From the Editor . . .

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It would be remiss of me not to write about the Trump administration's recent directives to withdraw the life-saving President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) funding from South Africa (and many other countries). PEPFAR had been instrumental in supporting HIV/AIDS prevention and treatment initiatives in South Africa since 2003. The consequences are dire for the hundreds of thousands of HIV-positive people, those with TB, and others who rely on US funds for survival. The cuts have affected more than 40 USAID-funded health projects in South Africa, including non-profit organisations like the Anova Health Institute. The consequences are that an estimated 500 000 South Africans will die and a similar number will become infected in the next 10 years.

Research programmes and researchers have not been spared from the fallout. During the past Human Rights weekend in South Africa (ironically), letters were received from the US, ending billions of Rands of funding, with immediate effect, to university HIV and TB grants. Institutions affected by the cut in funding include the Centre for the Aids Programme of Research in South Africa (CAPRISA) and the Wits Reproductive Health and HIV Institute (WRHI). In addition to the general population, HIV has been the cause of morbidity and mortality for many thousands of workers in South Africa since the 1990s, while TB has affected mine and other workers for more than 100 years. Both diseases are, therefore, often included in other aspects of occupational health research.

These funding cuts have severe consequences, globally. On 20 March, the World Health Organization (WHO) released a press statement, calling for *"urgent action to address worldwide disruptions in tuberculosis services putting millions of lives at risk"*.

The statement in the aforementioned letters that *"they … ultimately do not enhance health, lengthen life, or reduce illness"* is short-sighted as South Africa is a world leader in this field and both diseases, which also affect Americans, albeit at lower rates than in our country. In 2024, more than 10 000 cases of TB were provisionally reported in the US (3 cases per 100 000 population), an increase from 2023, while the rate of HIV was 11.3% in 2022. Ironically again, Monday, 24 March was World TB Day, with the theme, *Yes! We Can End TB: Commit, Invest, Deliver*.

This latest development will add to the already massive job losses. Many academics and research administrators, field workers, data capturers, and others have found themselves suddenly and unexpectedly jobless – only a few are 'lucky' enough to have been retrenched with at least some means of supporting themselves in the short term. It is not a simple matter of finding a job at another research institute. Even those with decades of experience are not being spared and have joined the large pool of job seekers. Incidentally, unemployment amongst graduates in South Africa was reported to be almost 10% at the end of 2024. Postgraduate students and postdoctoral researchers are among those who have already lost funding, leaving their academic careers hanging in the balance.

Meanwhile, the University of KwaZulu-Natal (UKZN) presented the results of a small HIV cure trial, using combination immunotherapy, at a conference in San Francisco in early March. Twenty percent of participants *"remain off ART and are virally suppressed after one-and-a-half years"*. This provides hope that there might not be a need for lifelong medication in the near future. The trial was led by Prof. Thumbi Ndung'u, who stated that *"… it proves that complex HIV cure research can be successfully conducted in resource-limited settings where the need is greatest, and highlights the importance of including African populations in global scientific advancements."* This development could potentially save lives in America too.

It is not only USAID funding that has ended. A $2.5 million grant from the National Institutes of Health (NIH) National Institute for Allergies and Infectious Diseases was cancelled on Human Rights Day, two-and-a-half years before it was due to end. An article published in *Science* on 14 March 2025 alerts researchers that the NIH *"could terminate all grants that fund work in that country* [South Africa] *within days"*.

It is, indeed, a dark time for health research in South Africa.

ANNOUNCEMENT

Late last year, SASOM conducted a survey amongst its 458 members about their perceived value of the questionnaire prepared for each issue of *Occupational Health Southern Africa*, which could earn them Continuing Education Units (CEUs) if answered correctly. Unfortunately, only 44 members responded. While 75% and 79% responded positively to questions about the value of the Journal, and 52% said that the topics covered in the Journal were relevant to their fields of practice, only 47% said that the CEU points offered were valuable. For this reason, SASOM has made the decision to discontinue the CEU questionnaire in the Journal.