

# HIV kids get quiet saviour

DR PAUL ROUX has waged quiet battles to save the lives of the HIV-positive children he treats, but the hero of Groote Schuur's ward G25 does not expect or want recognition – just a little help.

And angels of mercy in the private sector have not been found wanting.

After almost singlehandedly ensuring that all the hospital's 150 HIV-positive child patients have access to anti-retroviral treatment, Roux is continuing his battle to make such treatment more accessible.

As head of the paediatric HIV/Aids service at the hospital, he believes sufficient resources are available to fund anti-retroviral treatment for the estimated 400 HIV-positive children needing it in the Cape metropole.

"The scary thing is that we don't believe that others can and will help if they are given the opportunity to do so.

"It's wrong to think that private funding is exhaustible. As doctors we have become constricted in our thinking and we tend to be stuck in the belief that there is simply no money available for anti-retroviral programmes. We don't pursue the vast resources and goodwill that are out there."

In April, the One to One Chil-

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dren's Fund, a UK-based charity, committed itself to supporting the anti-retroviral treatment programme at Groote Schuur for the next three years.

The programme is just one project managed by the Kidz-positive Family Fund, a non-profit organisation initiated by Roux in 2000.

After visiting Groote Schuur last December, One to One officials promised R750 000 a year towards anti-retroviral treatment for children, then doubled the amount to R1.5 million in October.

French charity Sidaction has contributed R80 000 towards the hospital's anti-retroviral drug management programme, and pharmaceutical company GlaxoSmithKlein reduced the cost of the hospital's anti-retroviral drugs by 75% after Roux asked

that Groote Schuur be included in their treatment access programme.

Roux said he had seen amazing patient responses to the anti-retroviral therapy Groote Schuur started providing to HIV-positive children in May, and which combines drug treatment with comprehensive and continuous patient care.

"We have had several cases of children with seriously damaged lungs coming off their home oxygen tanks after being on anti-retroviral treatment. The children respond very well to the medication," Roux said.

He argues that anti-retroviral medication is just one part of the successful treatment of HIV/Aids.

"When we weren't able to supply anti-retroviral treatment to the children, we concentrated on changing parents' mindset about HIV/Aids, so they would see it as a chronic, not fatal condition."

Roux continues to search for ways of helping the families of HIV-positive children cope through sustainable employment initiatives. Since beginning in June, the Kidzpositive Positive Beadwork Project has earned R50 000 for HIV-positive mothers.

Kidzpositive is at <http://www.kidzpositive.org/>