HIV/AIDS, inequality and social justice in South Africa

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HSRC/HAST Roundtable

Theme: Health, Inequality and Social Justice in South Africa

Venue: Hall 1AB

Date & Time: 13 September 2015 from 14:00-15:30

Introduction

- South Africa had more people living with HIV (PLHIV), estimated at 6.4 million in 2012, than any other country.

- By 2012, HIV prevalence had increased to 12.2% in the general population and 18.8% in people aged 15-49 years.

- In 2015, 3.1 million South Africans are on antiretroviral treatment. This is the largest programme in the world and in many ways owes its existence to a campaign for the human right to health.

Health, HIV/AIDS and human rights in SA

Bill of Rights in the SA Constitution recognizes health rights that are measurable and justifiable:

† Section 24 says *people have a right 'to have the environment protected*';

† Section 25 says '*The state must take reasonable legislative and other measures, within its available resources, to foster conditions which enable citizens to gain access to land on an equitable basis*';

† Section 26 says 'The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of . . . *the right to have access to adequate housing*';

† Section 27 says 'The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of . . . *the rights to access to health care services, sufficient food and water, and social security*'.

The National Development Plan (NDP 2030) aims to eliminate inequality by 2030.

Source: Heywood M (2009) South Africa's Treatment Action Campaign: Combining law and social mobilization to realize the right to health. Journal of Human Rights Practice 1: 14-36

Poverty, inequality & HIV/AIDS

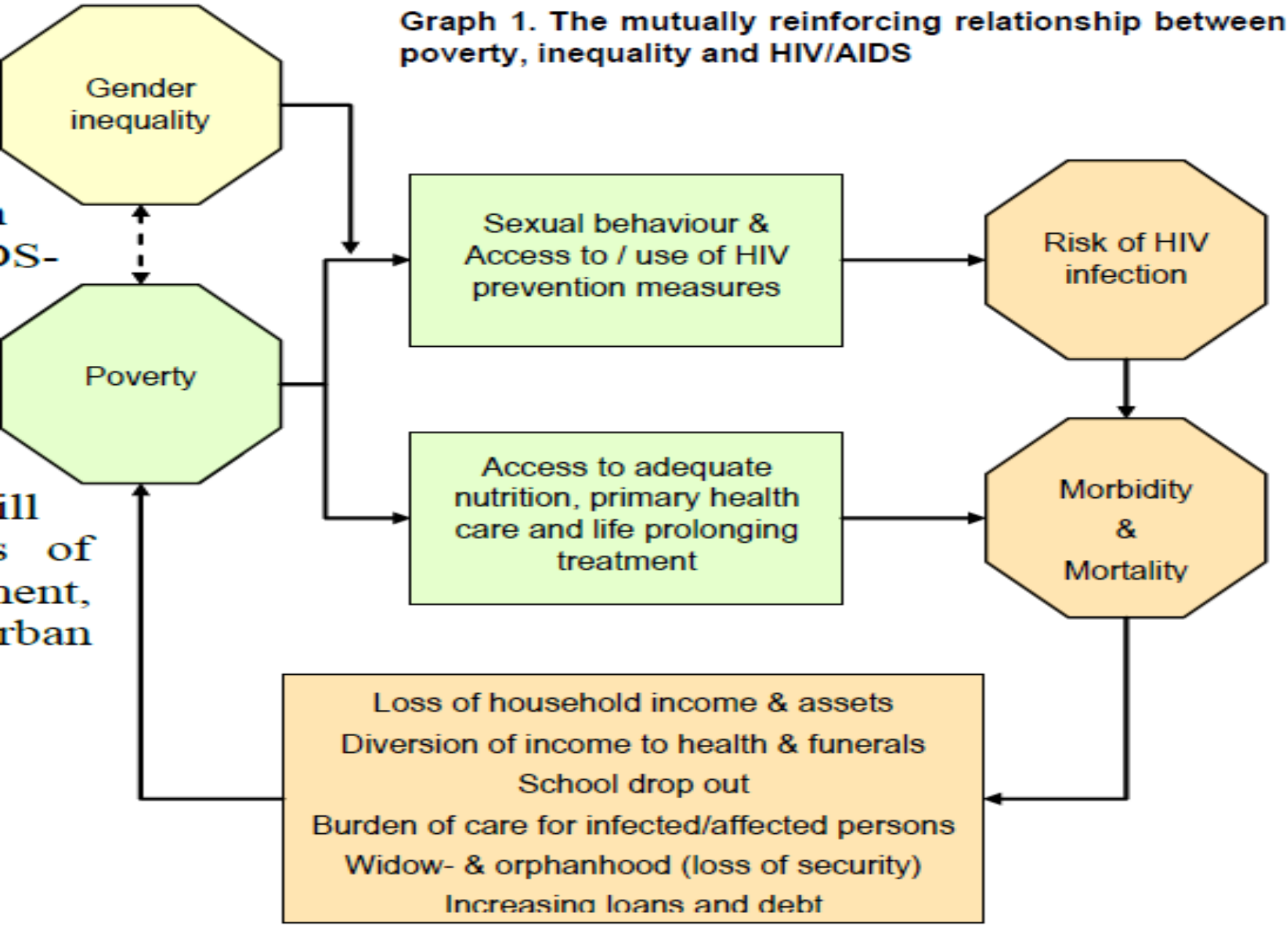
Hypotheses on poverty, inequality and HIV/AIDS:

- Poverty and inequality, particularly gender inequality, are identified as core factors in enhanced vulnerability to HIV infection.
- Poverty accelerates ill health and death due to HIV/AIDS and negatively affects the coping mechanisms of households affected by HIV/AIDS.

The relationship between poverty and HIV/AIDS is not just unidirectional:

- HIV/AIDS has the potential to aggravate poverty by pushing more households into poverty and forcing poor households into deeper impoverishment
- The epidemic erodes the capacity of public sector institutions to deal with the increasing demand, as public sector personnel is also infected with and affected by HIV/AIDS.

Graph 1. The mutually reinforcing relationship between poverty, inequality and HIV/AIDS



Source: van Donk M (2002) HIV/AIDS and urban poverty in South Africa. Isandla Institute.

HIV/AIDS does not affect South Africans equally

- In 2012, HIV prevalence was highest among sexually active adults aged 25+ (19.9%)
- Overall, the HIV incidence is higher in females than males in all age categories.
- In 2012, HIV incidence was highest among females aged 15-24 (2.54%) and 15-49 (2.28%).
- The HIV incidence among females aged 15-24 was more than 4X higher than that of males in this group (2.54% vs 0.55%)

Trends in HIV prevalence by age, 2002-2012

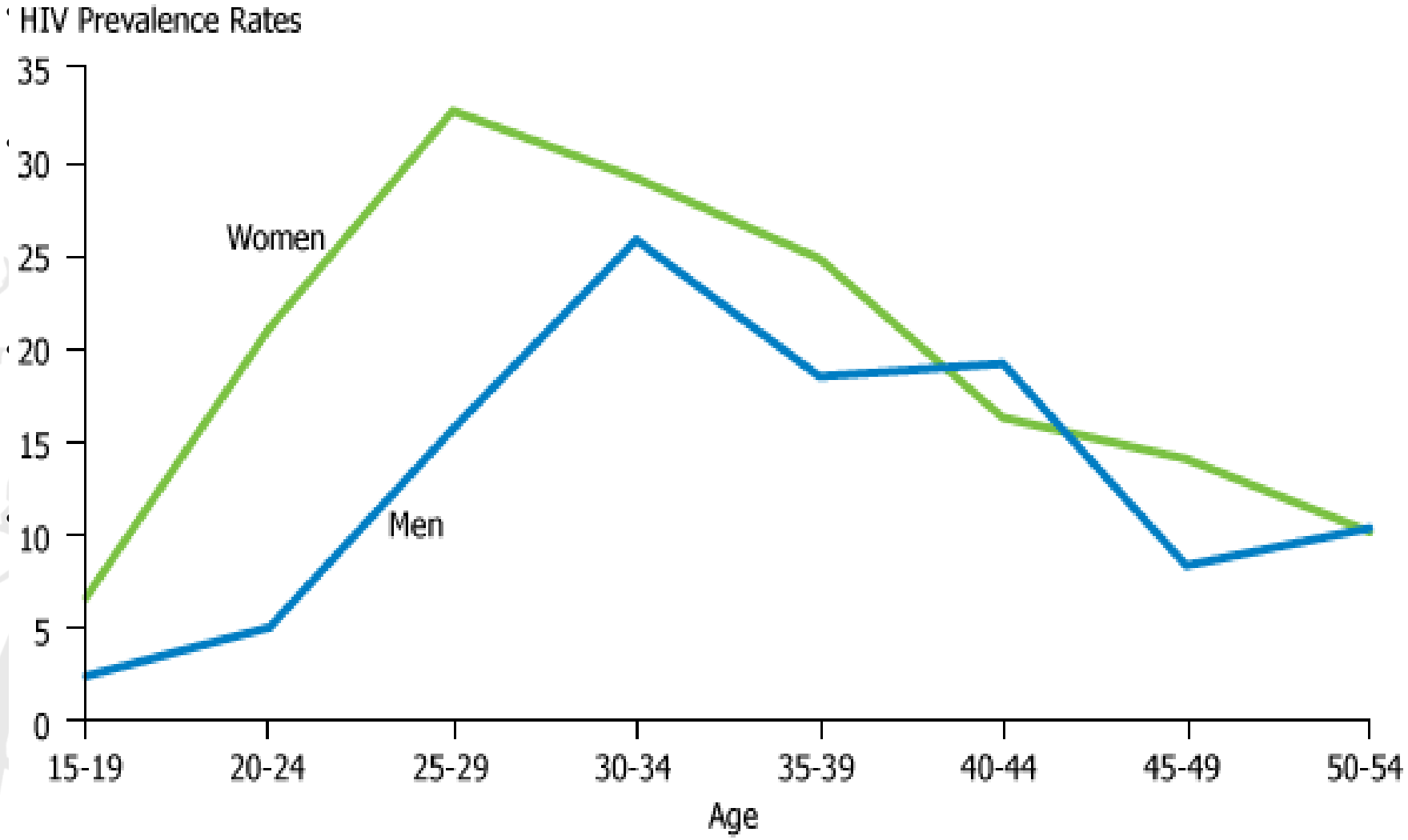
Age group	2002	2005	2008	2012
2-14	5.6	3.3	2.5	2.4
15-24	9.3	10.3	8.7	7.1
25+	15.5	15.6	16.8	19.9
15-49	15.6	16.2	16.9	18.8
2+	11.4	10.8	10.9	12.6

HIV incidence rates by age, 2012

Age Groups	HIV incidence % (95% CI)
Age ≥ 2years	
Total	1.07 (0.87 – 1.27)
Male	0.71 (0.57 - 0.85)
Female	1.46 (1.18 - 1.84)
Age 15-24 years	
Total	1.49 (1.21 – 1.88)
Male	0.55 (0.45 - 0.65)
Female	2.54 (2.04 - 3.04)
Age 15-49 years	
Total	1.72 (1.38 – 2.06)
Male	1.21 (0.97 - 1.45)
Female	2.28 (1.84 - 2.74)

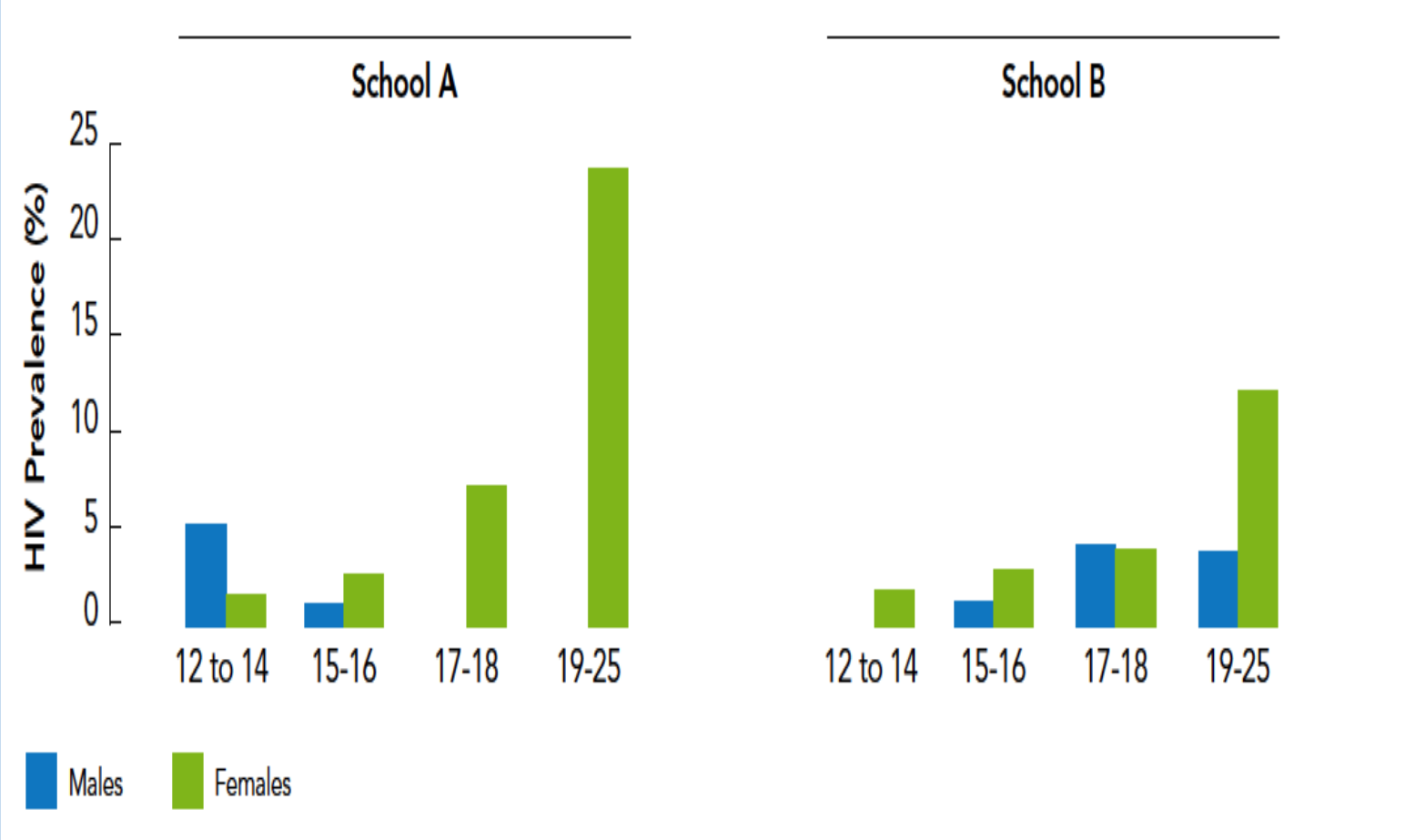
Source: SABSSM 2012

HIV disproportionately affects women in South Africa



Source: South African National HIV, Behaviour and Communication survey (2012 & 2008)

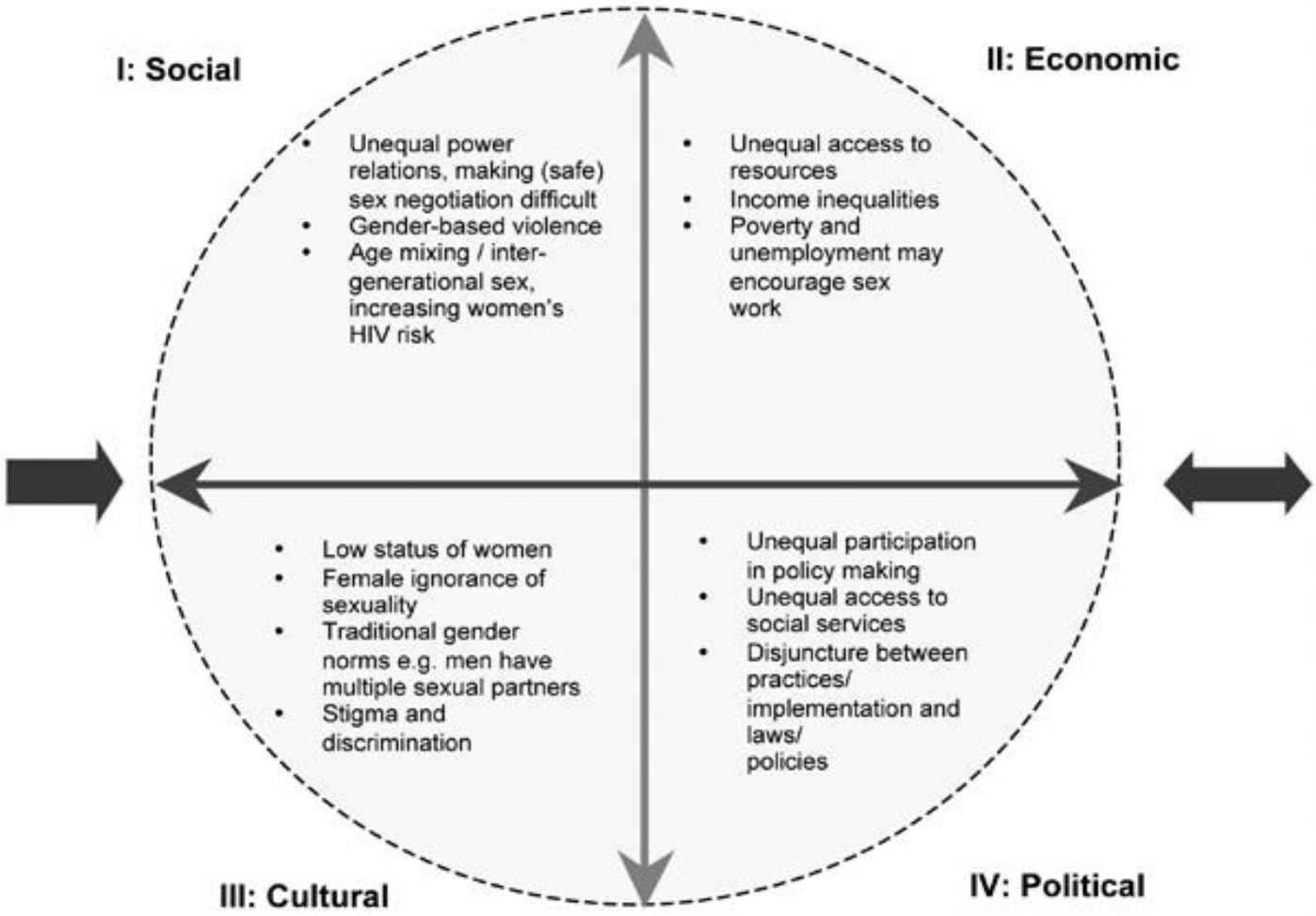
Case study 1: HIV prevalence among boys and girls in 2 schools in rural Kwazulu-Natal, SA, 2012



Source: UNAIDS, (2014) The gap report

Factors Contributing to the Gendered Pattern of the HIV Epidemic

Biological Determinants e.g. physiology of the female tract, presence of sexually transmitted infections, etc



Gendered HIV pattern

Source: Adapted from Popay et al, 2008

HIV disproportionately affects key populations in South Africa

- New HIV infections were highest among sex workers (5.5%) and their partners (19.8%), followed by MSM (7.9%) and their partners (9.2%) and People Who Inject Drugs (PWIDs) (1.1%) and their partners (1.3%).

- Overall, key populations had an estimated proportion of new infections of 14.5% which increased to 30.3% with their partners/clients.

	% new HIV infections, group only	% new infections, group & their partners & clients
Sex workers	5.5%	19.8%
PWID	1.1%	1.3%
MSM	7.9%	9.2%
Total	**14.5%**	**30.3%**

Source: Stats SA (2015) The Millenium Development Goals Report: Goal 6 report.

Social justice & HIV/AIDS in SA

- *Social justice* refers to the extension of principles, enshrined in the Constitution, of human dignity, equity, and freedom to participate in all of the political, socio-economic and cultural spheres of society.

Stigma and discrimination

Stigma Index study in SA (2014) found:

- 36% of the respondents experienced some form of external stigma.
- 39% of the respondents in the study reported that they had experienced internalised stigma.
- 89% of respondents indicated that they had disclosed their HIV status to their husband/wife/partner,

Experiences of stigma and discrimination

I was discriminated against by my previous partner… I was also rejected by my friends I was living with. I used to have separate eating utensils

(HIV positive woman, living in informal settlement, Johannesburg, South Africa).

The reason for not disclosing [HIV status] is because of fear for my mother, who has not moved out of her circle of poverty. My mother would be shunted and discriminated against.

(HIV negative woman, Johannesburg, SA).

Sources: Simabyi, Zuma, Cloete, Jooste, et al (2015) PLHIV Stigma Index: South Africa, 2014.
Rispel, Metcalf, Moody & Cloete, 2009

Gender-based violence in HIV response

- *GBV*: violence involving men & women, derived from unequal power relationships between men and women includes physical, sexual & psychological harm such as:
  - ❖ acts of physical aggression
  - ❖ emotional, psychological abuse & controlling behaviours
  - ❖ coerced sex, sexual harassment, rape

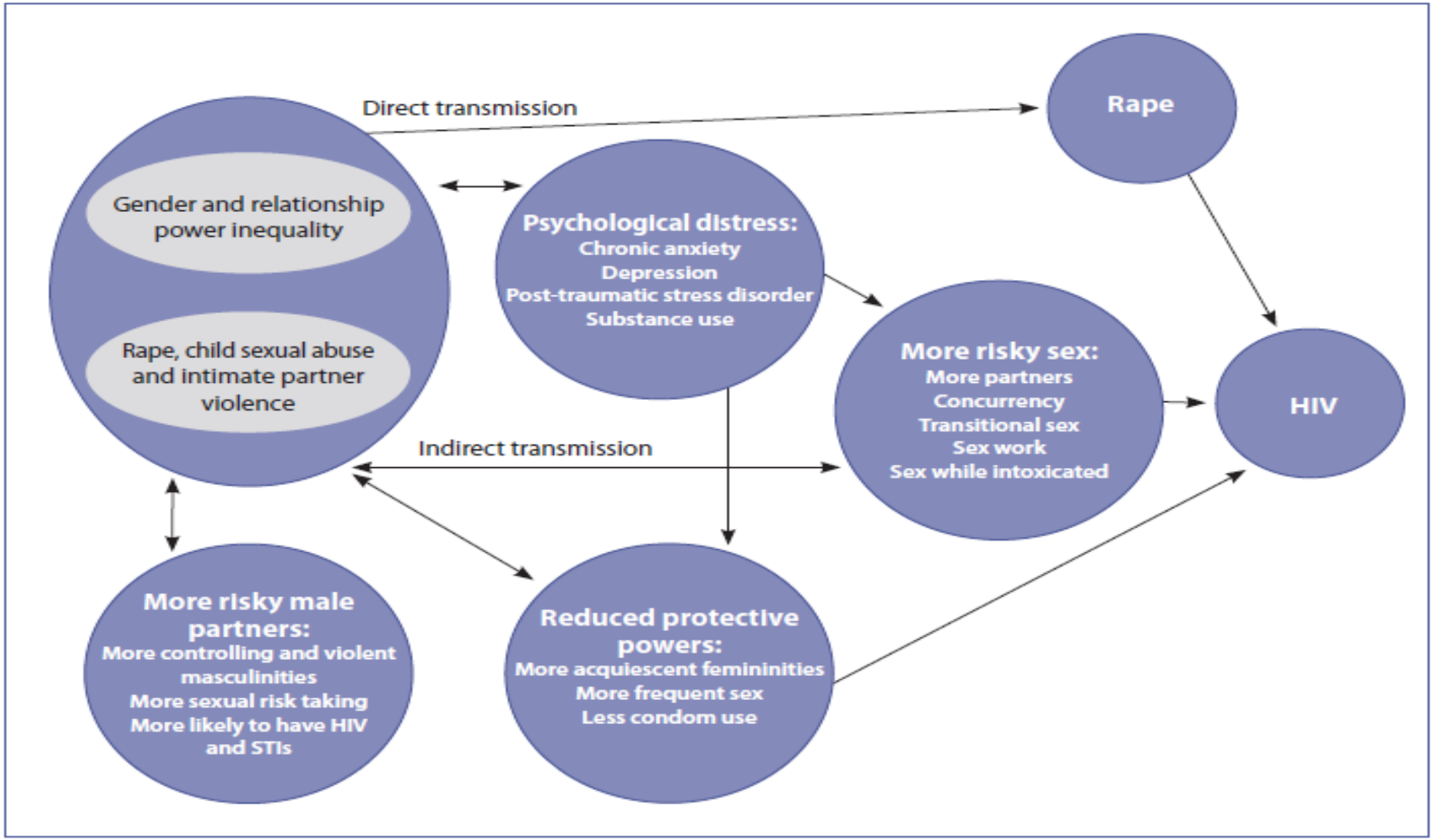
❖ Longitudinal study, South Africa: HIV incidence in women with multiple episodes of intimate partner violence was 9.6 vs 5.2 per 100 person-years among those with one or none (aIRR =1.51); 12% of new HIV infections attributed to intimate partner violence.

❖ Studies from India, South Africa & the USA: men who perpetrate violence are more likely to engage in high-risk sexual behaviours

Sources: Jewkes et al 2010. Lancet, Maman et al, 2002; Jewkes et al 2006, Silverman et al 2007

Pathways linking GBV & HIV

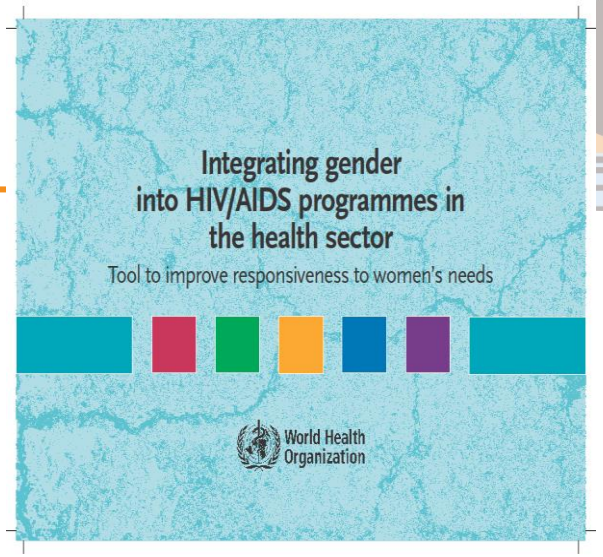
Figure 1. Links between violence against women and HIV. (STI: sexually transmitted infection)



Source: Jewkes et al. 2010

Key messages on GBV & HIV

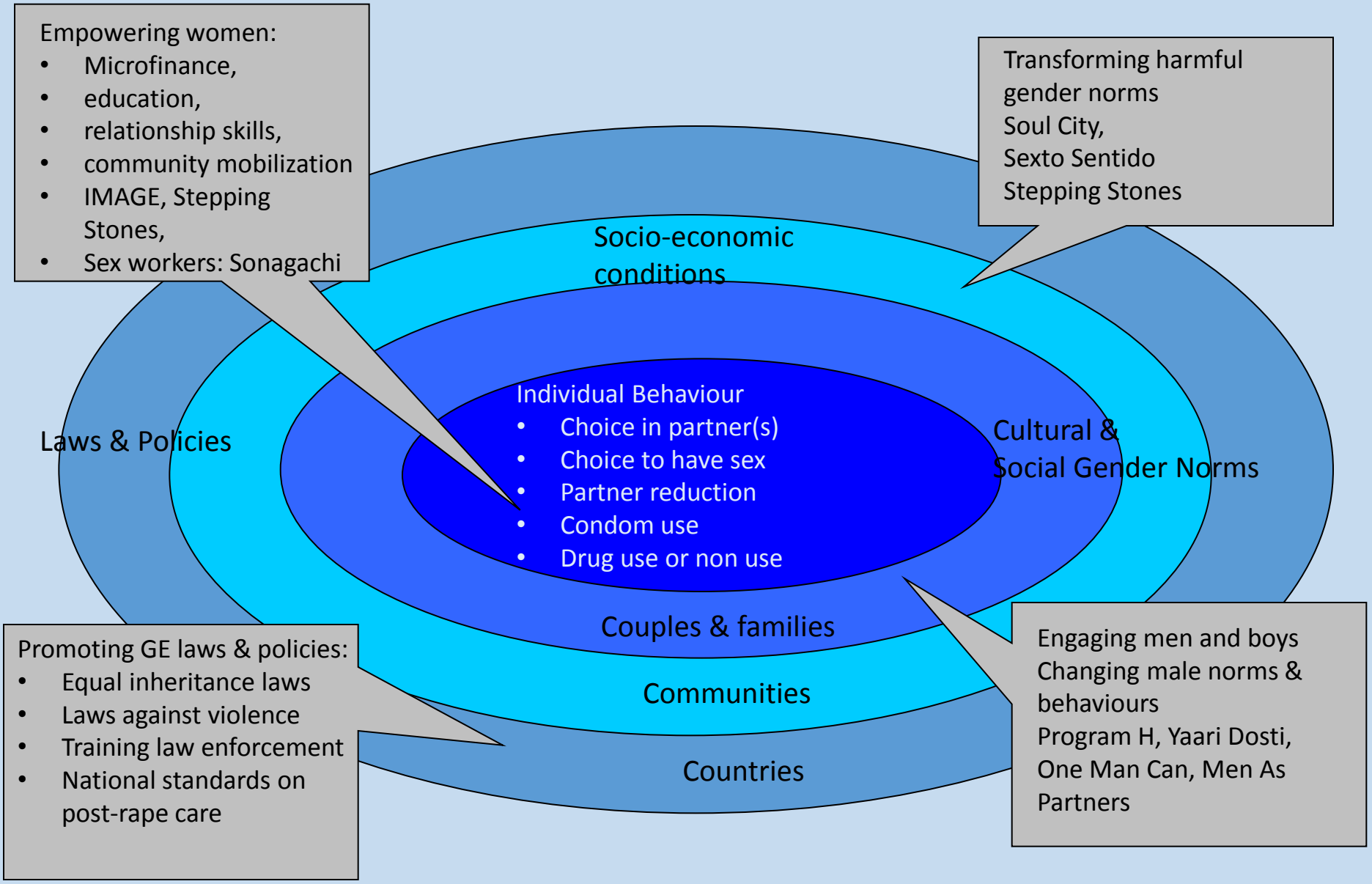
- There is increasing recognition that the HIV epidemic intersects in different ways with the epidemic of violence against women & girls. For example, in studies among women in Africa, fear of partner's negative reaction, including abandonment, violence, rejection, loss of economic support and accusations of infidelity were the most commonly reported barriers to HIV testing and disclosure of HIV status.



- GBV is rooted in or a manifestation of gender inequality in society.
- Traditional gender norms perpetuate violence against women.
- GBV is both a risk factor for, and a potential consequence of being identified as having HIV

Source: Amin V (2011) Why address gender-based violence in HIV response & what are effective strategies. WHO

Strategies to address gender inequality as driver of GBV & HIV



Source: Amin V (2011) Why address gender-based violence in HIV response & what are effective strategies. WHO

Strategies to address GBV in HIV prevention, treatment & care

Prevention:

Behaviour Change Communication: Integrate violence & HIV risk messages

Individual, Group, Peer Counselling: Combined risk-reduction & violence prevention: self-esteem, negotiation skills, partner communication, trauma counselling,

HIV Testing & Counselling:

Training HIV counsellors in identifying & appropriate response to GBV

Safety planning, disclosure support

Key populations

Sex Workers

Substance abusers (IDU, drug & alcohol)

MSM

Survivors of GBV

Women with prison history

partners of substance abusers

Adolescents

PMTCT

Couple Counselling & Testing Involving male partners

Treatment

Comprehensive Post-rape care including PEP

Care & Support

Peer & mediated disclosure support

Source: Amin V (2011) Why address gender-based violence in HIV response & what are effective strategies. WHO

Using constitutional law to achieve HIV/AIDS rights in South Africa

- in 2001–2002: for a national programme to prevent PMTCT (Heywood,2003b);
- in 2004: for access to the implementation plan for the ARV roll out (aka Operational Plan on Comprehensive Treatment Care and Support) (TAC, 2004);
- in 2006–2007: for access to ARV treatment for prisoners at Westville prison in KwaZulu Natal province (Hassim, 2006);
- on an ongoing basis: to challenge the profiteering by multi-national pharmaceutical companies, notably GSK, Boehringer Ingelheim (AIDS Law Project, 2003; TAC, 2003b), and Merk Sharp and Dohme (TAC, 2008);
- to defend the Medicines Control Act against individuals such as Matthias Rath, a wealthy German industrialist, who has denounced ARV treatment and instead marketed his vitamin pills as therapy for HIV/AIDS (TAC, 2008).

Summary

- The HIV epidemic is taking its toll on South African society. Death and disease caused by HIV has profound implications for human rights
- The gravity of this epidemic is linked directly to social and sexual inequality, including the disempowerment of women.
- Poverty and inequality, particularly gender inequality, are core factors in enhanced vulnerability to HIV infection and poverty accelerates ill health and death due to HIV/AIDS and negatively affects the coping mechanisms of households affected by HIV/AIDS.
- The AIDS epidemic catalyzed the formation of human rights advocacy groups such as the TAC, Positive Women's Network, NAPWA and others