HIV & AIDS IN SOUTH AFRICA: WHERE ARE WE AND WHAT ARE THE REMAINING CHALLENGES

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GLOBAL DATA

• 34m people living with HIV with 8m on treatment (target is 15m by 2015)
• 1 in 20 adults in SSA lives with HIV (69% of all PLWH live in SSA)
• Every minute a woman is infected with HIV
• New infections decreasing relative to 2001 (20% lower globally and 25% lower in SSA)
• But 71% of new infections in SSA
• 32% decline in deaths from AIDS between 2005-2011 but SSA accounts for 70% of deaths from AIDS
A Multisectoral Approach is Vital

• HIV requires a multisectoral approach as reflected in the National Strategic Plan for HIV, STIs and TB

• Prevention of new infections as well as increasing access to treatment and adherence require all stakeholders to work together

• Even in a generalised epidemic we need to focus on people at higher risk of being infected
Every minute, a young woman is newly infected with HIV.

As a result of their lower economic, socio-cultural status in many countries, women and girls are disadvantaged when it comes to negotiating safe sex, accessing HIV prevention information and services.

HIV is the leading cause of death of women of reproductive age.4

Globally young women aged 15-24 are most vulnerable to HIV with infection rates twice as high as in young men, and accounting for 25% of all new HIV infections.5

Only one female condom is available for every 36 women in Sub-Saharan Africa.6

More than one third of women aged 20-24 years in the developing world marry before they are 18 years old.7

Approximately 40 percent of pregnant women worldwide are exposed to the risk of women's ill-health and maternal death.8

Globally, less than 30 percent of young women have comprehensive and correct knowledge on HIV.9

Between 11% and 45% of adolescent girls report that their first sexual experience was forced.1

Women living with HIV are more likely to experience violations of their sexual and reproductive rights, for example forced sterilisation.3

Two-thirds of the world’s 76 million illiterate adults are women.2

In many countries customary practices on property and inheritance rights further increase women’s vulnerability to AIDS and reduce their ability to cope with the disease and its impact.

32/94

Women living with HIV are not regularly involved in formal processes to plan and review the national HIV response to HIV in 32 out of 94 countries.4

References:
1. UNAIDS World AIDS Day report 2011
2. UNAIDS, 2011
3. UNAIDS, 2011
4. UNAIDS, 2011
5. UNAIDS, 2011
6. UNAIDS, 2011
7. UNAIDS, 2011
8. UNAIDS, 2011
9. UNAIDS, 2011

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Female sex workers are 13.5 times more likely to be living with HIV than are other women.
People who inject drugs have 22 times the rate of HIV infection as the general population in 49 countries with available data.
Changes in the incidence rate of HIV infection among adults 15–49 years old, 2001–2011, selected countries

**Increasing >25%**

- Bangladesh
- Georgia
- Guinea-Bissau
- Indonesia
- Kazakhstan
- Kyrgyzstan
- Philippines
- Republic of Moldova
- Sri Lanka

**Stable**

- Angola
- Belarus
- Benin
- Congo
- France
- Gambia
- Lesotho
- Nigeria
- Tajikistan
- Uganda
- United Republic of Tanzania
- United States of America

**Decreasing 26–49%**

- Burundi
- Cameroon
- Democratic Republic of the Congo
- Jamaica
- Kenya
- Malaysia
- Mali
- Mexico
- Mozambique
- Niger
- Sierra Leone
- South Africa
- Swaziland
- Trinidad and Tobago

**Decreasing ≥50%**

- Bahamas
- Barbados
- Belize
- Botswana
- Burkina Faso
- Cambodia
- Djibouti
- Dominican Republ
- Ethiopia
- Gabon
- Ghana
- Haiti
- India
- Malawi
- Myanmar
- Namibia
- Nepal
- Papua New Guinea
- Rwanda
- Suriname
- Thailand
- Togo
- Zambia
- Zimbabwe
Percentage change in the number of people dying from AIDS-related causes, 2005–2011

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<thead>
<tr>
<th>Decrease 25–49%</th>
<th>Decrease ≥50%</th>
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<tbody>
<tr>
<td>Bahamas</td>
<td>Botswana</td>
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<td>Guinea</td>
<td>Tanzania</td>
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<td>United Republic of South Africa</td>
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<td>Swaziland</td>
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<td>Thailand</td>
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Percentage decrease between 2009 and 2011 in the number of children (0–14 years old) acquiring HIV infection in countries with generalized epidemics

**1–19%**
- Benin
- Burkina Faso
- Central African Republic
- Chad
- Djibouti
- Eritrea
- Gabon
- Mozambique
- Nigeria
- South Sudan
- United Republic of Tanzania

**20–39%**
- Botswana
- Cameroon
- Côte d’Ivoire
- Ethiopia
- Ghana
- Guinea
- Haiti
- Lesotho
- Liberia
- Malawi
- Papua New Guinea
- Rwanda
- Sierra Leone
- Swaziland
- Uganda
- Zimbabwe

**40–59%**
- Burundi
- Kenya
- Namibia
- South Africa
- Togo
- Zambia
In the three years 2009 to 2011, antiretroviral prophylaxis prevented 409,000 children from acquiring HIV infection in low- and middle-income countries.

In six countries (Burundi, Kenya, Namibia, South Africa, Togo and Zambia), the number of children newly infected declined by 40–59% from 2009 to 2011. In 16
The scaling up of antiretroviral therapy in low- and middle-income countries has transformed national AIDS responses and generated broad-based health gains. Since 1995, antiretroviral therapy has saved 14 million life-years in low- and middle-income countries, including 9 million in sub-Saharan Africa. As programmatic scale-up has continued, health gains have accelerated, with the number of life-years saved by antiretroviral therapy in sub-Saharan Africa quadrupling in the last four years. Experience in the hyper-endemic KwaZulu-Natal Province in South Africa illustrates the macroeconomic and household livelihood benefits of expanded treatment access, with employment prospects sharply increasing among individuals receiving antiretroviral therapy.
Percentage of the 2015 national targets for male circumcisions met by 2011

<5%
- Malawi
- Mozambique
- Namibia
- Rwanda
- Uganda
- Zimbabwe

5–20%
- Botswana
- South Africa
- United Republic of Tanzania
- Zambia

>20%
- Ethiopia
- Kenya
- Swaziland
Percentage of pregnant women receiving antiretroviral regimens (excluding single-dose nevirapine) for preventing mother-to-child transmission in countries with a generalized epidemic, 2011

- **<25%**
  - Angola
  - Chad
  - Congo
  - Djibouti
  - Eritrea
  - Ethiopia
  - Nigeria
  - South Sudan

- **25–49%**
  - Benin
  - Burkina Faso
  - Central African Republic
  - Gabon
  - Guinea
  - Guinea-Bissau
  - Papua New Guinea

- **50–74%**
  - Burundi
  - Cameroon
  - Côte d’Ivoire
  - Kenya
  - Lesotho
  - Liberia
  - Malawi
  - Mozambique
  - Rwanda
  - Sierra Leone
  - Togo
  - Uganda
  - United Republic of Tanzania
  - Zimbabwe

- **75–100%**
  - Botswana
  - Ghana
  - Haiti
  - Namibia
  - South Africa
  - Swaziland
  - Zambia
Integration of HIV/TB services

Goals and objectives of the collaborative TB/HIV activities:

1. Establish and strengthen the mechanisms for delivering integrated TB and HIV services

2. Reduce the burden of TB in people living with HIV and initiate early antiretroviral therapy

3. Reduce the burden of HIV in patients with presumptive and diagnosed TB
48% TREATED FOR HIV

Fewer than half of all people living with tuberculosis and HIV received antiretroviral therapy in 2011.
Ending new HIV infections among children

The road to elimination of new HIV infections among children by 2015.
Proportion of eligible people receiving antiretroviral therapy in selected low- and middle-income countries at the end of 2011

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<td>≥80%</td>
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<20%

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20–39%

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Effect of ART coverage on rate of new HIV infections in a rural South African population (Tanser, CROI, 2012)

For every 10% increase in coverage there is a 17% decrease in individual risk.
Some recent SA data in summary

• 1.9m on ART with additional 500 000/yr
• >90% of pregnant women tested for HIV
• >80% of HIV patients screened for TB and >80% of TB patients tested for HIV
• >400m male condoms and >6m female condoms distributed – scale to 1b male and 12m female
• 619 000 MMCs done since 2010 with 1m estimated to want one
• Vertical transmission down to 2.7% at 6 weeks
More effort needed!

• On recording and reporting
  – SA listed by UNAIDS as one of the non-reporting countries
    • WRT prevention programmes targeting MSM, including reported condom use and with HIV testing rates in the 25-49% category
    • Non reporting wrt IDUs
  – Strengthen routine recording and reporting of patients on ART
ART scale-up: three success stories (Hirnschall, 2012)

- High level commitment and resources
- Proactive approaches to HIV testing
- Innovation in service delivery
- Integration
- Task-shifting
- Community-based services

High level commitment and resources; proactive HIV testing; innovations in service delivery
Programme strengthening

- Strengthen implementation of combination prevention (with targeted prevention)
- Initiate earlier and initiate more eligible children on ART (greater focus on adolescents)
- Strengthen TB/HIV integration and ensure all co-infected patients are on ART as early as possible & integration into MCH services
- Ensure early testing of pregnant women and initiation on ART if eligible
- Test more men and initiate eligible men on treatment
- Strengthen programme for SWs, MSM and IDUs
- Introduce FDCs
“CASCADE” OF HIV CARE

Milestones in HIV care

ART eligibility: 5 policy scenarios

Estimated millions of people eligible for ART in LMIC in 2011

11 15 23 25 32

1. CD4 ≤ 200
   - Recommended Since 2003

2. CD4 ≤ 350
   - Recommended since 2010

3. CD4 ≤ 350 + TasP
   - Incremental approach 2012

4. CD4 ≤ 500
   - Ongoing systematic review of evidence (GRADE review)

5. All HIV+
   - “Test and treat”

ART regardless of CD4 count for:
- Serodiscordant couples
- Pregnant women
- Key populations (SW, IDU, MSM)
Strategic Use of ARVs – IAC 2012

Using ARVs Strategically and effectively

• Evolving scenarios of earlier ART initiation
• New programmatic updates
  – Pregnant women
  – TasP and PrEP
• Better drugs used more effectively
• Better diagnostics
WHO’s consolidated ARV guidelines in 2013 (Hirnschall, 2012)
(children, adolescents, adults, pregnant women, key populations)
What will it take to overcome financial challenges?

- **Evidence-based national strategies** with clear prioritization of activities to maximize impact on survival and incidence
- **Real-time data on expenditure and costs** to identify opportunities to drive allocative, structural, and technical efficiencies
- **Targeted integration** to improve effectiveness and efficiency of HIV service delivery while strengthening health systems

**Guiding principles for IAS E² agenda:**
- Listening to all relevant stakeholders
- Promoting more evidence-based research
- Securing sustainable national AIDS programs
AU ROADMAP ON SHARED RESPONSIBILITY AND GLOBAL SOLIDARITY FOR AIDS, TB AND MALARIA RESPONSE IN AFRICA

(1) Countries to demonstrate political leadership through a willingness and ability to articulate a national AIDS, health and development vision and pull partner efforts in alignment;

(2) Development partners and African governments to fill the HIV investment gap together, through traditional and innovative means, investing “fair share” based on ability and prior commitments; and

(3) Resources to be reallocated according to countries’ needs and priorities – among countries, programmes and populations – for greatest results, ensuring rights-based enablers and synergies.
In conclusion!

- The world, especially SSA has made significant progress
- SA has made significant progress thanks in no small measure to dedicated and passionate clinicians and NGOs and a caring government!
- Much more needs to be done as the epidemic is far from extinguished (new clinical guidelines in the first half of 2013!)
NSP goals: a reminder!

• ☝Halve the number of new HIV infections;
• ☝Ensure that at least 80% of people who are eligible for treatment for HIV are receiving it (at least 70% should be alive and still on treatment after five years);
• ☝Halve the number of new TB infections and deaths from TB;
• ☝Ensure that the rights of people living with HIV are protected; and
• ☝Halve stigma related to HIV and TB