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

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25 NOVEMBER, 2012

health
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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.

11-45%

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 sterilisations.[2]

Two-thirds of the world's 796 million illiterate adults are women.[3]

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]

Globally, less than 30% of young women have comprehensive and correct knowledge on HIV.[5]

40%

Approximately 40 percent of pregnancies worldwide are unintended, increasing risk of women's ill-health and maternal death.[6]

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

Only one female condom is available for every 36 women in Sub-Saharan Africa.[8]

2x

Globally, young women aged 15-24, are most vulnerable to HIV with infection rates twice as high as in young men, and accounting for 22% of all new HIV infections.[9]

HIV is the leading cause of death of women of reproductive age.[10]

UNAIDS

Sources

1. UNAIDS World AIDS Day report 2011
2. Gender scorecard, UNAIDS, 2011
3. Rural Women and the MDGs. UN Inter-agency Task Force on Rural Women, 2012
4. Gender scorecard, UNAIDS, 2011
5. UNAIDS Report on the Global AIDS Epidemic, 2010
6. Singh et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute, 2009
7. UNICEF, The State of the World's Children 2011: Adolescence: An age of opportunity, New York, 2011
8. UNFPA Media Fact Sheet: Comprehensive Condom Programming – July 2010
9. UNAIDS World AIDS Day report 2011
10. Women and health: today's evidence tomorrow's agenda, WHO, 2009

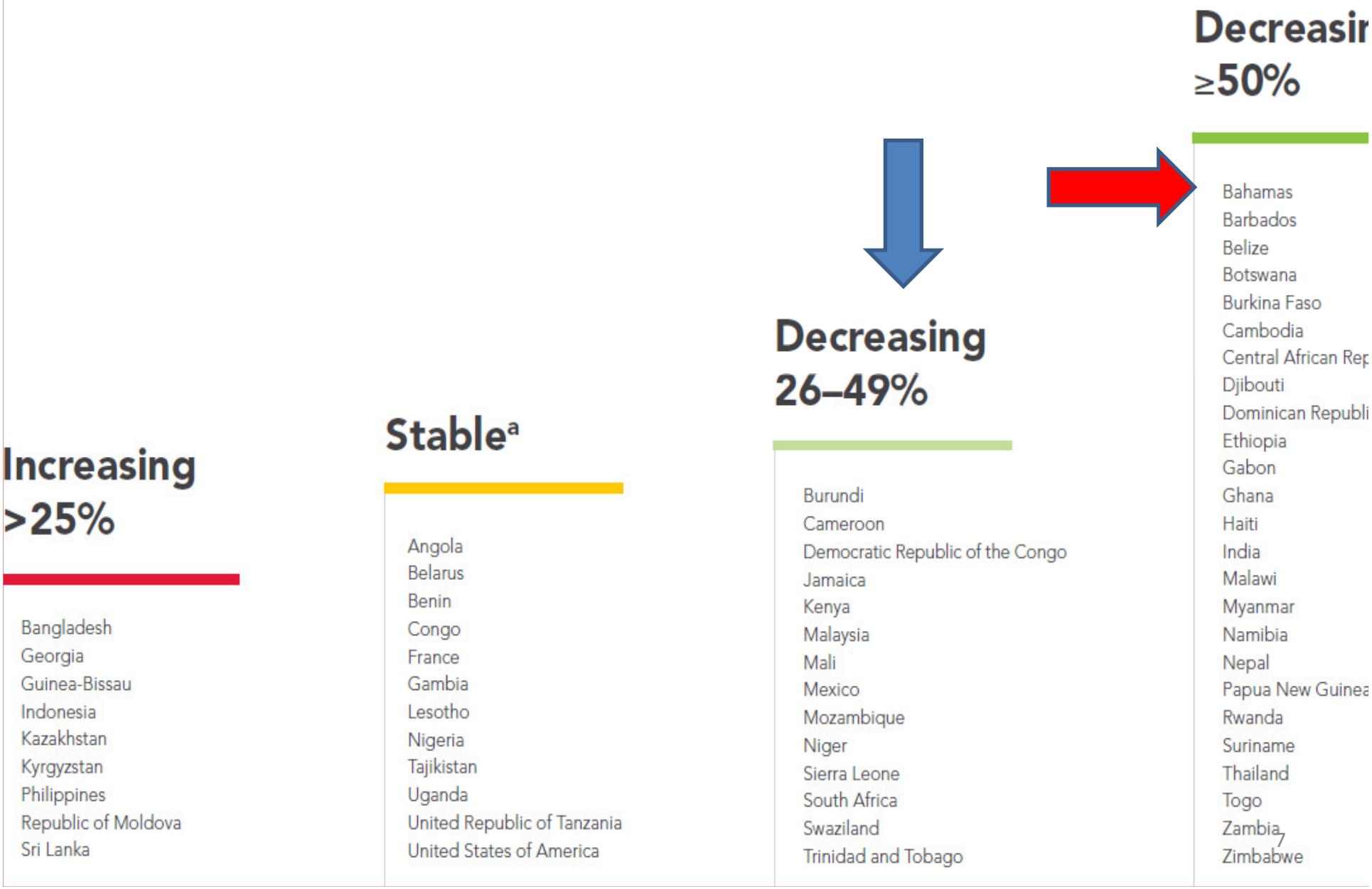
13.5×

Female sex workers are
13.5 times more likely to be living
with HIV than are other women.

22×

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



Percentage change in the number of people dying from AIDS-related causes, 2005–2011[a]

Decrease 25–49%

Bahamas
Benin
Bolivia (Plurinational State of)
Burkina Faso
Central African Republic
Chad
Congo
Djibouti
El Salvador
Eritrea
Germany
Ghana
Guinea
Haiti
Honduras
Jamaica
Lesotho
Liberia
Malawi
Mali
Mexico
Panama
Papua New Guinea
South Africa
Swaziland
Thailand
United Republic of Tanzania

Decrease ≥50%

Botswana
Burundi
Cambodia
Côte d'Ivoire
Dominican Republic
Ethiopia
Guyana
Kenya
Namibia
Peru
Rwanda
Suriname
Zambia
Zimbabwe

Percentage decrease between 2009 and 2011 in the number of children (0–14 years old) acquiring HIV infection in countries with generalized epidemics

Increased

Angola
Congo
Equatorial Guinea
Guinea-Bissau

1–19%

Benin
Burkina Faso
Central African Republic
Chad
Djibouti
Eritrea
Gabon
Mozambique
Nigeria
South Sudan
United Republic of Tanzania

20–39%

Botswana[a]
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

409 000

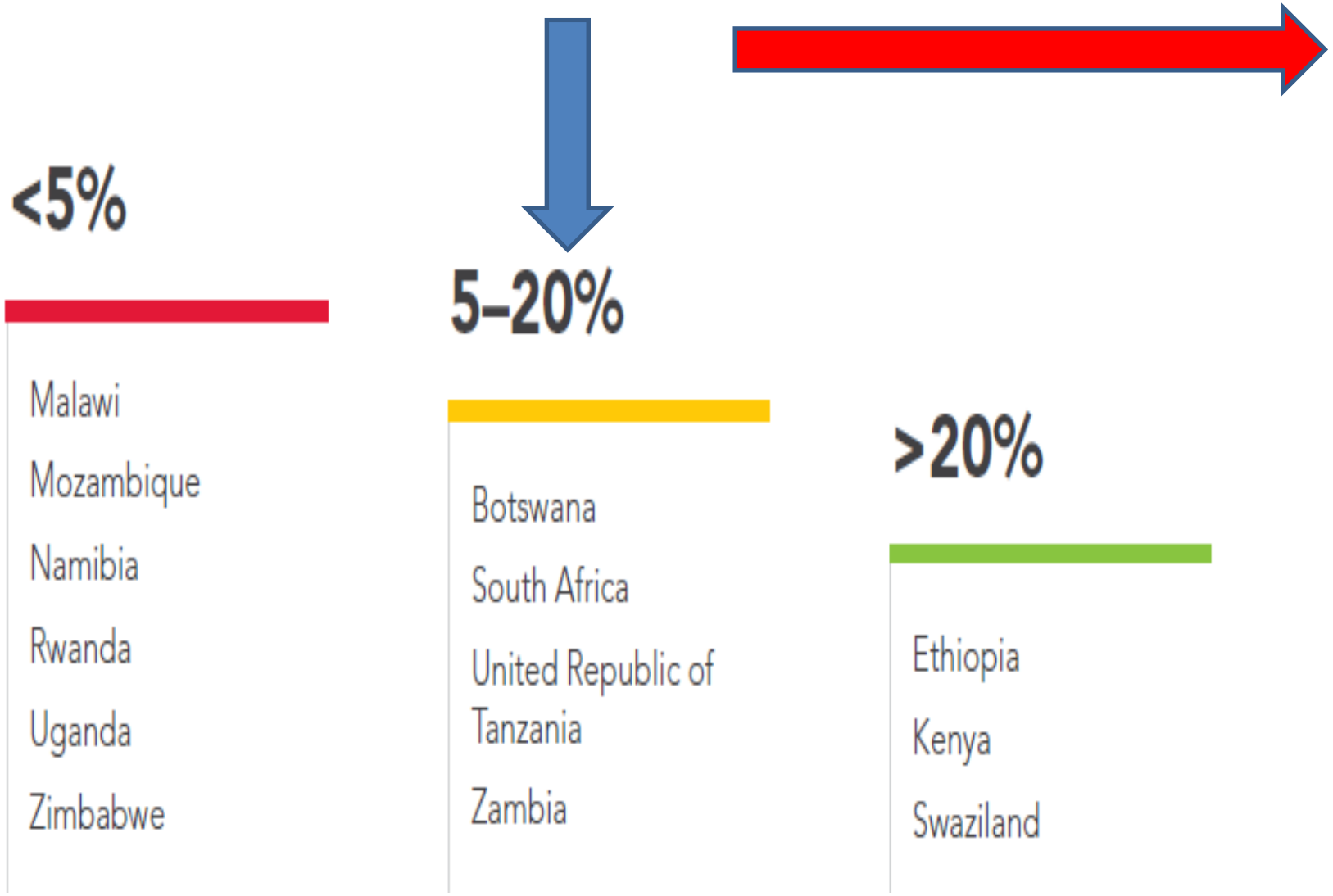
In the three years 2009 to 2011, antiretroviral prophylaxis prevented 409 000 children from acquiring HIV infection in low- and middle-income countries.

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

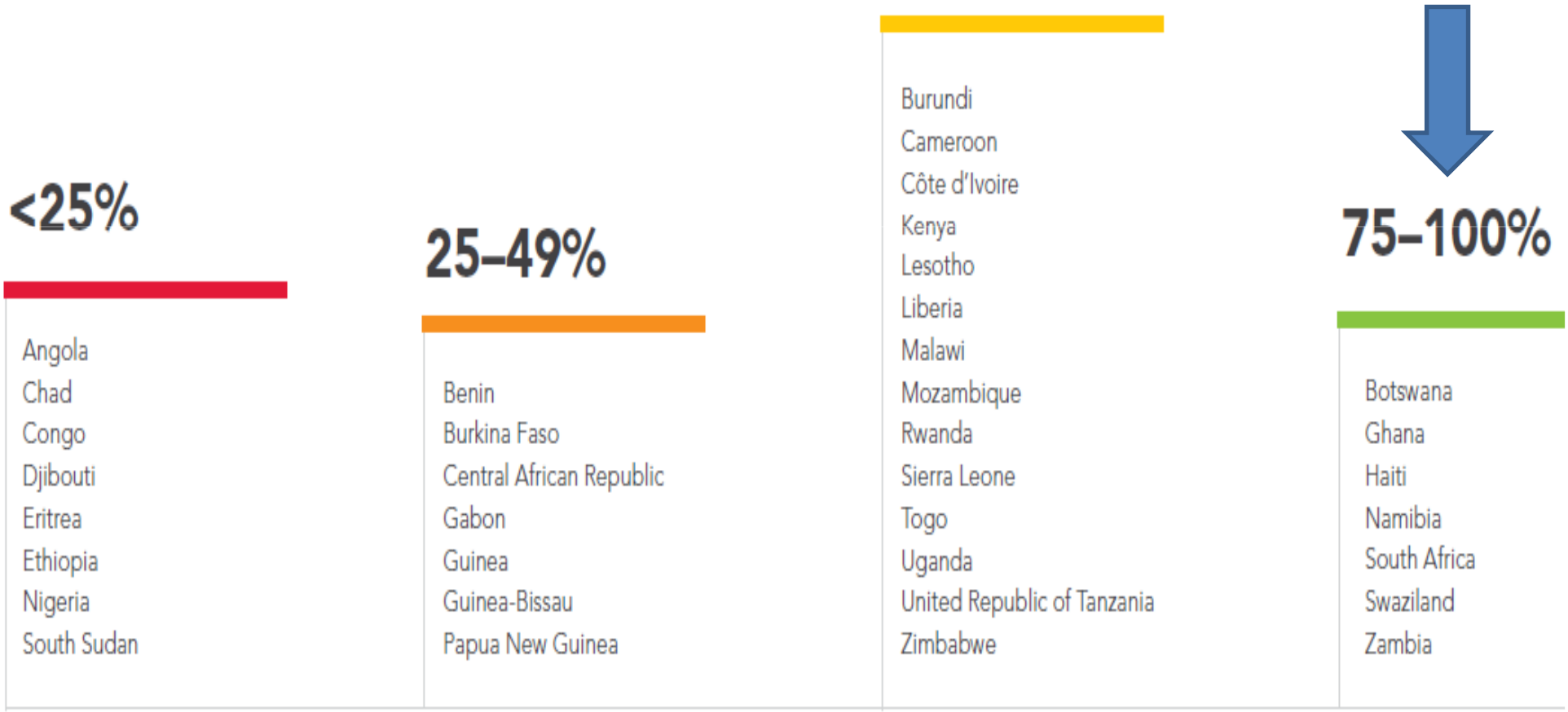
UNAIDS, 2012

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



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



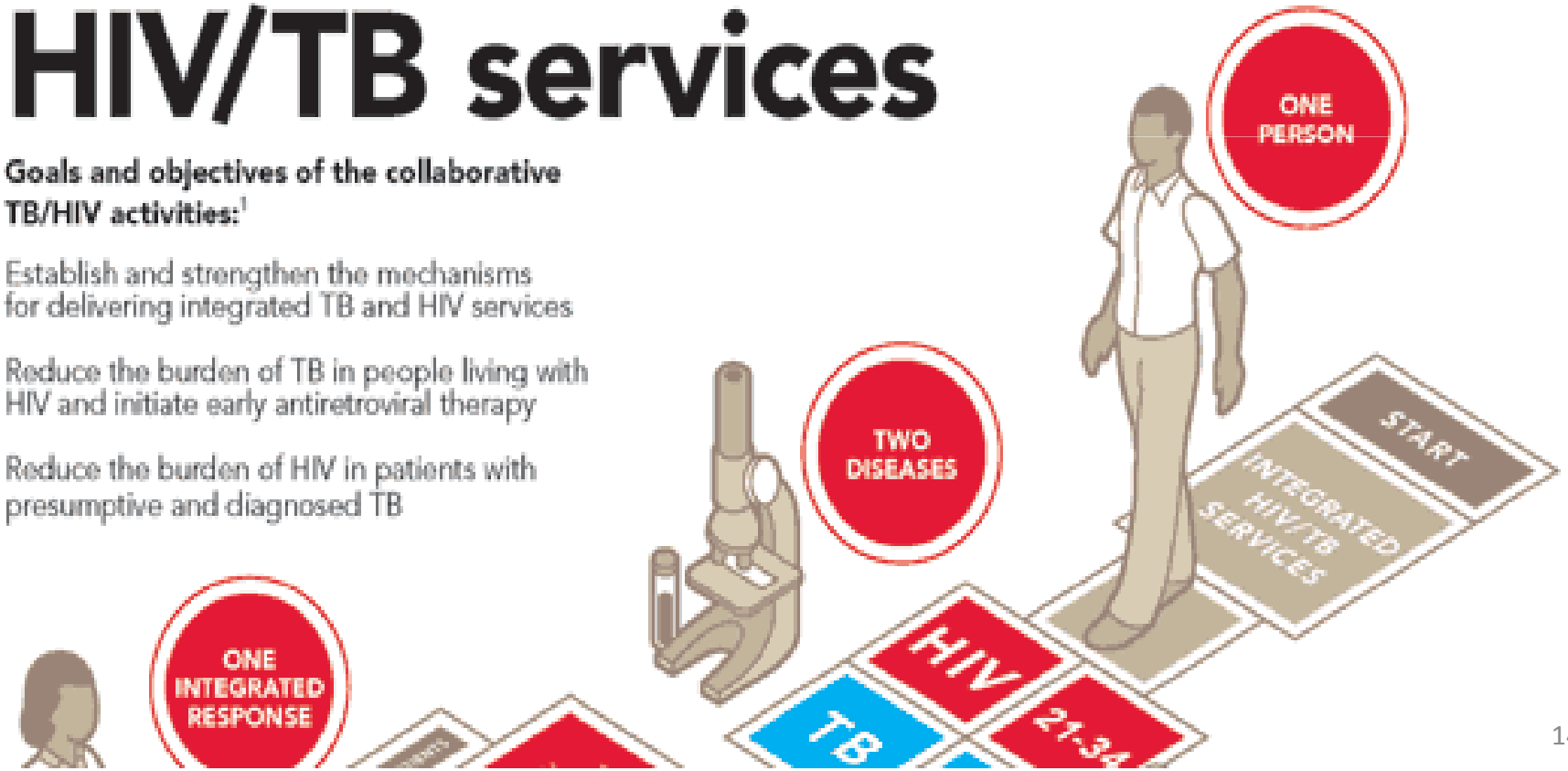
Integration of HIV/TB services

Goals and objectives of the collaborative TB/HIV activities:[1]

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

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

Reduce the burden of HIV in patients with presumptive and diagnosed TB



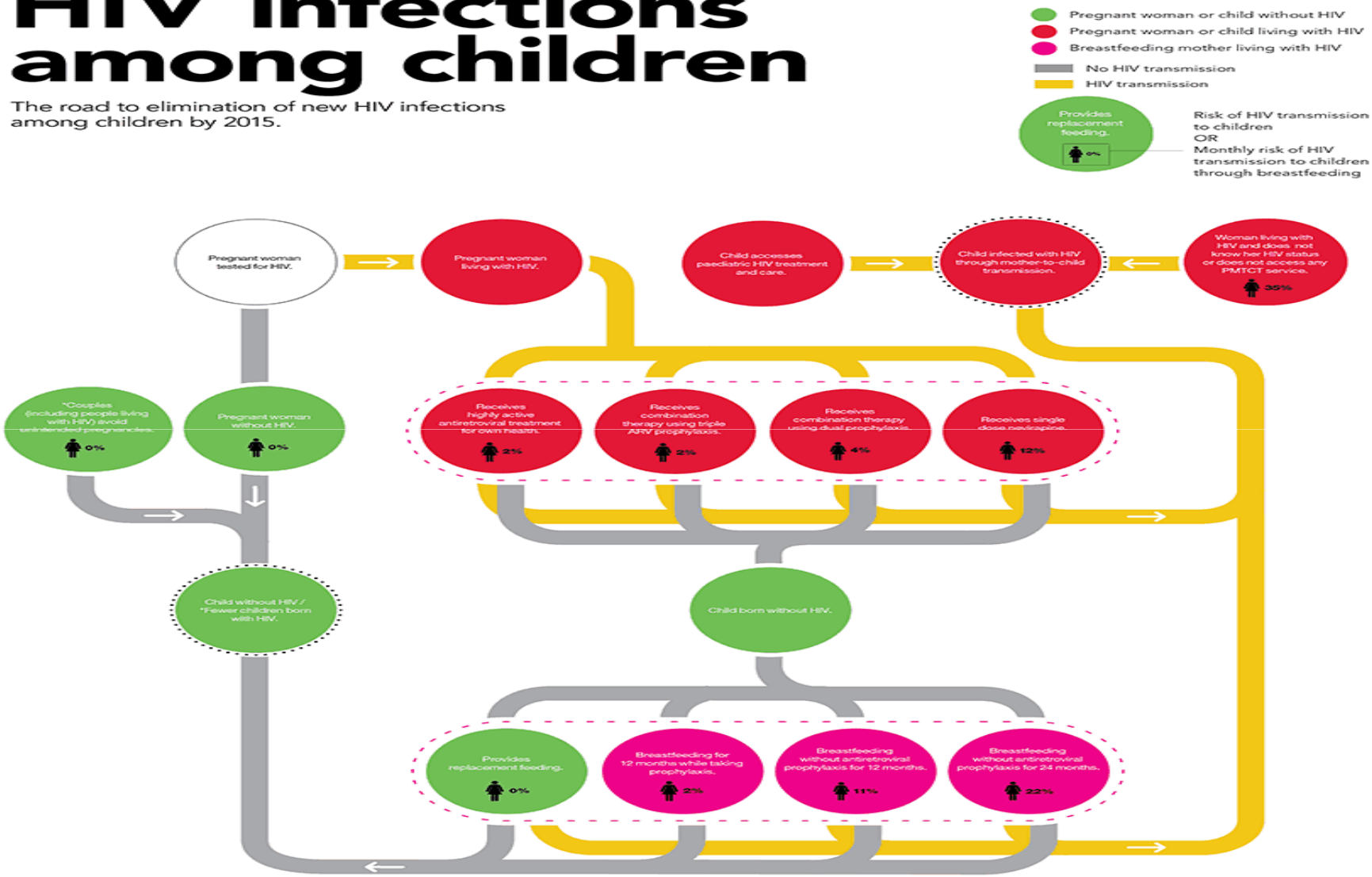
48%

TREATED FOR HIV

Fewer than half of all people living with tuberculosis and HIV received antiretroviral therapy in 2011.

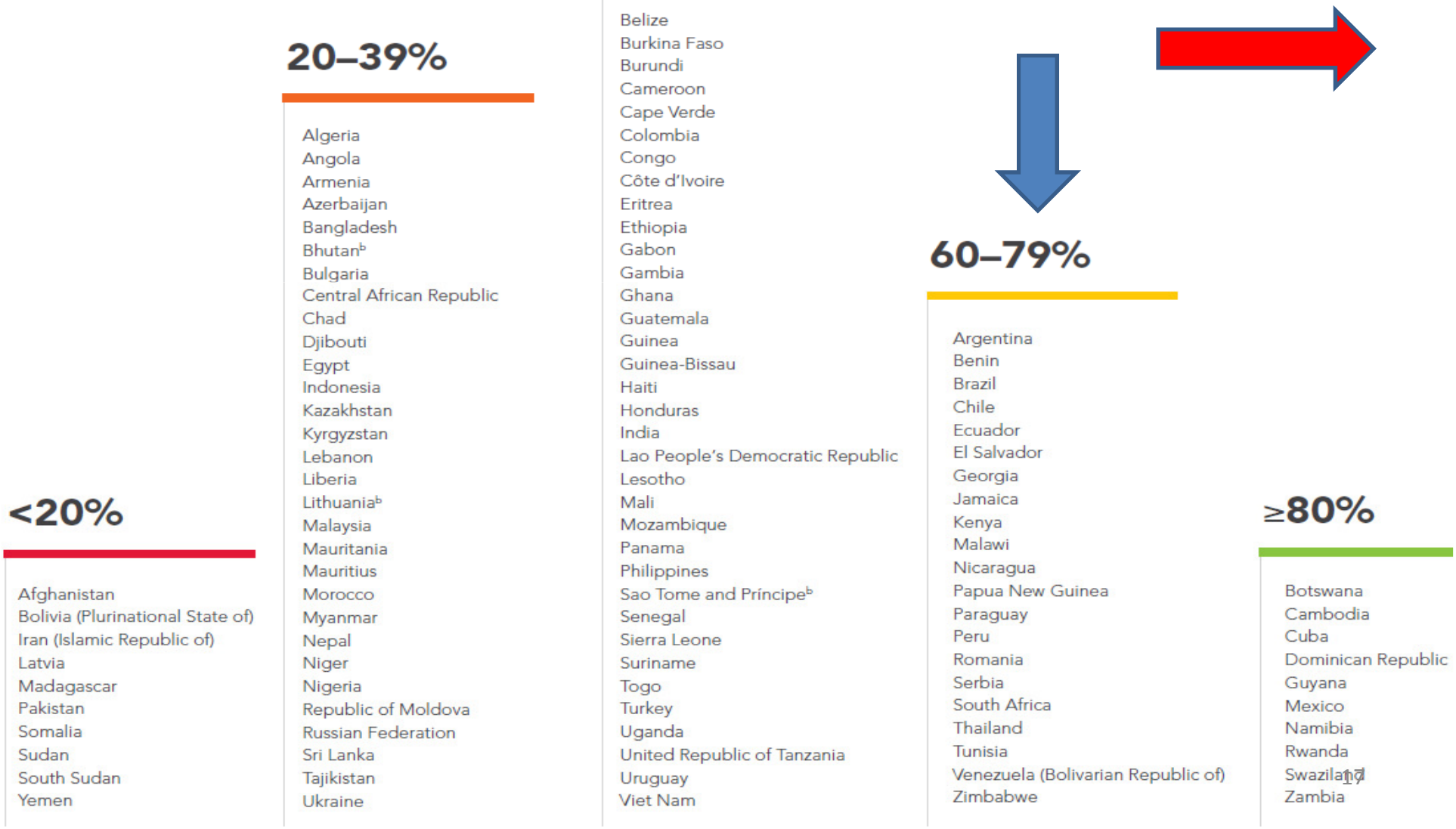
Ending new HIV infections among children

The road to elimination of new HIV infections among children by 2015.



UNAIDS

Proportion of eligible people receiving antiretroviral therapy in selected low- and middle-income countries at the end of 2011[a]



<20%

Afghanistan
Bolivia (Plurinational State of)
Iran (Islamic Republic of)
Latvia
Madagascar
Pakistan
Somalia
Sudan
South Sudan
Yemen

20–39%

Algeria
Angola
Armenia
Azerbaijan
Bangladesh
Bhutan[b]
Bulgaria
Central African Republic
Chad
Djibouti
Egypt
Indonesia
Kazakhstan
Kyrgyzstan
Lebanon
Liberia
Lithuania[b]
Malaysia
Mauritania
Mauritius
Morocco
Myanmar
Nepal
Niger
Nigeria
Republic of Moldova
Russian Federation
Sri Lanka
Tajikistan
Ukraine

40–59%

Belize
Burkina Faso
Burundi
Cameroon
Cape Verde
Colombia
Congo
Côte d'Ivoire
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guatemala
Guinea
Guinea-Bissau
Haiti
Honduras
India
Lao People's Democratic Republic
Lesotho
Mali
Mozambique
Panama
Philippines
Sao Tome and Príncipe[b]
Senegal
Sierra Leone
Suriname
Togo
Turkey
Uganda
United Republic of Tanzania
Uruguay
Viet Nam

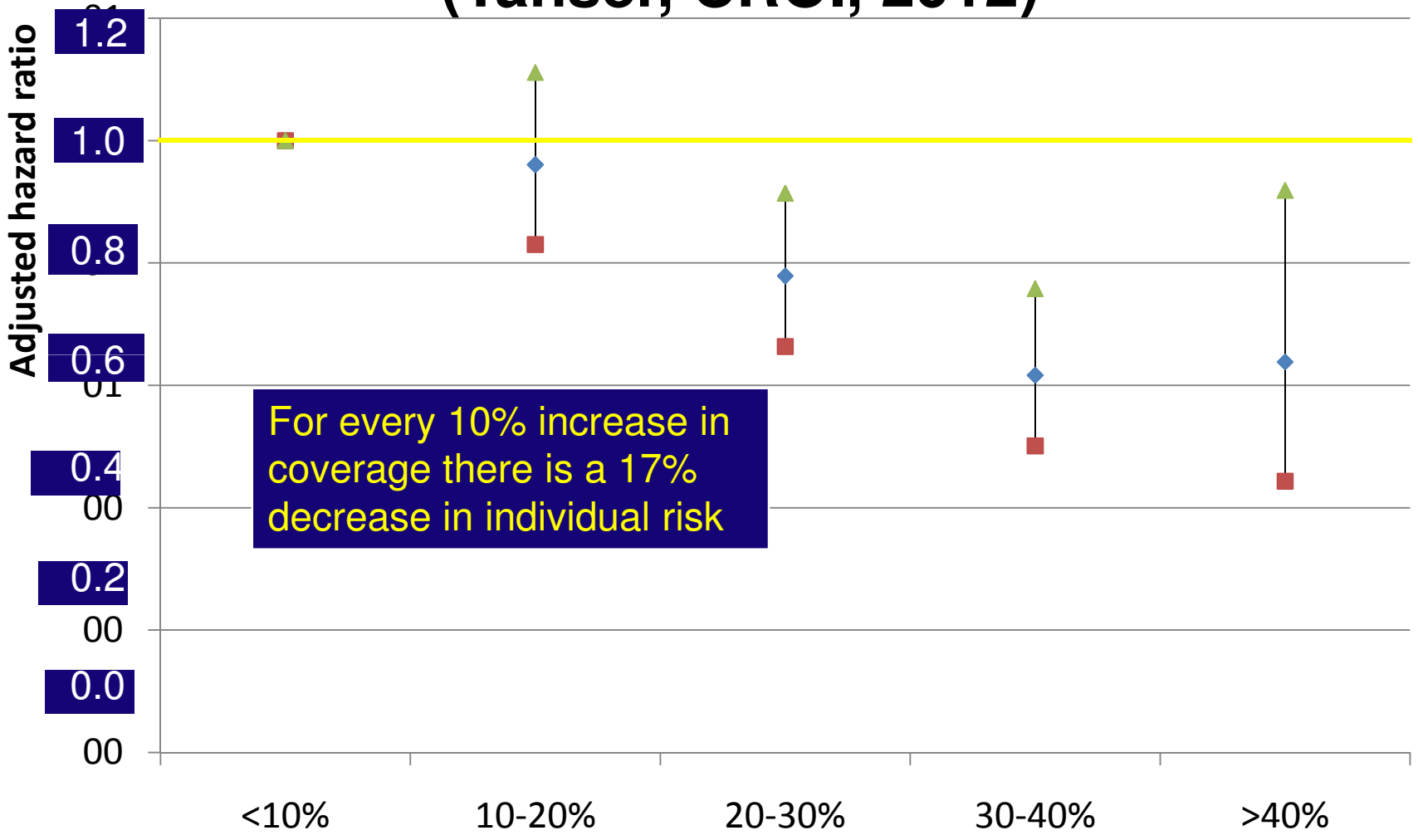
60–79%

Argentina
Benin
Brazil
Chile
Ecuador
El Salvador
Georgia
Jamaica
Kenya
Malawi
Nicaragua
Papua New Guinea
Paraguay
Peru
Romania
Serbia
South Africa
Thailand
Tunisia
Venezuela (Bolivarian Republic of)
Zimbabwe

≥80%

Botswana
Cambodia
Cuba
Dominican Republic
Guyana
Mexico
Namibia
Rwanda
Swaziland
Zambia

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



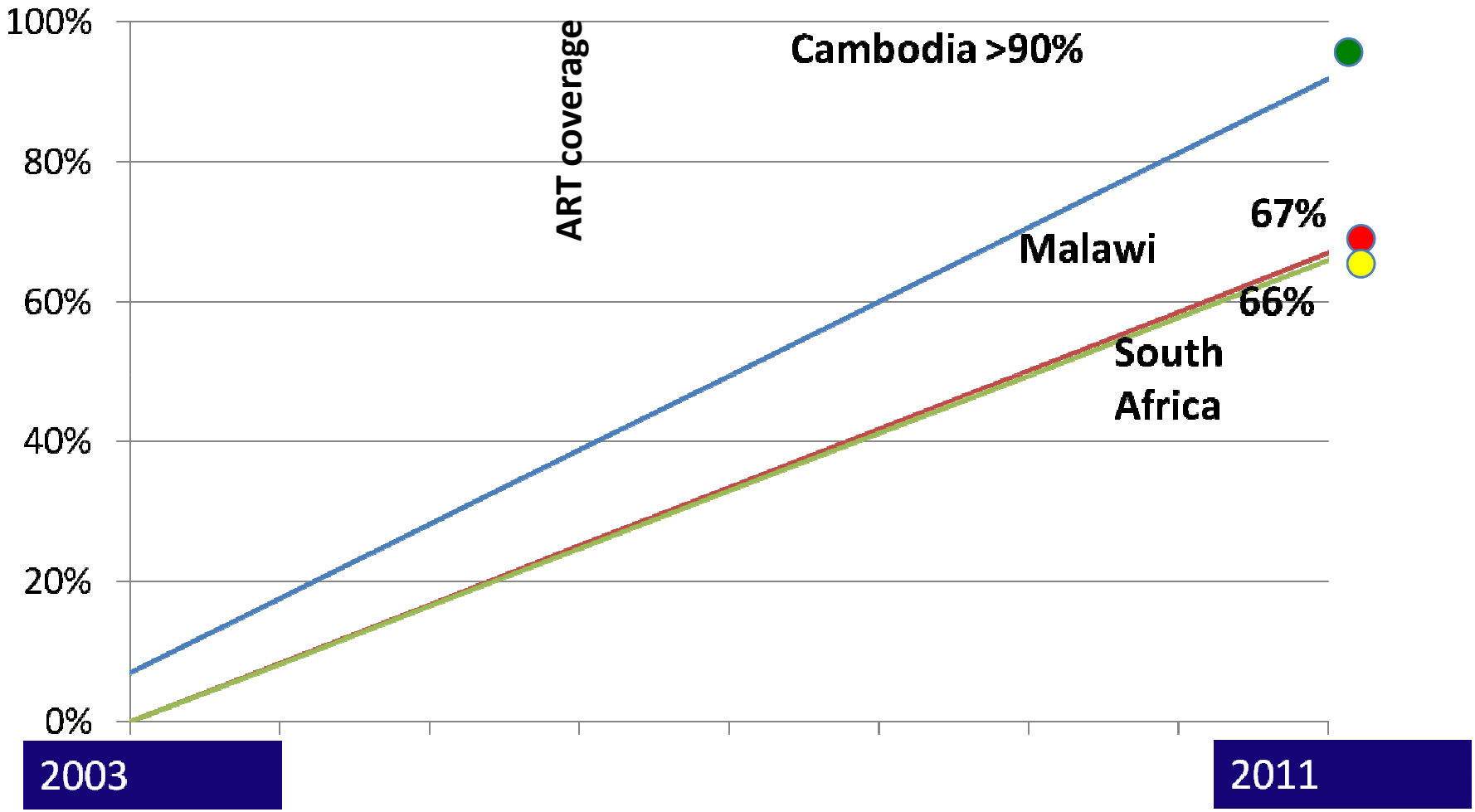
Some recent SA data in summary

- 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)

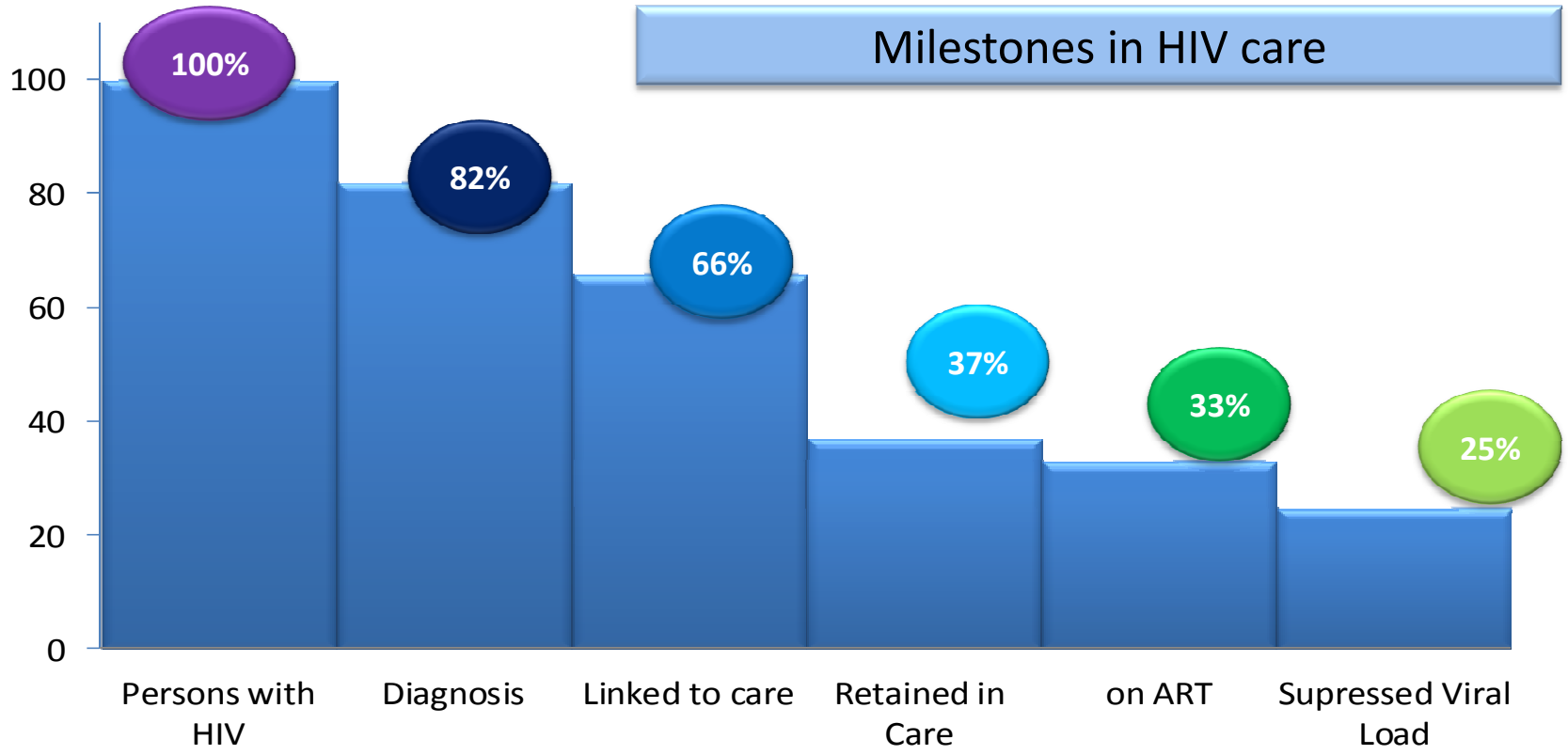


High level commitment and resources; proactive HIV testing; innovations in service delivery

Programme strengthening

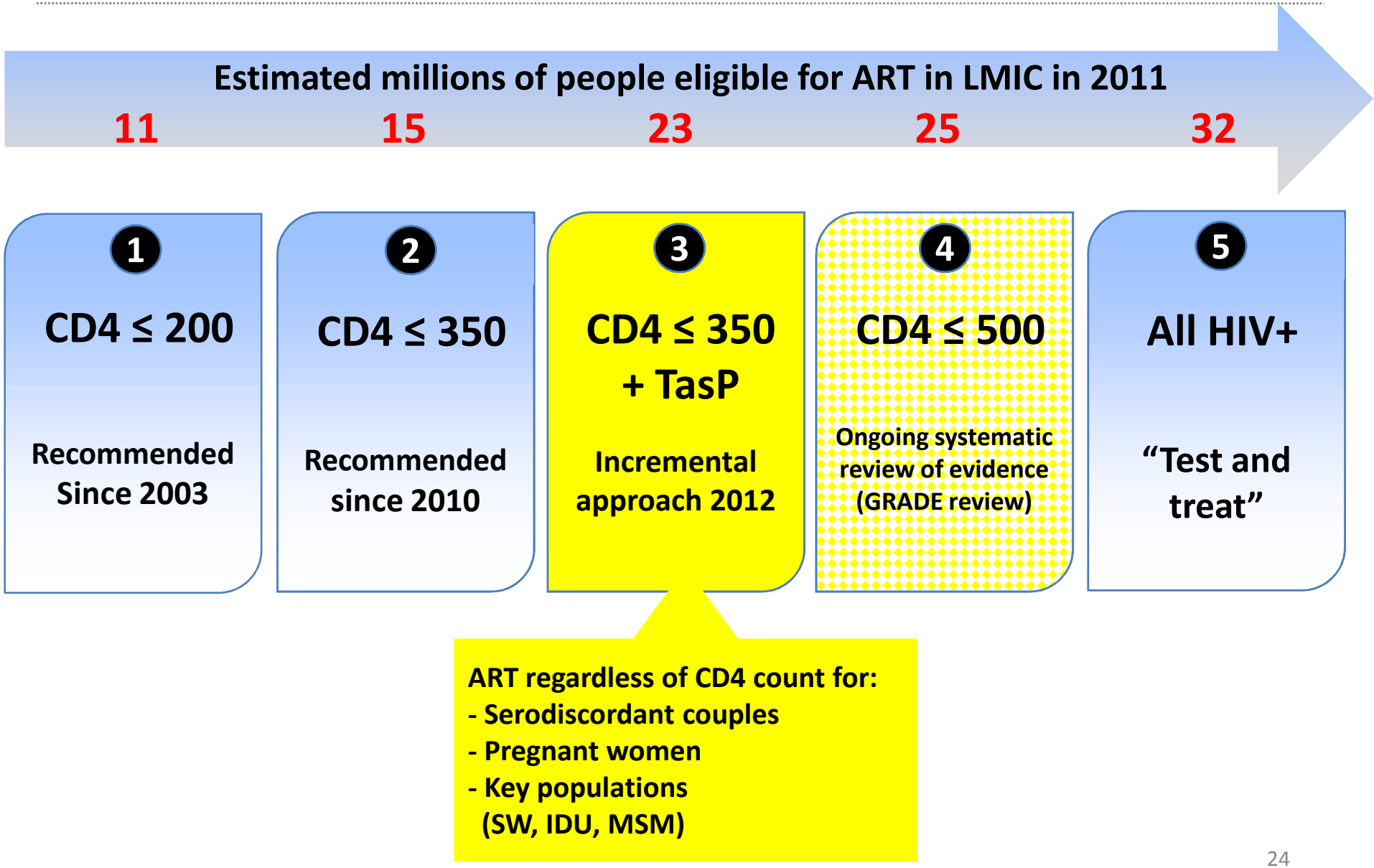
- Strengthen implementation of combination prevention (with targeted prevention)
- Initiate earlier and initiate more eligible children on ART (greater focus on adolescents)
- Strengthen TB/HIV integration and ensure all co-infected patients are on ART as early as possible & integration into MCH services
- 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

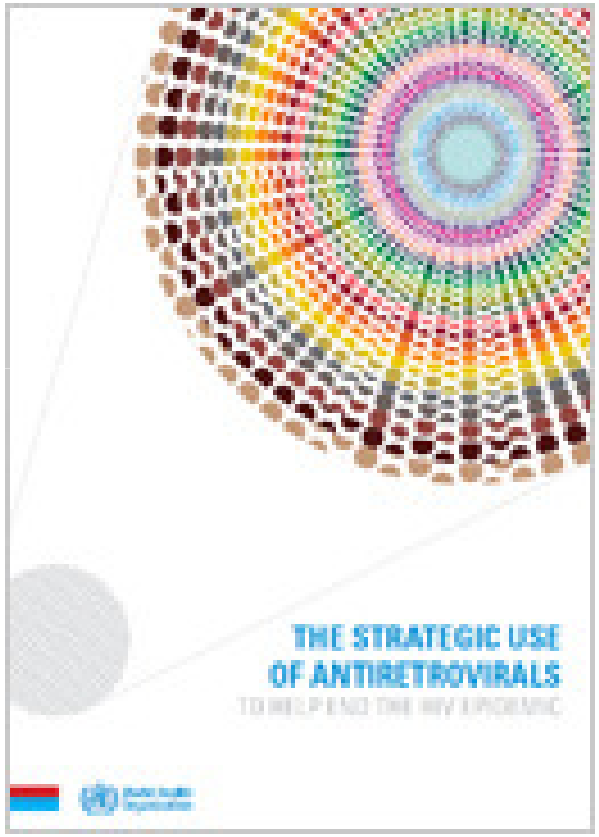


Lobby et al. HIV in the United States. Stages of care. CDC 2012

ART eligibility: 5 policy scenarios



Strategic Use of ARVs – IAC 2012

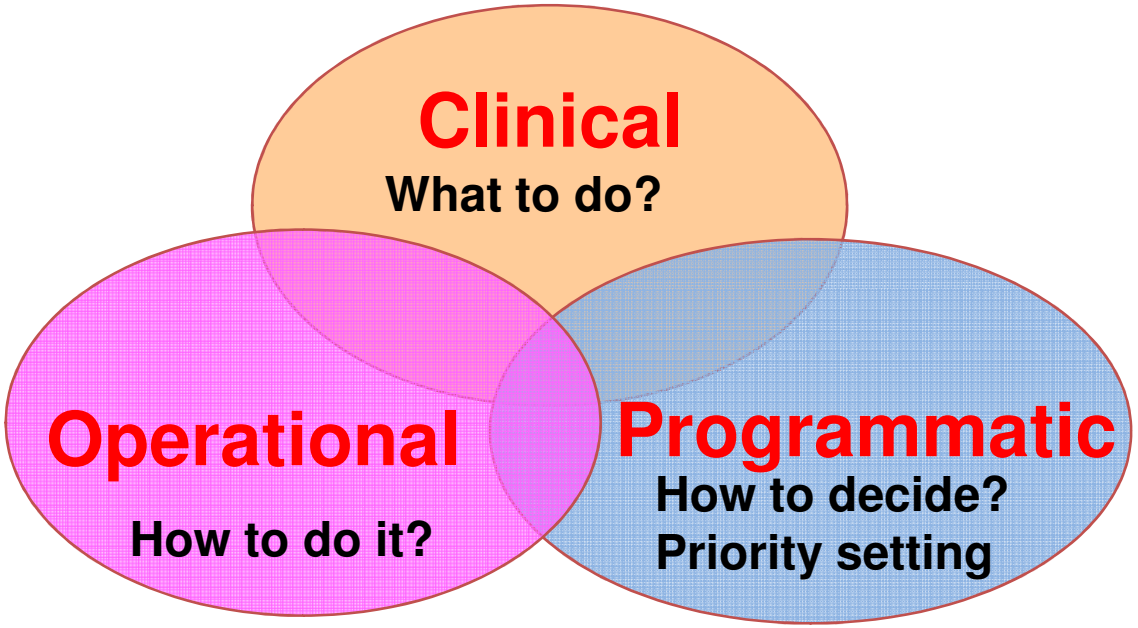


Using ARVs Strategically and effectively

- 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 E^2 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