

CHGA Interactive Botswana Press Coverage



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Africa Urged to Get AIDS Victims Involved by Sello Motseta
Africa's AIDS Infected Insufficiently Involved in Strategies to Fight Disease, Conference Told

GABORONE, Botswana - Inadequate health care systems and insufficient involvement of HIV/AIDS victims in the campaign against the disease are among the challenges facing African governments, participants in a U.N. AIDS conference said Tuesday.

"We as policy makers are making decisions without listening to community needs," said Lisa Jamu, deputy representative for the Washington D.C.-based Population Services International group in Botswana.

Jamu spoke at the conclusion of a two-day meeting organized by the Commission for HIV/AIDS and Governance in Africa - the second in a series of five regional consultations on ways to improve prevention, treatment and care for those living with the disease. The first meeting took place in March in Maputo, Mozambique.

The commission aims to give the continent most affected by HIV/AIDS an opportunity to examine all aspects of the pandemic. Its 20 commissioners include African health ministers, development leaders, academics and activists.

About 25 million of the world's 38 million HIV-infected people live in sub-Saharan Africa.

Despite major reductions in the cost of life-prolonging anti-retroviral drugs in recent years, only a tiny percentage of those afflicted can afford them. Life expectancy in many African countries is expected to drop below 40 years by 2006.

Botswana, which hosted this week's conference, was the first African country to pledge to provide free treatment to all who need it.

Dr. Banu Khan, who heads Botswana's National AIDS Coordinating Agency, said African governments spent too much time analyzing literature on HIV/AIDS and not enough time acting on it.

"We need to do the work rather than talk about it," Khan said.

Khan said too many communities were slipping through the cracks because of poor communication with state bodies and inadequate health care systems.

While 91 percent of sub-Saharan countries have prevention of mother to child transmission programs, they are often ineffective because of such problems, according to the World Health Organization.

At the closing session Tuesday, the meeting urged major improvements in long-term emergency responses to the crisis, skills sharing between government and civil society, clearer definition of the roles of governments and other agencies, and early education about HIV to fight stigma and discrimination.

The next meeting is scheduled in Ethiopia on Sept. 29-30.

This story appeared in the following services:



LA Times.com

<http://www.mercurynews.com>

TIMESLEADER.com

[Newsday.com](#)

The Miami Herald
Herald.com

COMCAST.NET

<http://www.thestate.com>

SEATTLE POST-
INTELLIGENCER

<http://www.mozambiquenews.com/>

The Sacramento Bee

www.namibiapost.com/

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Botswana AIDS Drug Lines Mushroom By Barry Baxter

GABORONE, Botswana (Reuters) - Botswana, with the highest per-capita rate of HIV infection in world, is struggling to cope with the demand for treatment, despite pouring much of its diamond wealth into the battle against the killer disease.

"We are faced with an ever worsening, perpetual, insatiable demand," Ernest Darkoh, operations manager for Botswana's anti-retroviral drugs program, told a United Nations meeting on HIV/AIDS in the capital Gaborone Monday.

"We do not have the staff to deal with it. ... The critically ill and dying clog the system. Those at the back of the queue we only get around to when they are also dying," he said.

Botswana is seen as a model among African countries in fighting HIV/AIDS, earning plaudits as the first African country to give out life-prolonging free anti-retroviral drugs.

Its infection rate of over 37 percent of adults is equaled only by that of nearby Swaziland.

A large, arid country of just 1.7 million people to the north of South Africa, Botswana has funded its campaign through vast dollar earnings from some of the highest- quality diamonds in the world, coupled with massive aid from foreign governments and drug firms as well as private trusts like the Bill & Melinda Gates Foundation.

But Darkoh's comments revealed that even one of Africa's richest countries is struggling to come to grips with its AIDS epidemic -- a gloomy sign for countries such as neighboring South Africa, which are only now beginning to roll out their own drug treatment programs.

Darkoh said efforts to speed drugs to those in need were still inadequate, and the roll-out had not been fast enough to keep infected people healthy.

"Phased roll-out created an early perverse demand, the answer is to roll out quickly," he said.

"Our phased program was soon overwhelmed by the critically ill, who traveled from all parts of the country to the few sites which were at first operating. Treating these really sick took five to six times the resources needed for those in the early phases of the disease. We were overwhelmed."

Darkoh runs Botswana's anti-retroviral drugs program, which since January 2002 has provided drugs to 17,372 people at 18 sites across Botswana, out of a total 27,699 registered as medically eligible for treatment.

Another 6,600 people receive anti-retrovirals under private medical schemes, notably by diamond miner Debswana, a joint venture between the government and diamond giant De Beers.

Health Minister Lesogo Motsumi said at this month's 15th International AIDS Conference in Bangkok that Botswana would meet its target of getting 50,000 onto anti-retrovirals by 2005.

That would still be only half the estimated 100,000 people in Botswana who need immediate treatment, but compares with an average of just 4 percent for Africa as a whole.

This story appeared in the following services:



Botswana swamped by demand for antiretrovirals

NT Online News



The health system in Botswana is failing to meet a growing demand for antiretroviral drugs despite massive government investment in free treatment programmes.

The African country has the highest per-capita rate of HIV infection in world.

'We are faced with an ever worsening, perpetual, insatiable demand,' Ernest Darkoh, operations manager for Botswana's antiretroviral (ARV) drugs programme, told a United Nations meeting on HIV/AIDS in the capital Gaborone yesterday.

'We do not have the staff to deal with it ... The critically ill and dying clog the system. Those at the back of the queue we only get around to when they are also dying,' he said.

Botswana is seen as a model among African countries in fighting HIV/AIDS, earning praise as the first African country to give out free antiretroviral drugs.

Botswana struggling to cope with ARV demand By Barry Baxter

Gaborone - Botswana, with the highest per-capita HIV infection rate in world, is finding it hard to cope with the demand for treatment, despite pouring much of its diamond wealth into the battle against the killer disease.

"We are faced with an ever worsening, perpetual, insatiable demand," Ernest Darkoh, operations manager for Botswana's anti-retroviral drugs (ARV) programme, told a United Nations meeting on HIV and Aids in the capital Gaborone on Monday.

"We do not have the staff to deal with the it. The critically ill and dying clog the system. Those at the back of the queue we only get around to when they are also dying," he said.

'We are faced with an ever worsening, perpetual, insatiable demand' Botswana is seen as a model among African countries in fighting HIV and Aids, earning plaudits as the first African country to give out life-prolonging free anti-retroviral drugs. Its infection rate of over 37 percent of adults is equalled only by that of nearby Swaziland.

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But Darkoh's comments revealed that even one of Africa's richest countries is struggling to come to grips with its Aids epidemic - a gloomy sign for countries such as neighbouring South Africa, which are only now beginning to roll out their own drug treatment programmes.

Darkoh said efforts to speed drugs to those in need were still inadequate, and the rollout had not been fast enough to keep infected people healthy.

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This story appeared in the following services:

REUTERS 



CHGA concludes two-day conference on HIV/Aids



The Commission on HIV/Aids and Governance in Africa (CHGA) has concluded a two day Interactive conference in Gaborone Botswana. It targeted civil society and agencies which are at the sharp end of service delivery.

The meeting which discussed access of treatment and care for persons living with HIV/Aids, as well as the Prevention of Mother to Child Transmission of HIV/Aids was attended by four commissioners from across Africa, senior government officials and United Nations partner agencies. It is estimated that 25 million people are living with the virus on the African continent.

The Commission on HIV/AIDS and Governance in Africa is a United Nations initiative. It involves partnership with a number of UN agencies, as well as leading institutions in Africa and around the world. Its main objective is to scale up treatment and care for people living with HIV/Aids, as this is a common challenge facing African Governments.

According to Joy Phumaphi, the CHGA Commissioner, much African country's still lack the capacity to deal with mother to child transmission of HIV/Aids. This is mainly attributed to limited resources in their health systems. The Commission represents the first occasion on which the African continent, will lead efforts to examine all the aspects of HIV/Aids and likely future implications.

AFRICA: Interview with WHO Assistant Director General for Family and Community Health



Women and children are bearing the brunt of the AIDS crisis

GABORONE, 28 Jul 2004 (IRIN) - Joy Phumaphi, the World Health Organisation's (WHO) Assistant Director General for Family and Community Health, highlighted the need to prioritise women and girl children in the fight against HIV/AIDS during an interview with IRIN. She spoke after a two-day meeting of the Commission on HIV/AIDS and Governance in Africa (CHG) in Gaborone, the capital of Botswana, which ended on Tuesday.

QUESTION: Why should women and girl children be prioritised in the fight against HIV/AIDS?

ANSWER: It is not that women and children should be prioritised - what happens in the provision of services is that women and girl children are left behind ... In a lot of African countries health is not free, and those with resources dictate how resources are spent. When a woman cooks for the family, she gives them the best food and takes what is left behind. Women do not have equal access to health services because they do not command resources, and in a family they come last.

So you have to find special ways to bring them in. Fifty-eight percent of infected people in Africa are women and girl children. In some countries, among certain age groups like teenagers and young adults, the majority of infected people are female. In some countries the figure is as high as 65 percent.

The major factor is inter-generational sex, and [most commonly] older men with younger women, and older married men and young girls ... having inter-generational sex will infect both his wife and this young girl.

Prevention messages must focus on older men and young girls - she must be able to resist cellphone, cash and car [the three C's]. We have to craft messages for men and women where they need to be empowered.

Q: Is there not a risk that the boy child and men will feel excluded?

A: The risk is there - that is why we should have special focus on men and youth. The fact of the matter is that we must be focused on target groups. The services must be very friendly to everybody ... it is a difficult balance to keep, but one that must be maintained.

Our messages must be accessible to all age groups, cultures and all classes. They must not favour rich or poor people.

Q: Are prevention of mother-to-child transmission (PMTCT) interventions producing the desired results?

A: Prevention of mother-to-child transmission is producing the desired results because we are protecting 40 percent of those on PMTCT [therapy] in Botswana. In Africa ... under 10 percent are on PMTCT. The problem in Africa is that we tend to pilot instead of pursuing the accelerated scaling up model ... When you are piloting it takes two to three years to start, which delays the rolling out of the programme. In a phased approach you continue, and pick up lessons as you go. In Botswana we did a pilot and then accelerated a phased in approach. We had originally planned to scale up until 2005 but, at the time, I was able to push them to agree to a deadline ... Piloting antiretroviral drugs is a waste of time ... We should have basic staff at all centres and then scale up per centre, rather than per district. It is much easier that way.

Q: Given the strength of men in relationships, shouldn't there be a greater focus on the role of parents and not only mothers?

A: This should definitely be the case. Most caregivers are women and this compromises the quality of care, because they do not have resources. Men should be brought on board, so that they

can also be accountable for prevention, treatment and care. We were pleasantly surprised when we visited the Botswana-Baylor Children's Clinical Centre of Excellence at Princess Marina Hospital and saw men who cared about children as much as women. The fact of the matter is that there are some men who play positive roles as caregivers and are hurt by perceptions of men as indifferent.

Q: What do you think the role of guardians should be?

A: We need to recognise that children as minors are supposed to be legally incompetent, but they also have rights. The role of the parent is to protect the rights of the child. I think this is not what we appreciate - people think the role of parent is to instruct ... We need to look at guardians who refuse children treatment or do not tell them their status, so they learn their status from other sources.

The legislation must be very clear in defining the role of guardians and the rights of children, and administrative legislation should identify tools that can be used to monitor the interests of the child as well as what health workers can do ... Usually when a parent refuses [to disclose a child's status to him/her] they think they are protecting the welfare of the child because a child does not understand implications of HIV/AIDS.

Q: What was the purpose of these [CHG] discussions?

A: The discussion was for us to learn from practitioners from Botswana, Swaziland, Mozambique and Zimbabwe to identify policy directions for Africa. We will write a report to Kofi Annan, the United Nations Secretary-General, so that he can advocate for its use in programmes for Africa.

Q: Any parting thoughts?

A: I think that we need to go back to basics and not isolate HIV/AIDS - you cannot handle HIV/AIDS alone. HIV/AIDS found other diseases and other weaknesses in the health care system and took advantage. In order to successfully defeat HIV/AIDS, we need to perfect our health system and fight those other diseases as well. If a person has TB [tuberculosis] they are more likely to contract HIV/AIDS because their immune system is

weakened. Weaknesses in our health system, like the delivery of ante-natal care to mothers, can fuel HIV/AIDS ... if laboratory support services are weak, and the drug management system is weak, then we will not be able to test for HIV/AIDS, check the viral load and determine the CD4 cell count. You will also not be able to secure ARV drugs.

[ENDS]

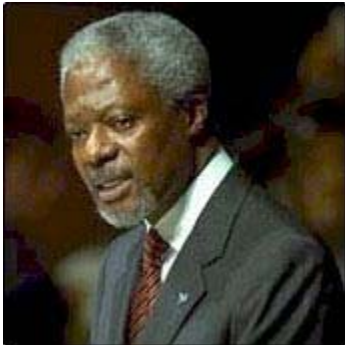
This story appeared in the following services:

IRINNEWS.ORG



HIVAFRICA.org

AFRICA: Call for better strategies to fight AIDS



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**Kofi Annan -
looking for new
approaches to
combat AIDS**

GABORONE, 28 Jul 2004 (PLUSNEWS) - UN Secretary-General Kofi Annan has been urged by delegates attending a conference on scaling-up the response to HIV/AIDS in Africa to act as a global champion for countries looking to develop generic anti-AIDS drugs and stem the brain drain of health workers.

"One of the recommendations is that we need to ensure a sustainable supply of ARVs [antiretrovirals] through governments, and not just the donor organisations, by assisting African countries to manufacture generic drugs," said Vuyisele Otukile, chief executive officer of Botswana's Youth Health Organisation (YOHO).

"We also need to empower traditional birth attendants, including other health providers like lay counsellors, to do rapid testing of HIV/AIDS on site and be able to give Nevaripine [the drug that can cut transmission of HIV by more than 50 percent] to HIV-positive mothers," he added.

The delegates were attending a two-day meeting in Botswana this week, hosted by a UN Commission on HIV/AIDS and Governance in Africa (CHGA) to examine the challenges of scaling-up HIV/AIDS treatment and care. The session was the second in a series of five planned regional meetings organised by the commission, which was set up by Annan to address the unique challenges posed by the epidemic in Africa.

Botswana, a middle-income country that has won plaudits for its national rollout of ARV treatment, has nevertheless struggled with the lack of capacity in its public health system to handle an estimated 37 percent of adults infected.

Noting a problem faced even more acutely by other African countries, Ernest Darkoh, the head of Botswana's national ARV programme said, "Most capacity challenges being tackled today existed long before HIV epidemic began ... the current situation is one where supply is grossly inadequate to meet demand.

"We do not have the staff to deal with it ... The critically ill and dying clog the system. Those at the back of the queue we only get around to when they are also dying," he told delegates.

"Although women and children are a priority group for access to ARVs, this is not happening. There is a need for rapid decentralisation of the ARV programme," said Connie Osborne, the UN Children's Fund HIV/AIDS project coordinator in Botswana.

Six issues identified by delegates as crucial in the fight against the pandemic were the sustainability of the long-term emergency response, better use of existing resources, more skills sharing, overcoming stigma and discrimination, decentralisation of initiatives and the need for HIV/AIDS education at an early age.

"Strategies for intervention should recognise target audience interests and rights, like women, children, people living with HIV/AIDS, traditional leaders and communities. We need to be very clear how we impart information to specific age and gender groups," said Otukile.

Concern was expressed over the lack of community participation in local programmes. "In Botswana we could do more to push a grassroots initiative. We need to start engaging with chiefs, traditional leaders, farmers and village youth in their own settings," said Dr Banu Khan, national coordinator of the National AIDS Coordinating Agency.

While a lot of biomedical research has been done, delegates said there was a lack of emphasis on social aspects of the epidemic, such as psychosocial support, community mobilisation and skills development, which was critical for successful decentralisation.

Experience from pilot projects has shown that community participation, especially by males, is key to the success of PMTCT interventions, because of the power men traditionally wield in relationships.

Given the impact of years of underfunding on the health system, and the ongoing brain drain of health personnel to better-paying jobs overseas, community workers provide an important resource. They can help link HIV-positive people with support services, reduce stigma, improve adherence to care and treatment by monitoring patients, and encourage safer behavioural practices.

"We as policy-makers are making decisions without listening to community needs, including people with HIV/AIDS," said Lisa Jamu, deputy country representative for Population Services International Botswana.

CHGA is served by 21 commissioners. Their role is to produce a report in 2005 that will provide African policy-makers with effective mitigation strategies and policy options to combat the impact of the epidemic.

[ENDS]

This story appeared in the following services:

IRINNEWS.ORG



AIDS Expert Emphasises Early Testing By Thato Chwaane

By Thato Chwaane

EARLY HIV testing is the key entry point for all actual and potential interventions such as treatment, support and prevention, the Masa Antiretroviral Therapy Program Manager, Dr Ernest Darkoh has said. Speaking at the beginning of a two-day workshop of the Commission on HIV/AIDS and Governance in Africa (CHGA) in Gaborone on Monday, Darkoh said it was the seriously ill who come forward for treatment first. He said they overwhelm the capacity of the health services and hence there is a need to split the queues for the seriously ill and those who have come for normal treatment.

He said most individuals still did not know their HIV status and called for a change in testing policies to facilitate early identification, maximise benefits of ART and preserve life and livelihood.

"HIV/AIDS is treatable and 100 percent preventable. We have no excuse for letting things get worse," he emphasised. He said the 'opt in, opt out' government routine testing was normalising HIV/AIDS in the health care system.

The head of the Department of Paediatrics and Child Health at Princess Marina Hospital, Haruna Jibril said that there are no current HIV prevalence figures for children in Botswana, except estimates.

He said one of the challenges they faced was are covering less than 50 percent of children that needed treatment. Jibril said a total of 1000 children were on HIV treatment. Eighteen have died in the early stages of therapy at home or in hospital.

Jibril said they faced other challenges of manpower, training, drugs regimen and the right time to tell a child that he or she is HIV positive. He said because they see children up to the age of 13, they are faced with the dilemma of who should provide adolescent care.

During discussions, Dr Ruth Pfau from Ramotswa said most workshops deal with HIV and yet there are other diseases such as diabetes and hypertension that need attention. Other people called for less dependency on donors, stating that it would be catastrophic for governments in Africa if they are unable to sustain programs such as ARV that are needed for life.

Professor Alan Whiteside, a CHGA Commissioner asked questions whether routine testing complied with human rights. Dr Banu Khan of NACA replied that health was a human rights issue and that is why people could choose to test or not. Dr Howard Moffat of Princess Marina Hospital explained that the government's policy on routine testing required that everyone who goes to a health facility is given an option for routine HIV testing regardless of what their ailments are. CHGA is to examine the HIV/AIDS epidemic in all its aspects and likely future implications.

Its role is to provide data, clarify the nature of choices facing African governments today and help consolidate the design and implementation of policies and programmes that can help contain the pandemic in order to support development and foster good governance.

Among the CHGA Commissioners are Assistant Director General, Family and Community Health, WHO, Joy Phumaphi who is a former Botswana Minister for Health.

This story appeared in the following services:



Mmegi/The Reporter (Gaborone)

Delivery Remains Stumbling Block in Anti-Aids Drive

By Sello Motseta With Sapa-AP
Johannesburg

Pandemic may be detracting from other health issues

A LACK of partner support, poor follow-up of sick mothers and infants, and the wide gap between government commitment and community participation have been identified as key obstacles in Botswana's fight against AIDS.

"Although women and children are a priority group for access to antiretroviral drugs, this is not happening. There is a need for rapid decentralisation of the antiretroviral programme," said Connie Osborne, co-ordinator for the United Nations Children's Fund (Unicef) HIV/AIDS project in Botswana.

Osborne is among delegates attending a two-day meeting of the HIV/AIDS and Governance in Africa Commission in Gaborone, Botswana, this week. The commission's session is the second in a series of five regional gatherings it is organising in Africa to sharpen the focus of service delivery.

The purpose is to gather information on people living with HIV/AIDS and the prevention of mother-to-child transmission.

Delegates expressed concern that, while parents could make their own informed decisions about how to deal with HIV/AIDS, children's needs were being increasingly ignored.

"In one case a parent who was not legally married to the mother of the child refused to allow the mother to enrol the child in treatment even though they were HIV positive, and that child subsequently died," said Ketlogetswe Montshiwa, administration manager for the Botswana Baylor Children's Centre for Excellence.

"I am concerned that steps should be taken, so that parents should not be able to deny children life-saving treatment."

Montshiwa said that what was also worrying was the number of children who started treatment and responded well but were then taken off medication. "The health-care worker cannot force parents to keep them on treatment," she said.

The World Health Organisation (WHO) figures show that while 91% of countries in sub-Saharan countries have programmes on prevention of mother-to-child transmission, they are ineffective because of the absence of a properly functioning health-care system.

"Most capacity challenges being tackled today existed long before the HIV epidemic began, therefore the current situation is one where supply is grossly inadequate to meet demand," said Ernest Darkoh, operations manager of Botswana's national antiretroviral drugs programme.

Darkoh also pointed to "an initial cohort of high need, critically ill and private-sector patients" who clog the existing delivery system.

The result seemed to be that those most in need got help only when they were dying.

"Change testing policies to facilitate early identification to maximise benefits of antiretrovirals, preserve life and livelihood," said Darkoh. "Testing is the key entry point for all actual and potential interventions (treatment, support and prevention)."

Urgent and targeted mass education programmes for the entire population to empower individuals were suggested as a possible solution.

But one delegate expressed concern that the focus on HIV/AIDS appeared to be happening at the expense of other health problems. "HIV/AIDS is a major problem but there are other diseases affecting large sections of the population such as diabetes and hypertension, where stroke and heart failure are the end result which are now increasingly being ignored because of the focus on AIDS," said Dr Ruth Pfau, chief medical officer for Bamalete Lutheran Hospital.

This story appeared in the following services:



Business Day (Johannesburg)

Botswana: Aids Drug Programme Not Meeting Demand

The head of Botswana's AIDS drug programme, Ernest Darkoh, has expressed concern that the initiative lacked the capacity to meet the country's "ever worsening, perpetual, insatiable demand".

At the UN Commission on HIV/AIDS and Governance in Africa conference earlier this week, Darkoh suggested that the outdated health infrastructure and lack of health workers could be causes for the problem.

"We do not have the staff to deal with it ... [the] critically ill and dying clog the system. Those at the back of the queue - we only get around to when they are also dying," Reuters quoted Darkoh as saying.

Botswana, which has the highest per capita HIV prevalence rate in the world, was the first country in Africa to provide free anti-AIDS drugs to HIV-positive people through a programme funded by profits from its diamond industry, donor governments, drug firms and AIDS organisations.

This story appeared in the following services:



IRINNEWS.ORG

Botswana's AIDS Drug Program Lacks Capacity To Meet 'Perpetual, Insatiable' Demand, Official Say



Botswana's antiretroviral drug program lacks the capacity to meet the country's "ever worsening, perpetual, insatiable demand," Ernest Darkoh, operations manager for the country's drug program, said at a U.N. fact-finding conference on Monday, *Reuters* reports. "We do not have the staff to deal with it ... [t]he critically ill and dying clog the system," Darkoh said, adding, "Those at the back of the queue we only get around to when they are also dying" (Baxter, *Reuters*, 7/26). The country's outdated health infrastructure and lack of health workers could be causes for the problem, Darkoh said at the [U.N. Commission on HIV/AIDS and Governance in Africa](#) conference. Darkoh also said that the program's "phased rollout" strategy was problematic, according to the *South African Press Association*. "Our phased program was soon overwhelmed by critically ill," who "took five to six times the resources needed for those in the early phases of the disease," Darkoh said, adding, "The answer is to roll out quickly" (*South African Press Association*, 7/26).