Research body responds to Mbeki's letter on Aids

Some years after last airing his controversial views on HIV/Aids, former president, Thabo Mbeki,has once again raised ire of HIV/Aids medico-scientific community with his latest missive.

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Following the publication of the letter on The Thabo Mbeki Foundation website, on 7 March 2016, Professor Salim Abdool Karim, director of CAPRISA (Centre for the Aids Programme of Research in South Africa), had this to say:

“Dissident views on Aids”

The points in Mbeki’s letter, cogently summarise his dissident views on Aids and confirm that he remains firmly an Aids dissident. The letter also confirms a long-held suspicion that he authored the document entitled, “Castro Hlongwane, Caravans, Cats, Geese, Foot & Mouth and Statistics”, a report on AIDS that is as incoherent as its title.

“HIV does not cause Aids”…

It is striking that in the entire letter, Mbeki meticulously ensures that he does not say that “HIV does cause Aids”; instead he claims that he did not say that “HIV does not cause Aids”. He rationalises this by his belief that “a virus cannot cause a syndrome”.

On whether viruses cause syndromes - he is simply ill-informed and/or is deliberately attempting to cloud the facts. The fact is that viruses can and do cause syndromes. Chickenpox virus causes Ramsay Hunt syndrome, an ear canal rash with facial neuropathy. The Middle Eastern respiratory syndrome, seen in a recent outbreak in Saudi Arabia, is caused by MERS corona-virus. “Slapped cheek syndrome” (yes, this syndrome is really called by this name), which is a red rash on the cheeks of children, is caused by Parvo-virus 19.

In Aids, a range of clinical features emanating from some cancers, certain types of pneumonias, TB and other opportunistic diseases (clinical manifestations of the underlying immune deficiency from HIV’s destruction of the body’s CD4+ cells) is collectively referred to as a syndrome, and this syndrome is caused by a virus known as HIV.

Different subtypes of HIV

Mbeki claims that no explanation has been forthcoming for the differences in the way the HIV epidemic has progressed in gay men in USA/Europe compared to its rapid spread in the general heterosexual population in Africa. However, this was explained in detail at the Mbeki Presidential Aids Panel.

Genetic sequencing clearly shows that the HIV epidemic in gay men, both in Africa and in the USA/Europe, is mainly due to subtype B of the virus while a different subtype (subtype C) predominates in the heterosexual population in Africa. In short, these are two independent epidemics caused by different subtypes of HIV.

Socio-behavioural and viral genetic studies have shown that a major contributor to the rapid spread of HIV in the general heterosexual population in southern Africa is the region’s unique colonial heritage and mining that impacted stable family life in the local populations to support migrant labour, and with it, the single-sex hostels and transportation routes.

Good nutrition can cure Aids

Mbeki aligns himself with Luc Montagnier in the belief that a good immune system, emanating from good nutrition, can cure a person of their HIV infection. In an interview, Montagnier agrees with an interviewer’s question that “if you have a good immune system, then your body can naturally get rid of HIV?”

This belief has no factual basis – it is simply wrong. No-one has ever been cured of Aids by eating well. It is estimated by UNAIDS that globally there are about 38 million people currently living with HIV infection and despite extensive research on immunity against HIV, not one person has been cured of HIV infection naturally or with drug treatments. There is no cure for AIDS.

TB and HIV – number one and two causes of death

He quotes a 2006 STATS-SA report that Aids is the ninth most common cause of death in South Africa, questioning why everyone is making a fuss about the ninth cause and not about the first cause, which is TB.

His reliance on death certificates to accurately reflect all the causes of death ignores the well-known problem of the under-reporting of stigmatising diseases on death certificates. The latest World Health Organization figures from 2013 (and not from a decade ago) confirm TB and HIV as number one and two causes of death in South Africa. Since TB is the main cause of death in patients with HIV, and up to 70% of TB cases in South Africa are associated with HIV, the most important cause of death is, in fact, HIV infection in this country.

It is also noteworthy that while HIV is still the major cause of death, deaths due to HIV are now starting to decrease as a result of the scale-up of antiretroviral therapy, which had initially been delayed by the policies of the Mbeki government. Indeed, the constitutional court judgement against the Mbeki government compelling them to provide antiretroviral drugs for the prevention of mother-to-child transmission has seen an impressive jaw-dropping decline from 25% about a decade ago to the current + 1% of babies being born with HIV from their mothers.

The delay caused by the Mbeki government's obstructive policies precluding pregnant women from accessing antiretrovirals to protect their babies led to thousands of babies becoming needlessly infected with HIV.

Drug company profiteering

He argues that the main motivation among those promoting the notion that HIV causes Aids is to support drug-company profiteering through their sales of antiretroviral drugs. However, much of the scientific evidence on HIV causing Aids comes from researchers, locally and abroad, who are themselves against the profiteering by drug companies from the plight of the poor.

Not only does Mbeki's conspiracy theory deliberately ignore this large body of scientific evidence that HIV does cause Aids, it directly insults all those treatment advocates who challenged drug companies to make Aids medications affordable and condescendingly accuses them of putting the drug company profits ahead of the needs of their communities, family members and friends for Aids treatment. This accusation is all the more cynical as a slap-in-the-face for those people with HIV who campaigned for Aids treatment for their own survival in vain.

Aids policy to be proud of

South Africa now has an Aids response that it can be justly proud of. Despite the delayed start, impressive progress has been seen under the auspices of the South African National Aids Council and the untiring leadership of the minister of health, Dr Aaron Motsoaledi and senior department of health officials such as director-general, Malebona Matsoso, and deputy director-general Anban Pillay. In our country, about 3-million people are on antiretroviral treatment, mortality has started to decline and life expectancy is already showing impressive improvement.

However, much more still needs to be done – about half of the people living with HIV in South Africa still need to be initiated on Aids treatment, many of them do not even know that they have HIV infection. Further, we need to make better progress in reducing the HIV in young women, who continue to have very high rates of infection.

Fortunately, Mbeki's widely-discredited views will likely have little or no impact on the country's current Aids response which is now firmly founded on scientific evidence and rational thought.