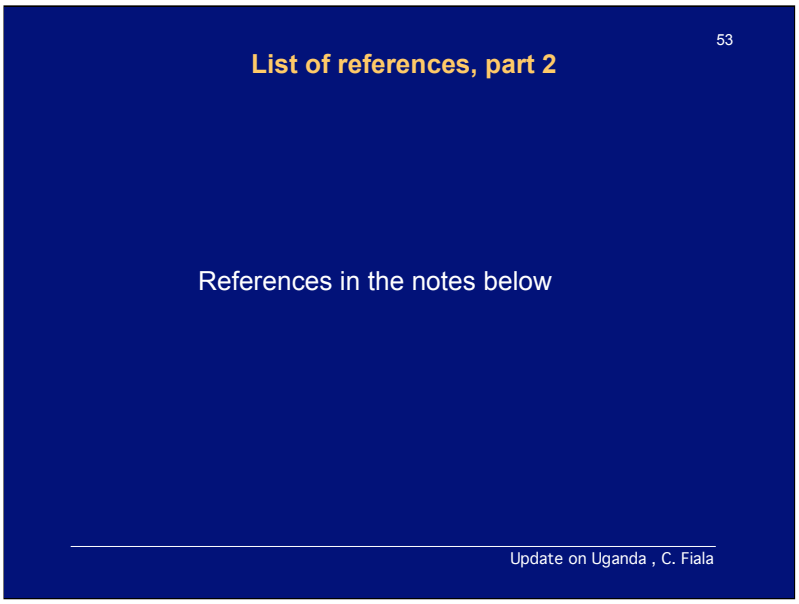

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