



MONASH South Africa

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HIV and AIDS as a Global Health Issue

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2001 United Nations Declaration of Commitment on HIV/AIDS: Global Crisis – Global Action

1. Reduce sexual transmission of HIV by 50% by 2015
2. Halve the transmission of HIV among people who inject drugs by 2015
3. Eliminate HIV infections among children and reduce maternal deaths
4. Reach 15 million PLHIV with lifesaving antiretroviral treatment by 2015
5. Halve TB deaths among people living with HIV by 2015
6. Close the global AIDS resource gap
7. Eliminate gender inequalities and GBV and increase the capacity of women and girls to protect themselves from HIV
8. Eliminate HIV-related stigma, discrimination, punitive laws and practices
9. Eliminate HIV-related restrictions on entry, stay and residence
10. Strengthen HIV integration



1. GLOBAL STATE OF HIV/AIDS EPIDEMIC AND PROGRESS ON REDUCING SEXUAL TRANSMISSION

Global state of the HIV/AIDS epidemic, 2013

Number of people living with HIV in 2010	Total	34 million [31.6 - 35.2 m]
	Adults	30.8 m [29.2 - 33.7 m]
	Women (aged 15 and above)	15.9 m [14.8 - 17.2 m]
	Children under 15 years	2.5 m [1.6 - 3.4 m]
People newly infected with HIV in 2010	Total	2.7 m [2.4 - 2.9 m]
	Adults	2.2 m [2.0 - 2.5 m]
	Children under 15 years	390,000 [340,000 - 450,000]
AIDS-related deaths in 2010	Total	1.8 m [1.6 - 1.9 m]
	Adults	1.6 m [1.4 - 1.8 m]
	Children under 15 years	260 000 [150 000 - 360 000]

http://www.youtube.com/watch?v=QeULvvvu3eo&feature=player_detailpage

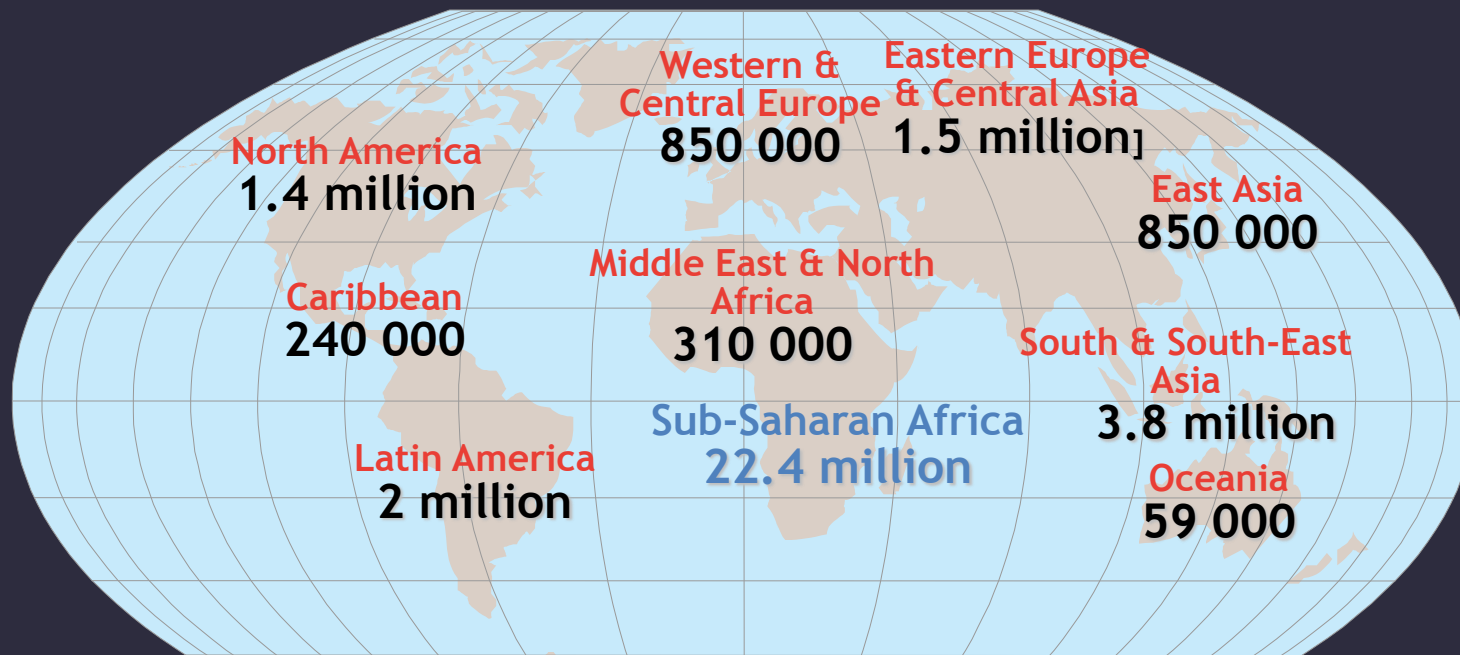
<http://www.youtube.com/watch?v=aq4ilbClj2s&feature=endscreen&NR=1>

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Source: UNAIDS, AIDS Epidemic Update, 2013.

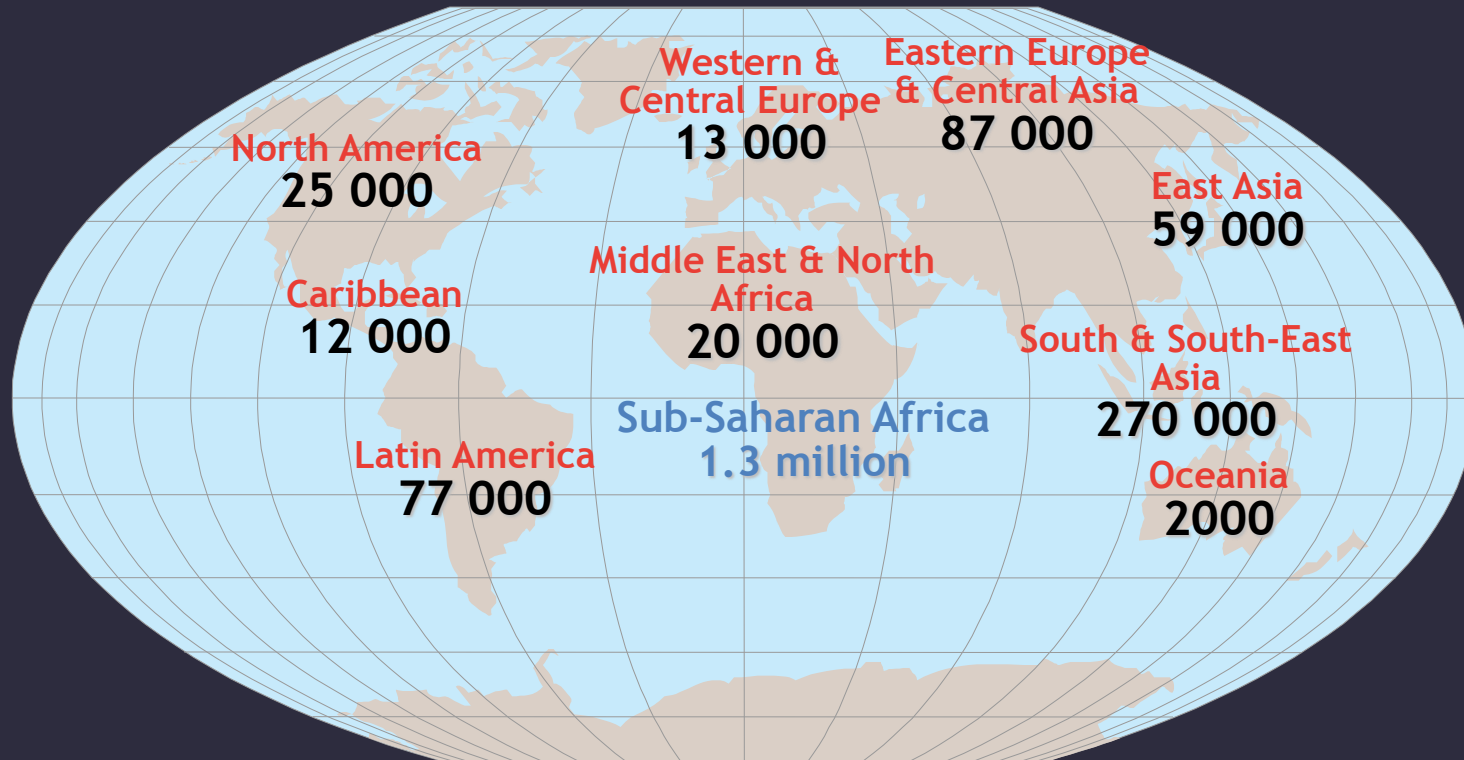


Total: 34 million (31.6 - 35.2 million)



Regional distribution of adults and children living with HIV, 2013

Estimated adult and child deaths due to AIDS, 2013



Total: 1.8 million (1.6 - 2.1 million)

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Source: UNAIDS, AIDS Epidemic Update, 2013.



HIV/AIDS in sub-Saharan Africa, 2001 and 2010

Adults and children
living with HIV

Adults and children
newly infected
with HIV

Adult prevalence
(%)

Adult and child
deaths due to AIDS

2010

22.9 million
[21.6–24.1 million]

1.9 million
[1.7–2.1 million]

5.0
[4.7–5.2]

1.2 million
[1.1–1.4 million]

2001

20.5 million
[19.1–22.2 million]

2.2 million
[2.1–2.4 million]

5.9
[5.6–6.4]

1.4 million
[1.3–1.6 million]

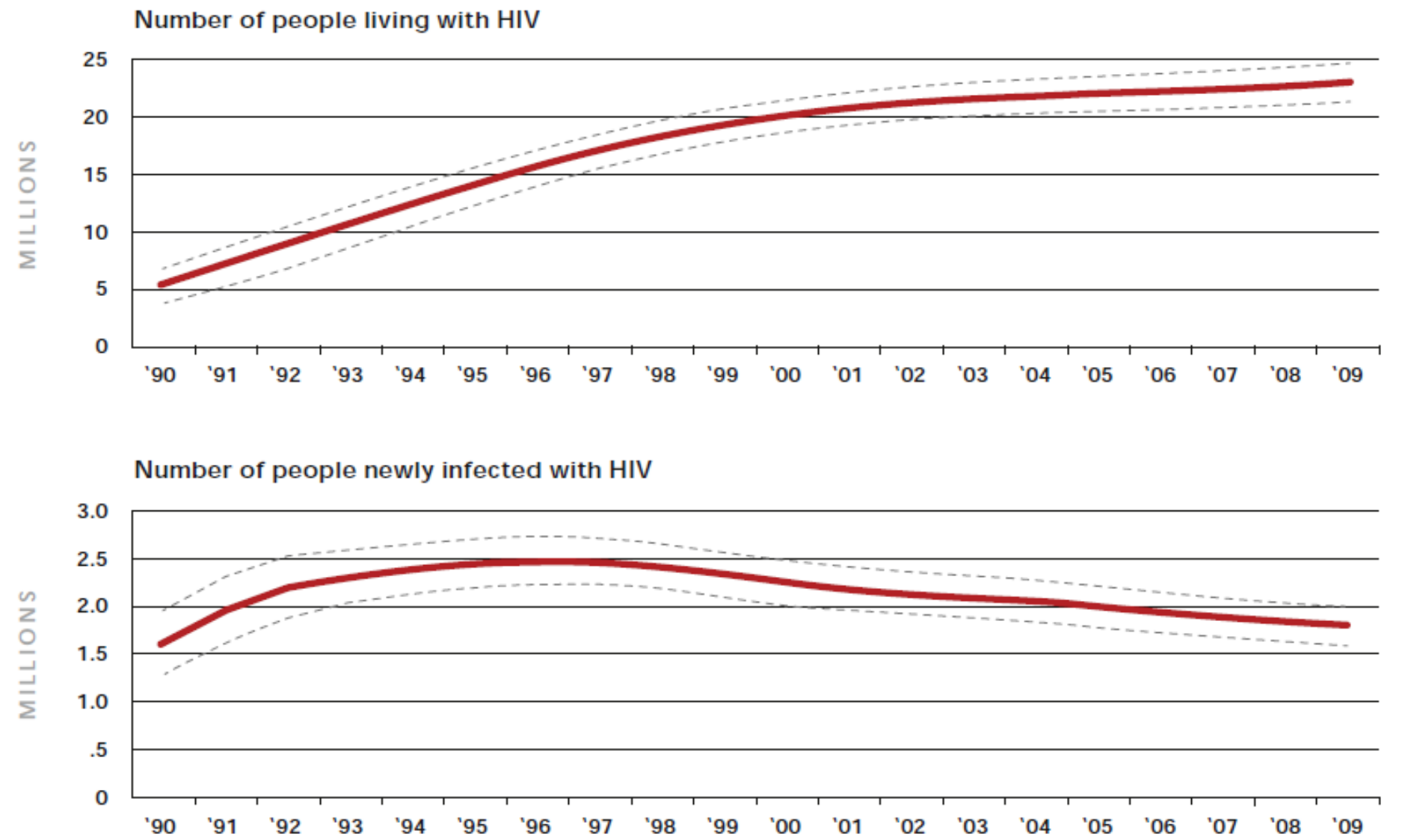


Sub-Saharan Africa: Latest trends

- Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for over two thirds (67%) of all people living with HIV and for nearly three quarters (72%) of AIDS-related deaths in 2010.
- An estimated 1.9 m [1.6 -2.2 m] people were newly infected with HIV in sub-Saharan Africa in 2010, bringing to 22.9 m [20.8-24.1 m] the number of people living with HIV.
- Sub-Saharan Africa's **epidemics vary significantly from country to country**—with most appearing to have stabilized, although often at very high levels, particularly in southern Africa.

HIV trends in sub-Saharan Africa

Source: UNAIDS.





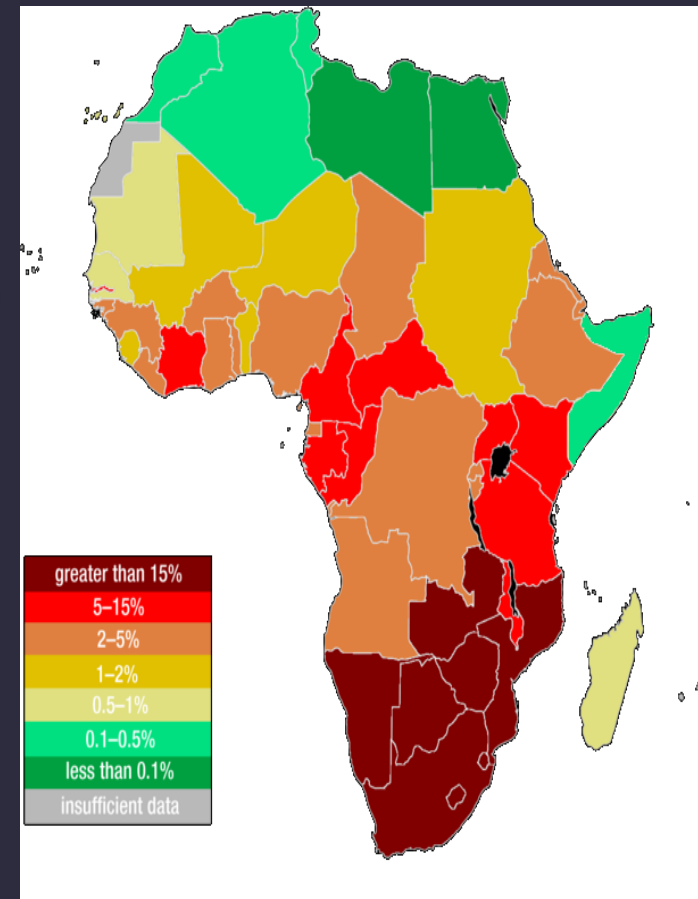
The state of HIV in Southern Africa

- Southern Africa is the worst impacted by AIDS. 9 countries here have an **adult HIV prevalence greater than 10%**.
- In South Africa the HIV prevalence was 17.8% in 2010 and the national adult HIV prevalence rate exceeds 20% in [Botswana](#) (24.8%), [Lesotho](#) (23.6%) and [Swaziland](#) (25.9%).
- In Namibia, [Zambia](#) and [Zimbabwe](#) around 10-15% of adults were infected with HIV in 2010.
- **South Africa** continues to be home to the **world's largest population of people living with HIV—5.7 million** in 2010.
- Zimbabwe has experienced a steady fall in HIV prevalence since the late 1990s. What do you attribute this drop to?



The state of HIV in East Africa

- Adult HIV prevalence in East Africa exceeds 5% in Uganda, Kenya and Tanzania
- In Somalia the HIV prevalence is under 1% of the adult population
- Young women aged 15-19 are particularly vulnerable to HIV. In Kenya, **young women are 3 times more likely to become infected than their male counterparts. Why?**





The state of HIV in West Africa

- West Africa has been less affected by HIV and AIDS, but some countries are experiencing rising HIV prevalence rates.
- In Senegal, HIV prevalence is under 1% of the adult population
- In Cameroon HIV prevalence is now estimated at 5.3% and in Gabon it stands at 5.2%.
- In Nigeria, HIV prevalence is low (3.6%) compared to the rest of Africa. However, because of its large population, this equates to around 3.3 million people living with HIV

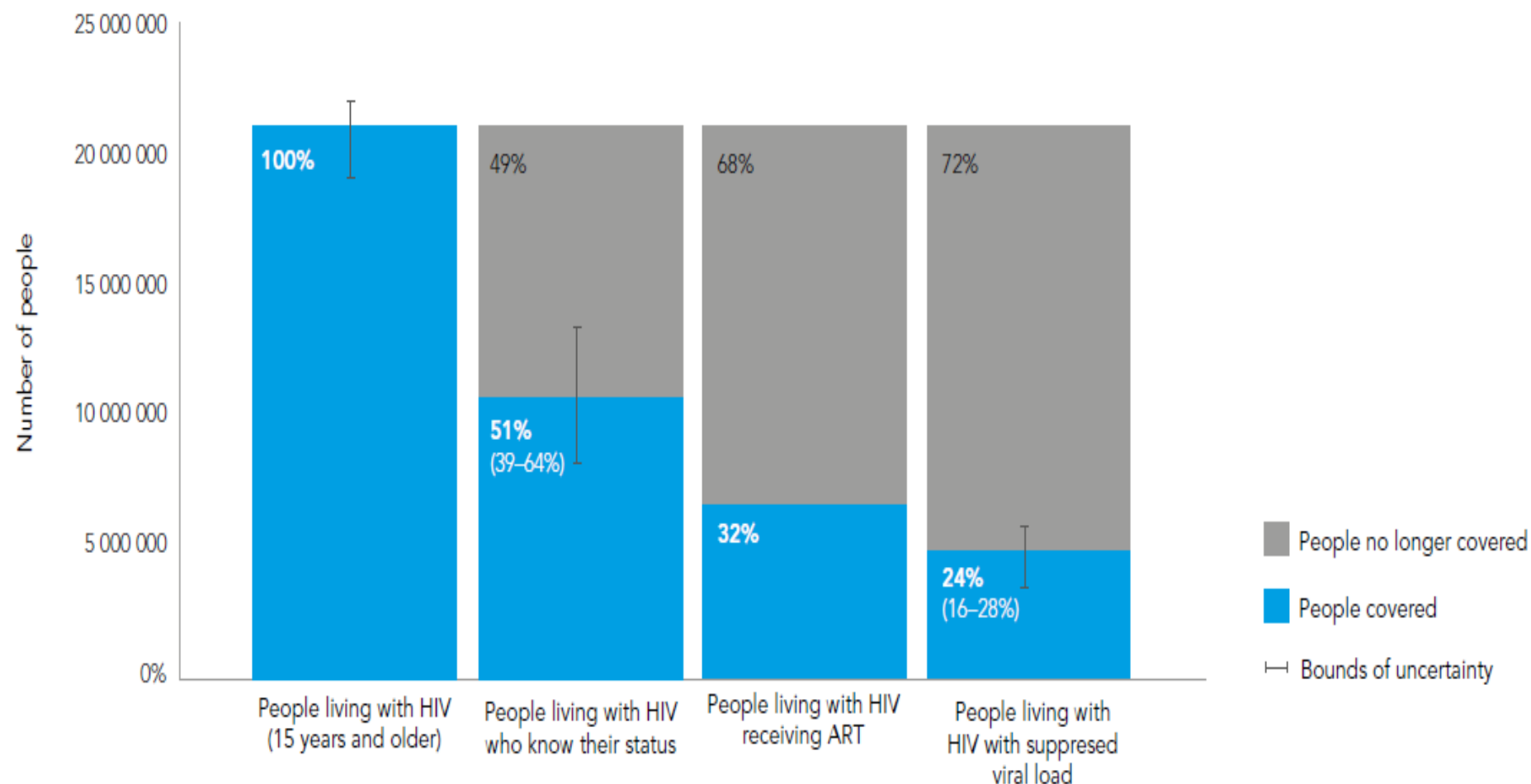


Countries where adult HIV incidence declined more than 50% between 2001 and 2012:

1. Belize
2. Botswana
3. Cambodia
4. Côte d'Ivoire
5. Djibouti
6. Dominican Republic
7. Eritrea
8. Ethiopia
9. Gabon
10. Ghana
11. India
12. Jamaica
13. Liberia
14. Malawi
15. Myanmar
16. Namibia
17. Nepal
18. Niger
19. Nigeria
20. Papua New Guinea
21. São Tomé and Príncipe
22. Senegal
23. Thailand
24. Togo
25. Ukraine
26. Zambia



Abbreviated HIV treatment cascade for sub-Saharan Africa, 2012





Determinants of HIV/AIDS

- *Heterosexual intercourse* remains the epidemic's driving force in ssA
- *Sex work* continues to play a notable role in many epidemics. In Kenya, sex workers and their clients accounted for 14.1% of new HIV infections. In Uganda, sex workers, their clients and partners accounted for 10% of new infections in 2008.
- In 7 African countries (Benin, Burundi, Cameroon, Ghana, Guinea-Bissau, Mali and Nigeria) **more than 30% of all sex workers are HIV+**.
- In a survey of *men who have sex with men (MSM)* in Malawi, Namibia and Botswana, the HIV prevalence among the participants was 21.4%, 12.4% and 19.7%, respectively.
- An estimated 221,000 **drug users** are HIV-positive, representing 12.4% of all *injecting drug users* (IDU's) in the region. In Nairobi, Kenya, 36% of injecting drug users surveyed tested HIV-positive.

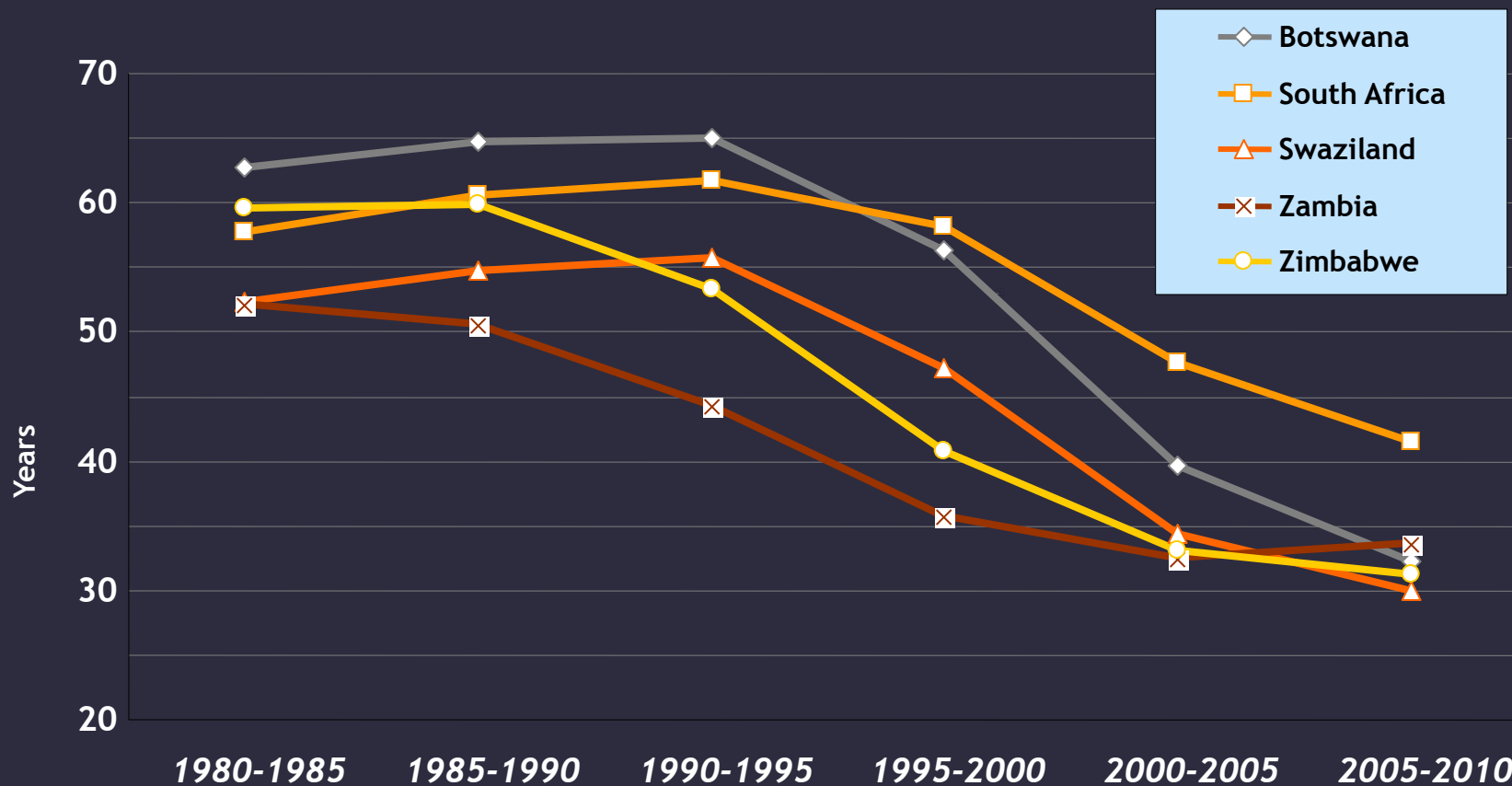


3. IMPACT OF HIV/AIDS





Life expectancy at birth in selected most affected countries, 1980-1985 to 2005-2010





Impact of HIV/AIDS on households

- The effect of the AIDS epidemic on households can be very severe, especially when families lose their income earners.
- In other cases, people have to provide [home based care](#) for sick relatives, reducing their capacity to earn money for their family.
- Many of those dying from AIDS have surviving partners who are themselves infected and in need of care. They leave behind [orphans](#), who are often cared for by members of the extended family.
- In 2010, more than 14 million children in sub-Saharan Africa had lost one or both parents to AIDS.



The effect on healthcare

- In all affected countries, the epidemic is putting strain on the health sector.
- As the epidemic develops, the demand for care for those living with HIV rises, as does the number of health care workers affected.



Effect on productivity & economic development

- HIV and AIDS epidemic has dramatically affected labour, which in turn slows down economic activity and social progress.
- The vast majority of people living with HIV/AIDS are between the ages of 15-49; in the prime of their working lives.
- Employers, schools, factories and hospitals have to train other staff to replace those at the workplace who become too ill to work.
- AIDS epidemic has already significantly affected Africa's economic development, and in turn, has affected Africa's ability to cope with the epidemic.



3. INTEGRATION OF HIV IN HEALTH SERVICE DELIVERY



HIV integrated in primary health care

71 countries (55%) reported a high number of HIV counselling and testing services integrated with general outpatient care in health facilities; 45 (35%) reported that only few services were providing joint services.

37 countries (32%) had gone further in integrating services and reported a high number of facilities offering integrated HIV counselling and testing, antiretroviral therapy and general outpatient care; yet 51 countries (44%) reported that only a few facilities offered integrated services.



HIV and tuberculosis services

More than 90% of countries have reported a high number of services offering integrated HIV counselling and testing and tuberculosis services (70 countries, 92%), while three countries (4%) had started the process, according to their 2013 Global AIDS Progress Reports.

56 countries (53%) have gone further in integrating services and they reported a high number of services jointly addressing HIV counselling and testing, antiretroviral therapy and tuberculosis services.



Sexual and reproductive health services

79 countries (67%) reported that they had are many facilities offering HIV counselling and testing, integrated with sexual and reproductive health services.

34 countries (29%) reported that few facilities had integrated HIV counselling and testing with sexual and reproductive health services.



Ending mother-to-child HIV transmission, and supporting maternal and child health

83 countries (70%) reported a high number of facilities integrating HIV counselling and testing with antenatal care, maternal and child healthcare and services to prevent mother-to-child transmission.

However, 31 countries (26%) reported that only a few services provided HIV counselling and testing and mother-to-child transmission prevention services integrated with antenatal care or maternal and child health.



HIV and non-communicable diseases

33 countries (28%) reported that a high number of facilities were integrating services for HIV counselling and testing with those for chronic non-communicable diseases, while 45 countries (38%) reported that few of these services were integrated.

27 countries (23%) reported that there are many facilities integrating HIV counselling and testing with antiretroviral therapy and chronic non-communicable disease services, yet 47 countries (41%) reported few facilities were integrating these services.



4. COMMITMENTS AND PROGRESS WITH THEM



United Nations Millennium Declaration

MDG 6a. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Deadlines for:

United Nations Millennium Development Goals

Targets and elimination commitments of the 2011 UN Political Declaration on HIV and AIDS

2001 United Nations Declaration of Commitment on HIV/AIDS: Global Crisis– Global Action

2006 United Nations Political Declaration on HIV/AIDS

2011 United Nations Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS





Commitments on Health and HIV/AIDS

- **Abuja Declaration** of 2001, African leaders declared that “AIDS is a state of emergency in the continent”. Health is top priority; personal leadership; invest more resources and devote 15% of budget to health
- 2001 **UNGASS Declaration** of commitment: a High Level Meeting with a series of national targets and global actions to reverse the epidemic in member states
- **Maseru Declaration** on HIV/AIDS in SADC, 2003: combating of the AIDS pandemic in all its manifestations, as a matter of urgency through multisectoral strategic interventions
- **Maputo Declaration** on Malaria, HIV/AIDS, TB and Other Infectious Diseases 2003: Reaffirm the commitments enshrined in the Abuja Declaration
- **Windhoek Declaration** for Women, Girls, Gender Equality and HIV, April 2011. To promote greater emphasis on educating women and girls about AIDS, and adapting education systems to their needs.



THE WAY FORWARD



The Way Forward

- Tackling the AIDS crisis is a long-term task that requires sustained effort and planning
- One of the most important elements of the fight against AIDS is the prevention of new HIV infections.
- Many African countries have made significant progress in their treatment programmes in recent years.
- However, without sustained domestic and international commitment to the AIDS epidemic in the region, years of hard won success in treatment and prevention risk being reversed



Discussion Questions

- Why is the HIV/AIDS epidemic not uniform around the world?
- What does this tell us about our response to the epidemic?
- What are the factors that influence the spread of HIV?
- What are the major determinants (causes) of HIV/AIDS in the community where you live or work?