FROM THE EDITORS

It is two years since the publication of the HIV Clinicians Society's first antiretroviral guidelines. The current issue of the journal is devoted entirely to the issues surrounding antiretroviral therapies. The eagerly awaited revised guidelines have seen changes brought about due to the availability of new drugs and the dramatic price decreases in drugs. The WHO recommendations have been borne in mind, as have the recommendations of our international reviewers (IAS, Prof. Stefano Vella/Prof. Joep Lange; IAPAC, Jose Zuniga – USA; UK – Prof. Brian Gazzard; Australia – Prof. David Cooper; and Argentina – Prof. Pedro Cahn).

I would like to take this opportunity to thank the guidelines committee (Dr Des Martin, Dr Mark Cotton, Prof. Gary Maartens, Dr Dave Spencer, Dr Mark Andrews, Dr Francois Venter and Prof. Robin Wood) who met in March 2001 under the chairmanship of Dr Steven Miller. These guidelines represent a good balance between the standard of care and the economic resources available to provide this optimal care. It is to be noted that the guidelines concentrate on first- and second-line therapies and that third- and fourth-line therapies and salvage therapies should be managed by clinicians who have expertise in dealing with such failures. It is recommended that clinicians access the Society's treatment network for help and advice in this regard. This edition also sees an update in review form of the various issues that impact on the use of antiretroviral therapies and provides an insert that should prove useful as a quick desktop reference guide for clinicians in their daily practices.

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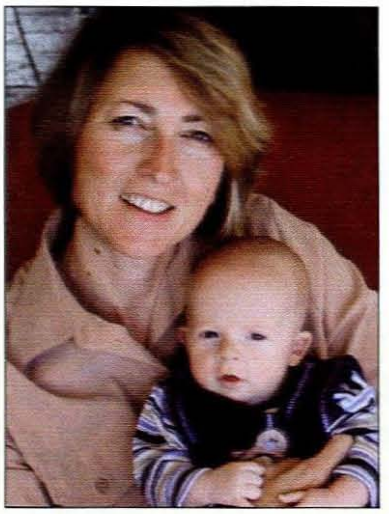

SOMETHING TO OFFER

Encouraging it is that more than just an isolated few are talking of expanded access to highly active antiretroviral therapy (HAART) for the people of Africa! The World Health Organisation conservatively estimates that some 6 million people in developing countries are in need of life-sustaining antiretrovirals right now, in the year 2002, yet only 230 000 have access, and most live in one country – Brazil. In April 2002 the WHO came up with guidelines on scaling up antiretroviral therapy in resource-limited settings, the Global Fund is being mobilised and local activist organisations are shifting their emphasis on mother-to-child (MTCT) prevention programmes to include general access to HAART. Not that the pressure on the need for MTCT prevention and improved MTCT programmes should abate for even a moment. Fourteen weeks ago I had the awesome experience of giving birth to a wonderful little boy who has subsequently turned our lives around and filled us with such joy. But along with the joy I have been struck by how much anxiety, both rational and irrational, goes with the whole experience. I have feared for his safe delivery, his state of health, my ability to feed him, our coping with him and his acceptance of us, and so on and on. And then I tried to imagine what it must be like to be a young mother who suspects or discovers her positive HIV status, and must await with trepidation the possible additional calamity that her infection has passed to her child. Such anxiety must be intolerable, yet in this country many brave young women face it daily. As a medical profession we have something that can be offered to them. Our present MTCT strategies are not a panacea and will not save all, but giving a mother the opportunity to do as much as she can for her unborn child may compensate for some of the anxiety.

LINDA-GAIL BEKKER
Managing Editor