

At Last, Signs Of Progress On AIDS

Policy shift in South Africa, as new infections decline across the continent

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A theatre group in Mozambique educates communities about HIV/AIDS and other health issues: Prevention programs are helping to cut down the number of new HIV infections in many African countries.

Photograph: Panos / Giacomo Pirozzi

It was long years and hundreds of thousands of deaths in coming. But on 1 December, South African President Jacob Zuma stood before a cheering throng in the capital city, Pretoria, and marked World AIDS Day with a pledge “to deploy every effort, mobilize every resource and utilize every skill that our nation possesses” to turn back the advance of the disease. There comes a time in the

life of all nations when the only choice is to submit to the enemy or fight, the former anti-apartheid leader told the crowd. “That time has now come in our struggle to overcome AIDS.... We shall not submit.”

It was the second major speech on AIDS in as many months for Mr. Zuma. In the view of most observers it represented a final,

welcome break with the controversial policies and pronouncements of his predecessor, Thabo Mbeki. Mr. Mbeki’s public doubts about the cause of the disease, and his suspicions about the safety of the lifesaving anti-retroviral (ARV) drugs that target the HIV virus that causes AIDS, were thought by many to have contributed to South Africa’s grim distinction as the

country with the largest number of infected people in the world.

Mr. Zuma has had his own difficulties with the issue. His 2006 comments about showering after unprotected sex with a woman living with HIV to prevent infection were widely ridiculed and

caused outrage among activists. But he added substance to his World AIDS Day speech with the announcement that, beginning in April 2010, the public health service would expand ARV treatment programs to include all infants testing positive for the virus, a change expected to save

thousands of newborns every year. He also announced that treatment to prevent the transmission of the virus from mother to child at birth would begin earlier, as would treatment for those with both HIV and tuberculosis, in line with new recommendations from the UN's World Health Organization.



UNAIDS Executive Director Michel Sidibé: New infections and AIDS-related deaths are declining in sub-Saharan Africa, thanks to prevention policies and the wider availability of anti-retroviral medicines.

Photograph: UN / Mark Garten

The new commitments follow those made a few weeks earlier to cut South Africa's rate of new HIV infections in half and provide ARV treatment to at least 80 per cent of those in need. He called on all citizens to be tested for the virus and promised to lead a "massive campaign" to raise public awareness, encourage safer sex and promote other prevention practices, as well as combat the stigma and discrimination that still surround the illness. The changes

in substance and tone over the seven months Mr. Zuma has been in office "mark a fundamental break from the past," Michel Sidibé, executive director of the Joint UN Program on HIV/AIDS (UNAIDS), told the crowd in Pretoria.

Standing alongside the South African leader, the senior UN official, a Malian and the first African to head the agency, said Mr. Zuma had "shattered years of

official ambivalence, rallying citizens to take responsibility for learning their [HIV] status, reducing their risk and seeking treatment." In a sign of how welcome the dramatic shift in South African government policy is internationally, Mr. Sidibé declared him "the architect of ending this epidemic" and described the mood among HIV/AIDS experts and activists as one of "euphoria."

Good News At Last

The changes are very good news for the 5.7 million South Africans now living with the disease, and

for a continent that has already lost perhaps 20 million people to AIDS, seen hard-won

development gains wiped out and now accounts for two of every three infections globally.

Africa and the global HIV/AIDS epidemic, 2008

	Sub-Saharan Africa	World	Africa %
People living with HIV	22.4 mn	33.4 mn	67
Women living with HIV	13.4 mn	15.7 mn	85
Children living with HIV	1.8 mn	2.1 mn	86
AIDS-related deaths	1.4 mn	2.0 mn	70
AIDS-related child deaths	230,000	280,000	82
New HIV infections	1.9 mn	2.7 mn	70
Children newly infected	390,000	430,000	91
People receiving ARVs	2.9 mn	4 mn	73
People in need of ARVs	6.7 mn	9.5 mn	71
Average adult infection rate	5.2%	0.8%	--

Source: UN Africa Renewal from UNAIDS, Kaiser Family Foundation and UN Department of Economic and Social Affairs data

But the good news is not confined within South Africa's borders. According to [an update released by UNAIDS in late November](#), the number of new infections in all of sub-Saharan Africa has declined by 25 per cent since the mid-1990s, amidst signs that the global pandemic may have peaked in 1996.

The main cause for the drop, UNAIDS asserts, is the success of prevention and education programs that have finally begun to change the behavior of people at high risk, including men who have sex with men, commercial sex workers, intravenous drug users and, particularly in Africa, young women.

In South Africa, for example, condom use during the first sexual

encounter more than doubled to 64.8 per cent between 2002 and 2008. Zimbabwe, Zambia and Tanzania, among the countries hit hardest by the disease, all reported sustained declines in new infection rates. In Zimbabwe's case the rates have been in decline for a decade, as education and prevention programs have persuaded sexually active adults to practice safer sex and reduce the number of their partners.

Treatment to prevent HIV-positive mothers from infecting their babies at birth has also made a difference. Between 2004 and 2008, UNAIDS reports, the percentage of women receiving such treatment increased fivefold to 45 per cent, producing a sharp drop in the number of babies born with HIV. Globally, UNAIDS

estimates, over 400,000 new infections were prevented in 2008 alone.

"New HIV infections and AIDS-related deaths are declining in sub-Saharan Africa," Mr. Sidibé confirmed to *Africa Renewal* in a written interview. "The drop in infections is a result of the positive impact of 'combination' HIV prevention," an approach that combines public education, access to condoms and other prevention technologies. It also results from a reduction in discrimination and bias against those with HIV and those at high risk of infection, along with policies that have promoted more responsible sexual behavior.

Treatment Access Saves Lives

"With increased access to anti-retroviral therapy in developing countries, we are seeing a drop in AIDS-related deaths" compared to the number of people with the disease, Mr. Sidibé says. "By the end of 2008, an estimated 4 million people in low- and middle-income

countries were on anti-retroviral treatment."

Although that figure represents only about 44 per cent of all Africans who need the drugs, it nevertheless reflects a remarkable increase in access to treatment. In 2003, the update notes, only 2 per

cent of Africans in need had access to the medicines. ARVs are administered to patients in later stages of the illness and have become widely available in Africa only in the past few years as high costs dropped and disputes over patent rights and international trade rules were resolved.

The availability of the drugs through such programs as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and, in the US, the President's Emergency Plan for AIDS Relief (PEPFAR) kept the number of deaths in Africa stable at 1.4 million in 2008. The drugs also contributed to an increase in the number of Africans able to live with the disease, which rose by 2.7 million.

Despite the progress, Mr. Sidibé cautions, infection rates in sub-Saharan Africa remain five times higher than in any other region. "The AIDS epidemic continues to evolve. Much more is needed to turn back the epidemic. Countries need to adopt a prevention approach that focuses on those most at risk of infection."

The new UNAIDS report underlines the point. Despite the drop in infections, Africa still

living with the virus globally, as well as 36 of the 50 countries with HIV rates exceeding 1 per cent of the total population. All nine countries with HIV rates above 10 per cent are African, as are over 90 per cent of babies born with the disease. With new infections far exceeding the number of people able to get ARV treatment, UNAIDS notes, treatment and prevention programs still lag behind the need.

Empowering Women Is Key

Mr. Sidibé notes that reducing infection rates among women, who make up 60 per cent of Africans living with HIV, will be key to Africa's long-term success. "Gender inequalities, sexual abuse, violence, conflict and poverty often increase women's vulnerability to HIV. Protecting women from becoming infected with HIV and treating women living with HIV can turn back the epidemic. Stopping women from becoming infected and increasing their access to treatment also

contribute to reducing the number of orphans and the number of children born with HIV."

Entrenched economic and social inequalities and cultural attitudes towards women, however, make overcoming gender aspects of the pandemic particularly challenging. For this reason Mr. Sidibé welcomed the announcement last September of the creation of a new UN women's "super agency" that would consolidate the UN's scattered gender-related activities

under one roof and make them more effective. "We are hopeful that the creation of a new UN agency on women will help address the issue of gender inequality and advance the rights of women and girls, particularly in Africa. UNAIDS will work closely with the new agency to promote women's access to health and development [and] deliver critical maternal and child health services to women and girls at the grassroots level."

Challenges Ahead

Building on these modest signs of progress in the battle against AIDS will be vital if the continent is to make strides towards achieving the

Millennium Development Goals, which include achieving universal access to treatment by the end of 2010 and halting and beginning to

reverse the spread of the virus by 2015.



Anti-retroviral medicines at a health clinic: ARVs are becoming more widely available in Africa

Photograph: Panos / Giacomo Pirozzi

But the challenges are still formidable, Mr. Sidibé observes, including:

- *unaffordable medicines*
- *insufficient and unpredictable funding*
- *weak health systems*
- *the failure to tailor HIV prevention and treatment programs to local conditions, and*
- *stigma and discrimination against vulnerable populations*

Mr. Sidibé affirms that prejudice against homosexuals is a particular concern in Africa, noting that “men who have sex with men are often denied access to HIV prevention and treatment programs. UNAIDS believes the criminalization of any group of people at risk of HIV increases stigma and discrimination. Experience has shown us that effective responses to HIV are those grounded in human rights, tolerance and unimpeded access to HIV prevention, treatment, care and support.”

He goes on to say, “Reports of arbitrary arrest, violence and other forms of discrimination based on a person’s sexual orientation have occurred in many countries. In the case of Senegal, international groups — including UNAIDS — assisted in the release of nine gay men who were imprisoned since December 2008.”

Human rights and health advocates have also raised concerns about legislation under consideration in Uganda. If enacted, the bill would impose the death penalty on sexually active

HIV-positive homosexuals under some circumstances and require family, friends and employers to report homosexuals to authorities under penalty of imprisonment. Financing is another obstacle. “Although funding for the global AIDS response has grown over the years, there is still a funding gap,” the UNAIDS head explains. “In 2008, \$15.6 bn was estimated to be available from all sources for HIV, leaving a funding gap of \$6.5 billion.” For 2010, he says, the global need will rise to \$25 bn — half of which will be in Africa.

Funding Under Fire

The prospects for raising that amount, he admits, are not good: “Even though we do not yet know what the full impact of the economic crisis will be on HIV programs, we are already seeing adverse effects of the crisis on national and local AIDS responses, such as declines in household incomes, increases in poverty levels and reductions in national government spending on HIV, as well as reductions in HIV funding from multilateral and bilateral donors.” The effect of the crisis on

exchange rates has also made imported HIV medicines and equipment more expensive, he notes.

HIV and AIDS funding is also coming under criticism from some doctors and medical researchers. They assert that large-scale financing for the fight against AIDS comes at the expense of other vital health needs. HIV/AIDS advocates respond that the campaign against AIDS has generated billions of additional dollars for health care in African

and other developing countries and has saved millions of lives with prevention and treatment programs.

The critics may also have a hard time convincing President Zuma. AIDS, he declared, “is not merely a health challenge. It is a challenge with profound social, cultural and economic consequences. It is an epidemic that affects entire nations.... We have done much to tackle HIV and AIDS, but it is not enough. Much more needs to be done.”

*Provided by: "Africa Renewal,
United Nations"*

Design by: The Princess Group, L.L.C.