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(1) SOUTH AFRICA: HIV biggest threat to pregnant women

JOHANNESBURG, 11 August 2009 (PlusNews) - HIV is the main cause of death among pregnant women in Johannesburg, South Africa's most populous city, according to a five-year study of maternal mortality at one of the city's largest public hospitals.

The study, published in the August 2009 issue of Obstetrics and Gynaecology, found that the maternal mortality ratio was more than six times higher in HIV-positive women (776 deaths per 100,000 births) than in HIV-negative women (124 per 100,000). Nearly half of the 108 women who passed away between 2003 and 2007 died from HIV-related causes, most commonly tuberculosis and pneumonia.

Although most of those who died had a CD4 count (which measures immune system strength) well below 200 - the current threshold for starting treatment - and were eligible for antiretroviral (ARV) drugs, the roll-out of treatment a year into the study period did not reduce maternal deaths among the HIV-infected women because only two had started taking the medication.

"The problem is not that ARVs don't reduce mortality," said Dr Vivian Black, of the Reproductive Health and HIV Research Unit (RHRU) at the University of Witwatersrand, Johannesburg, lead of author of the study. Only one maternal death was recorded in about 2,000 HIV-positive women receiving ARVs from an RHRU programme.

The study highlights gaps in the country's prevention of mother-to-child HIV transmission (PMTCT) programme that are causing HIV-positive women to miss out on testing and treatment.

HIV testing rates increased more than threefold during the study period, yet the authors still identified insufficient HIV testing as "the most important programmatic weakness".

Between 28 percent and 33 percent of women attending antenatal clinics in South Africa are HIV positive, but many remain unaware of their status and never access the necessary care to prevent transmission to their infants or protect their own health.

The study identified a link between low prenatal clinic attendance and high mortality rates among HIV-positive women, but Black also pointed to the lack of postnatal services for HIV-positive mothers, especially those who are not eligible for
ARVs. "Post-partum [after birth] is when we see the bulk of deaths," she told IRIN/PlusNews.

Black would like to see PMTCT programmes extended to include a greater focus on long-term maternal health. "If you look after the health of the woman she's less likely to transmit the virus, but securing mum's health is important because of broader issues," she said.

The study findings are likely to contribute to the heated debate in South Africa's HIV/AIDS sector about the need to raise the threshold for starting treatment from a CD4 count of 200 to 350.

The South African National AIDS Council (SANAC) recommended the change after findings from a number of recent studies showed that patients who started treatment earlier developed fewer AIDS-related illnesses and had lower mortality rates, but the National Health Council, an advisory body to the health ministry, has yet to approve raising the threshold to 350.

HIV-positive pregnant women are between 1.5 and five times more at risk of maternal death than HIV-negative women, according to a number of studies cited in the RHRU study, so giving them ARV treatment earlier is particularly important.

The authors conclude that the deaths of most of the HIV-positive women in the study could have been avoided if they had begun ARV treatment, and been given cotrimoxazole prophylaxis [an antibiotic that helps prevent opportunistic infections].

"We'd like to see [a CD4 threshold of] 350 across the board," said Black, "but if there's an inability to do that immediately, we would be grateful if they'd prioritize pregnant women, and those with TB."

(2) ZIMBABWE: A timeline of HIV/AIDS funding woes

JOHANNESBURG, 12 August 2009 (PlusNews) - Zimbabwe and international donors have had a long but uneasy relationship in the fight against HIV/AIDS – especially when it came to the money. Despite having one of the world's highest HIV prevalence rates, Zimbabwean proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria have been turned down in five of the Fund's eight funding rounds since its formation in 2002.

When the country recently received a US$37.9 million grant from the Global Fund, government officials said they hoped this marked the end of a particularly prickly patch. IRIN/PlusNews takes a look at the relationship through the years.

July 2004

Zimbabwe's application to the Fund for a grant of US$218 is rejected due to "several technical shortcomings", but the government appeals to the international donor to reconsider.

In the meantime the first batch of money has been received from the US President's Emergency Plan for AIDS Relief (PEPFAR), launched in 2003.

PEPFAR has remained a steady funder of the AIDS fight since 2004, but funding levels to Zimbabwe pale in comparison to nearby countries with similar HIV prevalence rates, like Zambia and Namibia. In 2008, Zimbabwe received about $26.4 million from PEPFAR - 10 times less than the allocation to Zambia, and about a quarter of what Namibia received.

October 2004

The Global Fund stands by its earlier decision to deny funding. The move draws sharp criticism from Zimbabwe's then Minister of Health and Child Welfare, David Parirenyatwa, who calls it "politically motivated", a sentiment shared by some AIDS activists in the country. The Fund denies the allegations.

2006

In Round 5 of funding, Zimbabwe secures about $33 million to scale up treatment, and voluntary counselling and testing (VCT), in about half the country's 63 districts.

2007

The Fund provides $4.8 million to strengthen prevention and care; Zimbabwe had requested about $14.1 million.
2008

By this time the aid agency has disbursed just over $39 million in Zimbabwe, helping to enrol 13,000 people in AIDS treatment programmes and supply 330,000 insecticide-treated bed nets to combat malaria.

The Reserve Bank of Zimbabwe (RBZ) admits to diverting over $7 million from the Global Fund's Round 5 grant, earmarked for scaling up the national antiretroviral (ARV) programme.

The Global Fund warns that no future grants will be approved until the money is returned. The RBZ eventually returns the money and in Round 8 the Fund approves three grants for Zimbabwe, including $79 million for HIV/AIDS.

2009

The Global Fund decides to bypass Zimbabwe's National AIDS Council (NAC) as the principal recipient of existing and future grants. Money will instead be channelled through the United Nations Development Programme (UNDP).

August 2009

Zimbabwe receives $37.9 million from the Global Fund. At a ceremony in the capital, Harare, Prime Minister Morgan Tsvangirai and Dr Fareed Abdullah, the Fund's regional head for Africa, acknowledge the tumultuous relationship between donor and country. Abdullah describes the disbursement as a turning point "between a troubled past and what we hope to be a somewhat easier future."

(3) Clinton urges South Africans to drop stigma

2009-08-08 10:28

Cullinan - With cameras rolling and one of the world's most powerful women at his side, Kgosi Kwos Mphahlele for a moment almost felt glad that he is HIV positive.

US Secretary of State Hillary Clinton on Friday toured a US-backed clinic in this small South African town as she appealed for an end to the stigma around Aids in a nation where nearly six million people are HIV-positive.

Mphahlele, a municipal worker who sought treatment at the clinic, told Clinton that when he learned in February 2007 that he contracted HIV, he felt "ashamed" as he was always respected in the community.

"But here I am, standing in front of the world, saying I'm HIV positive," said Mphahlele, confidently sporting a green coat.

He said he felt "blessed" to stand next to Clinton.

"HIV has done a great job for me. I thank my HIV," he said to roaring laughter from Clinton and other senior US officials on a visit to the former diamond-mining town 80 kilometres (50 miles) west of Johannesburg.

Clinton, who is on a seven-nation tour of Africa to build alliances and highlight development issues, also met with new health minister, Aaron Motsoaledi.

Clinton indicated she welcomed a change in South Africa's approach under President Jacob Zuma.

Former president Thabo Mbeki provoked worldwide criticism by expressing doubts that HIV led to Aids and supporting a controversial former health minister who advocated eating vegetables above taking lifesaving drugs.

"We have to make up for some lost time. But we are looking forward," Clinton said.

But she turned the microphone to the patients, saying that their message was more pertinent.

Stigma killing communities

As ordinary life buzzed around the town, with residents riding bicycles and a car alarm ringing in the distance, clinic
patient Simangele Ncube told a moved Clinton that she has learned to take pride in herself.

"Sometimes you may say - I am HIV positive, it's the end of the world. It's not -- I can still look beautiful in front of you," said Ncube, wearing a shiny gold gown and holding a designer-style handbag.

"What is killing our community is stigma," she said. "No one is going to stigmatise me."

"If you stigmatise me, I'll say, I know my status, I look after myself, I'm taking my medications - what about yourself?"

But activists, while welcoming Clinton's attention to Aids, say that much more needs to be done.

Paula Akugizibwe, the treatment literacy coordinator for the Aids Rights Alliance for Southern Africa, said that the United States and other rich nations needed to step up funding.

She said patients seeking treatment were being turned away in South Africa and other African nations such as Uganda for lack of resources.

"It's good that Clinton is coming here and getting in touch with the realities on the ground. But the bottom line is that if you don't have money, you can't do treatment and you can't do prevention," Akugizibwe told AFP.

US funding

Officials said the clinic which Clinton visited has treated 1 000 patients since opening in 2006. It was funded by South Africa along with a $575 000 grant from the US government.

Former US president George W Bush in 2003 launched the President's Emergency Plan for Aids Relief, or PEPFAR, which committed $15bn to fight the disease in the developing world.

With even many of Bush's sharpest critics praising the initiative, President Barack Obama as a candidate pledged to pump in another billion dollars a year.

But with the global economic crisis hitting hard, Obama's first budget proposed less than half that, raising protests among Aids activists.

Congresswoman Nita Lowry, who joined Clinton on the visit and heads the House subcommittee that funds US operations overseas, said while she hoped to increase funding "we have to use every dollar efficiently."

(4) 2010 may raise HIV/Aids infections Sapa

HIV/Aids infection rates may increase during the Soccer World Cup, the South African National Aids Council said on Friday.

"2010 is going to come with good things but it may also come with dangerous things," Health Minister Aaron Motsoaledi said after a Sanac plenary meeting.

"Of course the concern is: what will be the effect of 2010, which everybody is waiting for? Are we going to find the rate of infection accelerating because of 2010?" he asked.

"I mean, we will be having lots of visitors here, we know there will be lots of visitors who come here for sex, you can't hide that. It happens and what will be the effects on this country?"

Deputy President Kgalema Motlanthe, who is the Sanac chairperson, said its sport and entertainment sector would hold talks in September to examine how the sporting spectacular would be used to focus on HIV/Aids.

It would also aim to ensure the "event itself does not result in increased transmission", Motlanthe said.
Sanac noted that commercial sex workers were vulnerable to sexual abuse and violence, making it difficult to protect themselves from HIV infection.

"It was in this context that sectors were requested to consult on this matter with specific reference to the possibility of the decriminalisation of sex workers," Motlanthe said.

Decriminalising sex work to protect women has been raised by various government departments ahead of the Soccer World Cup, when demand for the services of prostitutes might increase. Sanac resolved to invite sex workers to its next plenary meeting to discuss their problems.

Motsoaledi said decriminalising sex work was a vexing issue and Sanac had not decided whether to support this.

"The issue is very emotive in terms of morals, culture. We took a decision that in the next plenary we want the sex workers to be here. They will be here to talk for themselves," Motsoaledi said.

Motlanthe said the World Health Organisation conducted an "external review" of the country’s tuberculosis (TB) control programme last month.

It resolved that greater integration of TB and HIV services was needed, given the high co-infection rates. There was also a need for resources for TB programmes.

While Sanac recognised that male circumcision did not provide full protection from HIV transmission, it directed the health department to find out how to expand access to voluntary male circumcision and the costs, Motlanthe said.

After the plenary Sanac deputy chairperson Mark Heywood highlighted the differences in the organisation since the departure of former health minister Manto Tshabalala-Msimang, whose stance of HIV/AIDS was widely criticised.

In 2008, more than five million South Africans were infected with HIV. The government hopes to halve infections by 2011.

**5) HIV infection soars Tuesday, 11th August, 2009**

By Charles Ariko

THE number of people getting infected with the HIV virus is increasing each year, with 130,000 Ugandans contracting it annually.

This was revealed in Kampala yesterday at the launch of a campaign aimed at encouraging people to test for HIV/AIDS and avoid the pandemic.

The director general of the Uganda AIDS Commission, Dr. Kihumuro Apuuli, presided over the function. Under the campaign which will run from August to December, people will get free counseling and testing.

Kihumuro urged the Government to reinvent new strategies to fight HIV/AIDS. “To defeat HIV/AIDS, we need to start a new social movement to fight it,” Kihumuro said.

“We have seen people’s behaviour change in the past. That is why we managed to reduce the prevalence to the current 6.4%. It can be done again if we are to achieve our goal of reducing the disease,” Kihumuro said.

Dr. Peninah Iutung, the East and West Africa Bureau Chief for the AIDS Health Care Foundation, said HIV-positive people will be referred to health centers where they can access anti-retroviral treatment.

The campaign, dubbed “Stay Alive/Love Condoms,” is being coordinated by Care Uganda, a non-governmental organisation in partnership with the Ministry of

**6) ‘AIDS-free SA is possible’ 13 August 2009**
Simelela gets a second chance to fight pandemic

DR NONO Simelela, former head of the country's Aids programme, is returning to lead the South African National Aids Council.

Simelela, who signed on the dotted line at the recent International Aids Society meeting in Cape Town, left South Africa five years ago.

Though she maintained at the time that her decision was based on personal reasons, it was known that her work under the then Health Minister Manto Tshabalala-Msimang had become untenable.

One of Simelela’s health department allies in the fight to secure treatment for people living with HIV and prevention therapy for pregnant mothers, former health director-general Ayanda Ntsaluba had left in 2003 to join Foreign Affairs.

Simelela has been director of the technical knowledge and support division at the International Planned Parenthood Federation (IPPF) in London.

Speaking via e-mail from London Simelela said she was “very happy” to be coming back.

“I know things are going to be better,” she said. “I feel lucky to get a second chance to do this work with the support of all the stakeholders. An Aids-free South Africa is possible. We all need to believe this and work towards this vision.”

Sanac, the chairperson of which is Deputy President Kgalema Motlanthe, is primarily responsible for steering the country towards reaching the National Strategic Plan targets that include initiating 80 percent of those needing treatment on antiretrovirals and halving all new infections by 2011.

Before joining IPPF, Simelela worked for 20 years in the Department of Health, initially as a senior lecturer and clinician in the department of obstetrics and gynaecology at the Medical University of Southern Africa.

She later became head of the National HIV, Aids and TB programme in the Health Department, a position she held from 1998 to 2004.

Despite attempts by Tshabalala-Msimang to drag her feet on any interventions involving antiretroviral drugs, Simelela led the early national programmes in prevention of mother-to-child transmission of HIV and with Ntsaluba played a pivotal role in the implementation of the country’s treatment programme. – health-e news

(7) UN says 50 million women in Asia risk HIV

Wednesday August 12 2009

EDITH M. LEDERER

Associated Press Writer= UNITED NATIONS (AP) â” An estimated 50 million women in Asia are at risk of becoming infected with the HIV virus from their husbands or long-term partners, according to a U.N. report published Tuesday.

The report produced by the Joint United Nations Program on HIV/AIDS, known as UNAIDS, and its partner organizations said the HIV epidemics in Asia vary between countries but are fueled by unprotected paid sex, the sharing of contaminated needles by drug users, and unprotected sex among men who have sex with men.

Men who buy sex constitute the largest infected population group and the report said most of them are either married or will get married.

“This puts a significant number of women, often perceived as 'low-risk' because they only have sex with their husbands or long-term partners, at risk of HIV infection,” UNAIDS said in a news release.

According to a report last year on the global AIDS epidemic, an estimated 5 million people in Asia, and 74,000 in the Pacific, were living with HIV in 2007.
The new report, released Tuesday at the 9th International Congress on AIDS in Asia and the Pacific in Bali, Indonesia, and at U.N. headquarters in New York, said that by 2008, women accounted for 35 percent of all adult HIV infections in Asia, up from 17 percent in 1990.

UNAIDS estimated that more than 90 per cent of the 1.7 million women living with HIV in Asia became infected from their husbands or partners while in long-term relationships. In Cambodia, India and Thailand, the largest number of new HIV infections occur among married women, it said.

According to the report, at least 75 million men regularly buy sex from sex workers in Asia, and a further 20 million men have sex with other men or are injecting drug users.

UNAIDS said many of these men are in steady relationships and it is estimated that 50 million women in the region are at risk of acquiring HIV from their partners.

"HIV prevention programs focused on the female partners of men with high-risk behaviors still have not found a place in national HIV plans and priorities in Asian countries," Dr. Prasada Rao, director of the UNAIDS Regional Support Team Asia and the Pacific said at the launch of the report, according to a U.N. release.

The report notes that the strong patriarchal culture in Asian countries severely limits a woman's ability to control her sex life.

While society tolerates extramarital sex and multiple partners for men, women are generally expected to refrain from sex until marriage and remain monogamous afterward, it said.

"Discrimination and violence against women and girls, endemic to our social fabric, are both the cause and consequence of AIDS," Jean D'Cunha, South Asia regional director for the U.N. Development Fund for Women, said in a statement. "Striking at the root of gender inequalities and striving to transform male behaviors are key to effectively addressing the pandemic."

The report calls for stepped up efforts to prevent HIV infections for men who have sex with men, injecting drug users, and clients of female sex workers. It said that programs should emphasize the importance of protecting their regular female partners.

**(8) HIV/AIDS exacts toll on SA, with 5,2-million people infected — Stats SA**

NASREEN SERIA
Published: 2009/07/28 06:53:14 AM

SA’s population growth rate slowed for a second consecutive year over the past 12 months as the number of people dying of AIDS-related diseases increased, figures released yesterday by Statistics SA show.

The population rose 1.07% to 49,3-million in June from a year ago, Stats SA said yesterday.

The growth rate eased from 1,1% over the previous 12 months and 1,38% in 2001-02.

The growth rate for females was lower than that of males. SA’s 25,45-million women make up 52% of the population.

The number of people living with HIV increased from an estimated 4,1-million in 2001 to 5,2-million this year.

For adults aged 15-49 years, an estimated 17% of the population is HIV-positive.

"For 2009, an estimated 10,6% of the total population is HIV-positive." About one-fifth of SA’s women of childbearing age are HIV-positive.

For this year Statistics SA estimates that about 1,5-million people aged 15 and older and 106000 children will need antiretroviral treatment.

The total number of new HIV infections for this year is put at 413000. Of these, an estimated 59000 will be among children.

Of the general population, blacks are in the majority (39,14- million) and constitute just more than 79% of total population.

The white population is estimated at 4,47-million, the coloured population at 4,43-million and the Indian population at 1,28-million.

Gauteng has the largest share of the population, at 10,53-million people or 21,4%.
KwaZulu-Natal has the second-largest population, with 10.45 million people (21.2%) living there.

With a population of about 1.15 million people, or just 2.3% of the total, the Northern Cape has the smallest share.

At midyear about one-third of the population was aged 0-14 years and about 7.5% was older than 60.

Life expectancy at birth is estimated at 53.5 years for males and 57.2 years for females. The infant mortality rate is estimated at 45.7 per 1000 live births. Bloomberg, Sapa

**Meds could help new HIV strain**

*2009-08-03 22:10*

Geneva - A newly discovered strain of HIV, most likely having moved from a gorilla to a human, will probably be sensitive to existing medications on the market, a senior World Health Organisation official said on Monday.

The acting director of the health agency's HIV/Aids Department, Teguest Guerma, said the WHO was "closely monitoring" the developments but as yet was not planning to issue any new treatment guidelines.

She said: "There's no reason why it won't be sensitive to retro-viral treatment," adding though that it was "too early" to draw any conclusions.

Scientists have held a strong belief that HIV 1 - the most widespread form of the virus - moved to humans from chimpanzees, originally in central Africa, sometime in the middle of the previous century.

If the recent findings, reported in the magazine Nature Medicine, are correct, it would be the first time researchers have ever recorded gorillas as a source of infection. However, the gorillas themselves might have been infected by chimpanzees, researchers noted.

**Mozambicans protest HIV care**

*2009-08-03 22:06*

Maputo - Hundreds of protesters took to the street in Mozambique's capital on Monday to protest health ministry policies that they say are jeopardising HIV care in one of the world's worst affected countries.

The protesters marched to the health ministry, where they handed a letter to minister Ivo Garrido demanding better treatment and more privacy for patients with HIV, which affects 16% of adult Mozambicans.

Health authorities closed specialised HIV centres this year, blending treatment into the broader healthcare system, saying that the separate centres contributed to stigma surrounding the disease.

But activists say the closures were followed by a dramatic drop in patients seeking treatment.

HIV patients have special green health insurance cards that immediately reveal their status to other patients in general clinics, the activists argue.

"Due to the decision of closing the (day hospitals), there are more and more people who abandon the treatment; the number of deaths are increasing; the compliance to the treatment is decreasing; discrimination against people affected by HIV or Aids is dramatically increasing," march organisers said in a statement.

Christian Reed, a medical anthropologist studying HIV treatment in Mozambique, said the number of patients seeking treatment in Pemba, in the north, dropped from about 50 to three or four a day after the local day hospital closed.

"The ones who don't want their families to know are not coming," Reed said.

"Access to services is more difficult now," Reed added. "Where you used to have a hospital full of HIV specialists ... now everybody's mixed together."

Health authorities announced the closure of the day hospitals in February.
Non-governmental organisation workers say the move was also meant to free up a ratio of one doctor for every 23 000 people.

(11) Research links origin of malaria to chimps

By Randolph E Schmid

WASHINGTON: US scientists say they may have tracked down the origins of the deadly disease malaria - chimpanzees.

In recent years, diseases like HIV-Aids and Ebola have been traced to chimpanzees, and a study released yesterday shows this is nothing new, according to Dr Nathan Wolfe, an author of the report in Proceedings of the National Academy of Sciences.

"Malaria has been a human disease as long as history," said Wolfe, of Stanford University and the Global Viral Forecasting Initiative.

"It is now clear that a new disease that successfully jumps from an animal to a human can last not just for decades, but millennia or more.

"This makes the task of stopping future disease spillovers from animals to humans vital."

Malaria is caused by a parasite, Plasmodium falciparum, which is transmitted from person to person by mosquitoes.

It was known that chimpanzees could harbour a related parasite, Plasmodium reichenowi. The researchers studied chimps and found it is more common than had been thought.

Conventional wisdom had been that the two parasites diverged from a common origin, Wolfe said, but a comparison indicated that the human version more likely developed from the chimpanzee type.

Published on the web by Cape Times on August 5, 2009.

~end~