South African ARV roll-out pioneer and now MDR TB community treatment trailblazer, Dr Eric Goemaere, awarded an honorary doctorate of science in medicine by the University of Cape Town this June, says the cloak of HIV stigma that existed 10 years ago today enshrouds extremely drug-resistant and multidrug-resistant tuberculosis (XDR/MDR TB).

With 250 notified MDR TB cases in his treatment stamping ground of Khayelitsha, Cape Town, and more than 10 000 combined XDR/MDR TB cases country-wide, community-based education and treatment are the only alternatives to the regressive policy of isolating patients in central facilities, he asserts.

‘Locally we have two problems and they are echoed country-wide: our TB hospital (Brooklyn Chest) is full and with the specificity of disease and the time it takes to diagnose, people are infectious long before they can be isolated,’ he says. It was an ‘illusion’ to think patients could be taken out of circulation on the day of diagnosis. It was an ‘illusion’ to think patients could be taken out of circulation on the day of diagnosis. It was an ‘illusion’ to think patients could be taken out of circulation on the day of diagnosis. It was an ‘illusion’ to think patients could be taken out of circulation on the day of diagnosis. It was an ‘illusion’ to think patients could be taken out of circulation on the day of diagnosis. ‘We try to make people understand that the disease is not new, it’s a concern of everyone and we must fight it together instead of isolating patients.’

Seminal achievements

His experience with ARV roll-out where the organisation he heads in South Africa and Lesotho, Médecins Sans Frontières (MSF) (which had 1 000 people on treatment in Khayelitsha alone by the time government began its programme 4 years later in 2004), proved beyond doubt its feasibility in urban and rural settings (national being the MSF’s Lusikisiki site in the Eastern Cape).

After a shaky start in Alexandra township in August 1999, when his attempts to begin PMTCT there met stolid government resistance, much to his amazement and surprise, he moved to Khayelitsha, where conditions and health politics were more conducive to the work he was trying to do.

He sees his greatest achievement and is most satisfied by the partnerships he has developed with the widely varying groups of MSF staff, NGOs, local authorities and communities in Khayelitsha.

‘We’ve developed a common understanding of what can make everybody’s lives better and have reached agreements with the community in spite of all the conspiracy theories and alternative medicines.’

The twin epidemics of HIV and MDR TB have required innovation and resourcefulness, but most of all a raising of awareness in communities through successful home and clinic-based interventions.

Intensive collaborative research by the University of KwaZulu-Natal and Yale University at Tugela Ferry in KwaZulu-Natal, where the index cases of XDR/MDR TB in 2005 numbered 53, predicted, with no new interventions,
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Goemaere’s immigration lawyer, Gary Eisenberg, said his information was that Goemaere had never submitted an application for permanent residence but that an exceptional skills-based work permit for up to 3 years would be fully in line with government’s policy of encouraging an inflow of skills.

There should also be ‘no problem whatsoever with permanent residence based on their extraordinary skills – the only thing is that it has to be lodged and a really speedy resolution could take up to a year’.

An untreated HIV-positive person has a 60 times greater chance of contracting TB.

Goemaere was general executive director at the MSF headquarters in Brussels from 1994 to 1999, where he was in charge of general policy and development of the largest MSF operational section with 110 permanent staff at head office and 420 field staff in different countries. Notably, at the end of this period, MSF won the Nobel Peace Prize.

In his oration to the honorary degree conferred on Goemaere on 13 June at UCT, Professor Francis Wilson said Goemaere had ‘transformed the reality of health care’ for HIV/AIDS patients through a well-organised roll-out of ART, with the Khayelitsha programme hailed by the WHO as a best practice programme with limited resources.

‘Over the past 10 years Eric Goemaere has played a major role in helping South Africa to begin to heal itself. We are deeply grateful to him and we honour him. We hope too that this recognition may enable our Department of Home Affairs to affirm his work by welcoming him as a permanent resident. It is surely ungracious for our country, to which he has contributed so much, to require that he apply every year for a work permit.’

Chris Bateman