

Mbeki's mistake

South Africa's government has removed the minister most closely associated with public discussion of the country's HIV epidemic. But it must stand by its promises to implement a fresh AIDS strategy.

The dismissal on 8 August of South Africa's deputy health minister, Nozizwe Madlala-Routledge, sends out an extremely negative message about how seriously the country is taking its monumental AIDS crisis (see page 739).

Madlala-Routledge was a driving force behind South Africa's first realistic national AIDS strategy, which sets out proposals to cut infection rates, improve diagnosis and treat the estimated 5.5 million South Africans already infected with HIV. The plan was endorsed by the South African National AIDS Council on 30 April (see *Nature* 447, 1; 2007).

President Thabo Mbeki claims that he asked for Madlala-Routledge's resignation because she travelled to an AIDS vaccine conference in Spain earlier in the year without receiving the required permission to make the trip. But no one believes this petty transgression to be the real issue. The fact of the matter is that Madlala-Routledge's direct and honest approach to AIDS and other health challenges had placed her on a direct collision course with both Mbeki and his health minister, Manto Tshabalala-Msimang.

Sidelined earlier this year by medical problems, Tshabalala-Msimang has now returned to an active role in government, and is again championing the tragically misguided idea that food products such as beets are more useful for treating AIDS than antiretroviral drugs.

The deputy health minister — who is a substantial political figure in South Africa in her own right — says she thinks a factor in her dismissal was her speaking out on the shocking conditions she found in the maternity ward at Frere Hospital in East London when she visited it last month. Whatever the precise circumstances, it seems clear that Madlala-Routledge is a victim of her own outspokenness — and of the return of her boss, the health minister, to her desk.

Yet that outspokenness is exactly what is required of public-health officials in South Africa right now. The firing is a particularly bitter blow, because the fresh national AIDS strategy had given patients' advocates, scientists and doctors real hope that the nation would at last move from its failed approach of playing down the threat posed

by AIDS. Now, it is by no means clear that the strategy will be implemented in full.

Although he has refrained from speaking out on the topic lately, Mbeki has come close to embracing AIDS 'denialism' — the rejection of the hypothesis that HIV causes AIDS. In South Africa, this is often aligned with claims that antiretroviral drugs are more dangerous than HIV itself. The overall result of this view from the top is that South Africa, despite its relative prosperity, has been slower than other African nations in distributing medicines that would extend the lives of people who have HIV.

Denialism has also infected the wider South African public: in patient surveys, half of the South Africans who first tested positive for HIV in 2005 said that they had not believed themselves to be at risk of contracting HIV, according to UNAIDS. The UN agency also reports that almost a million South Africans who need antiretroviral drugs are not getting them — and that the epidemic in the country is yet to peak.

The dismissal of Madlala-Routledge augers very badly for South Africa's HIV/AIDS response. Under its previous incoherent strategy, the nation's public health has deteriorated. HIV/AIDS spurs epidemics of other diseases, such as extremely drug-resistant tuberculosis. It also undermines the heart of the health system by killing so many health workers.

The new AIDS strategy had signalled that South Africa's leaders were ready to take a new course — to work with patients, scientists, advocates and international organizations to confront HIV's destruction of their country's human and economic resources. The ministry of health has stated that despite the dismissal it will pull out "all stops" to implement the strategy. It is imperative that it does so. Madlala-Routledge's removal was a serious error of judgement; if the strategy now unravels, it will be a calamity for South African public health. ■

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Division of labour

The European Research Council shouldn't be coy about saying who will get its first set of grants.

The first Europe-wide research agency to distribute funding purely on the basis of scientific merit is working with commendable efficiency. Its officials have just ploughed through more than 9,000 first-stage applications for the inaugural programme of grants and asked 559 of them to submit a complete application. Around half of these shortlisted candidates will eventually win

five-year grants worth up to €400,000 (US\$550,000) per year.

The European Research Council (ERC) has done well to get so far within eight months of its official creation. But it is already facing criticism for its reluctance to reveal the exact distribution of nationalities on the shortlist. The ERC's decision to keep this information to itself for the time being can be read two ways: as a failure to be transparent or as a pragmatic response to a tricky political environment.

The ERC's mission is perhaps unprecedented in the brief history of the European Union (EU). It has to distribute large amounts of European money — building up to €1 billion a year within a few years — to the best research proposals, regardless of nationality or other political criteria. Both the EU member states and the