



**CHABAHIVA Trust**  
Church and Business  
against HIV & AIDS



**CABSA**

# South African HIV Epidemic 2018

A concise overview of the situation as at the beginning of 2018.

Prepared by CABSA for the CHABAHIVA Trust.

# A brief look at:

- ▶ Statistics
- ▶ Key Populations
  - ▶ Men who have sex with men
  - ▶ Sex Workers
  - ▶ People who inject drugs
  - ▶ Women and Young Girls
- ▶ HCT
- ▶ Treatment & TB
- ▶ Prevention, Awareness and Education
- ▶ Funding
- ▶ Additional considerations



# Statistical Overview



## South Africa (2016)

**7.1** million people living with HIV

**18.9%** adult HIV prevalence

**270,000** new HIV infections

**110,000** AIDS-related deaths

**56%** adults on antiretroviral treatment

**55%** children on antiretroviral treatment

Source: UNAIDS Data 2017

# “Aids like an atomic bomb every 6 months”

Human Tragedy (year/s)	Official/ Estimated Death Toll
Mining fatalities in SA (in 2016)	73
9/11 Terrorist attack (2001)	3 800
Ebola virus outbreak in West Africa (2014)	12 000
<b>Aids-related deaths in SA (1 month in 2016)</b>	<b>12 500</b>
Road deaths in SA (in 2016)	14 000
Murders in SA (in 2016)	18 500
Japanese earthquake/tsunami (2011)	20 000
<b>Aids-related deaths in SA (6 months in 2016)</b>	<b>75 000</b>
Hiroshima atomic bomb (August 1945)	80 000
<b>Aids-related deaths in SA (in 2016)</b>	<b>150 000</b>
Haiti earthquake (2011)	160 000
Indonesian earthquake/tsunami (2004)	280 000
<b>Aids-related deaths in SA (in 2006)</b>	<b>325 000</b>
Syrian War civilian casualties (2011 – 2017)	450 000
Rwandan genocide (1994)	800 000
Aids-related deaths in SA (1987 – 2017)	3 800 000
WW2 Holocaust (1939 – 1945)	6 000 000



# More detail on Statistics for South Africa 2016 from UNAIDS 2017 Report

- ▶ South Africa has the biggest and most high profile HIV epidemic in the world
- ▶ One third of all new infections in the Sub-Saharan region are in RSA
- ▶ Estimated 7.1 million people living with HIV – 18.9% of the general population
  - ▶ Varies markedly between regions - almost 40% in KwaZulu Natal, compared with 18% in Northern Cape and Western Cape
- ▶ 270,000 new infections and 110,000 deaths in 2016



# Key Populations

## - Men who have sex with men

- Prevalence in this group in South Africa is estimated at 26.8%. Reported to have risen by more than 10% in Johannesburg, Cape Town and Durban in a short period
- Only country in sub-Saharan Africa where gay rights are formally recognised. National policies strongly emphasise equity, social justice and forbid discrimination based on sexual orientation. Rights recognised, but high levels of stigma and moral judgement
- Study in 2016 found:
  - 55% of South Africans would accept a gay family member
  - 51% said gay people should have the same human rights as others
  - 72% of people said same-sex sexual activity was morally wrong



# Key populations

## – Sex Workers

- ▶ Estimated prevalence amongst sex workers in SA is 57.7% - varies between areas, estimated at 72% in Johannesburg, 54% in Durban and 40% in Cape Town
- ▶ In 2010 accounted for an estimated 19.8% of new infections
- ▶ Prevalence in female sex workers range from 40% to 88%. Young female sex workers (under 25) carry a heavy HIV burden
- ▶ High levels of stigma and discrimination and care and prevention restricted by laws
- ▶ Many sex workers also inject drugs
- ▶ SANAC launched SA's National Sex Worker HIV Plan, 2016-2019 to ensure equitable access to health and legal services for sex workers



# Key populations

## – People who inject drugs (PWID)

- ▶ Data limited
- ▶ In 2015, prevalence in this group was estimated at 19.4% but PWID account for a comparatively low 1.3% of new HIV infections
- ▶ A 2015 study in five cities found 32% of men and 26% of women injecting drugs regularly shared syringes and other injecting equipment and nearly half reused needles
- ▶ Associated with other high-risk behaviours such as sex work and unsafe sexual practices



# Key populations

## – Women and adolescent girls

- ▶ 2012 survey showed that the prevalence among women in South Africa is nearly twice as high as among men.
- ▶ New infections among women aged 15-24 were more than four times greater than that of men the same age – accounted for 25% of new infections
  - ▶ 2016 – estimated more than 2000 new infections per week
- ▶ Exacerbated by poverty, the low status of women and gender-based violence (GBV)
  - ▶ Estimated 20–25% of new infections in young women attributed to GBV.
- ▶ Intergenerational relationships play a role
- ▶ Driven by gender roles, culture, economics, politics, law enforcement
- ▶ She Conquers is a SA Government campaign launched in 2017 to address this group



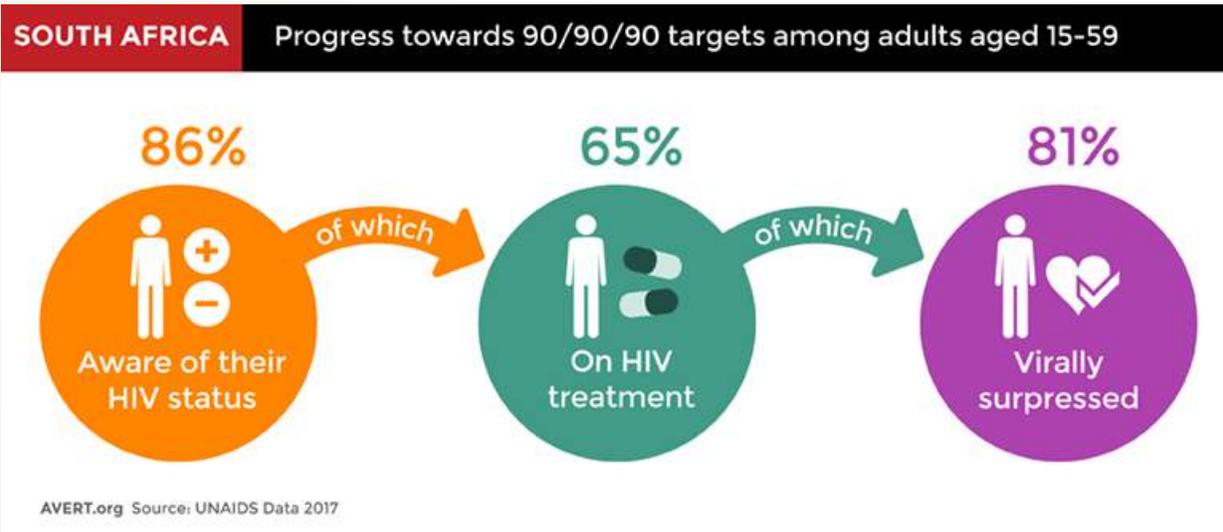
# HCT – HIV Counselling and Testing

- ▶ Various campaigns
  - ▶ Most prominent in 2010 and 2013-2015
- ▶ By end 2015, 9.5 million tests were achieved, taking the total number of HIV tests since the 2010 campaign began to 35 million. Not sure of reliability of statistics and amount of first tests vs re-tests
- ▶ In May 2015 the Pharmacy Council of South Africa lifted a ban preventing pharmacies from selling take-home HIV testing kits
- ▶ WHO (The World Health Organisation) encourages self testing. This model brings additional challenges and opportunities



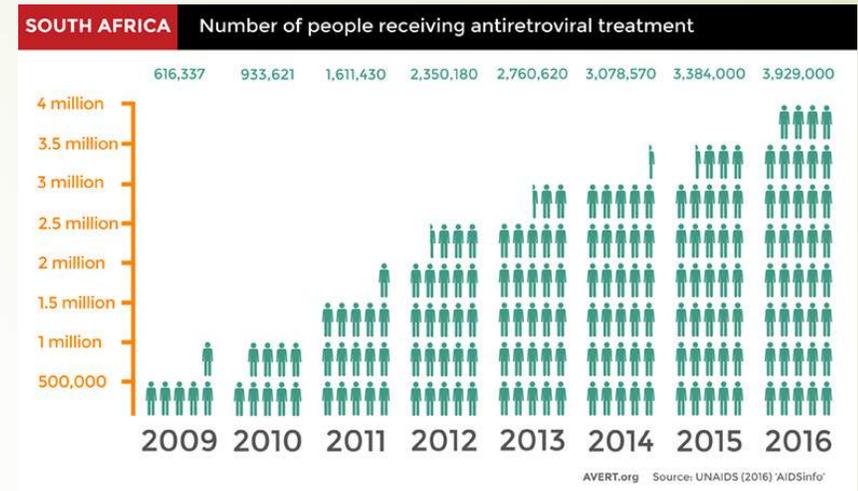
# Treatment

- ▶ SA has the largest antiretroviral treatment (ART) programme globally
- ▶ Largely financed from its own domestic resources - invests more than \$1.5 billion annually (R 17.8 billion)
- ▶ Fixed Dose Combination treatment is an important part of the SA program. This has clinical, financial and adherence benefits



# ART

- Chequered history in SA
  - Previous president and minister of health opposed treatment
  - Public sector treatment was only instituted after a legal struggle
  - Now largest international government programme
- Test and Treat model followed from 2015
- 2016 statistics claim 56% of People living with HIV are on treatment
- Challenges include
  - Stock-Outs and capacity of public sector
  - Resistance and adherence
  - Drugs for diagnostics for children
  - Men less likely to be on treatment than women, more likely to start treatment late and more likely to have tuberculosis (TB)
  - Cost



# HIV and TB

- ▶ Estimated that 60% of people living with HIV in South Africa are also co-infected with TB.
- ▶ MDR (multi drug resistant) and XDR (extremely drug resistant) TB is a growing problem in South Africa
- ▶ Lack of research and 'old' medicine and diagnostics
- ▶ GeneXpert is a new tool for rapid and simple to use TB diagnosis – need increased access



# Prevention

- ▶ Prevention is not as effective as needed to address epidemic
- ▶ Prevention of Mother to Child Transmission shows very positive results
- ▶ PrEP - In December 2015 SA became the first country in sub-Saharan Africa to fully approve pre-exposure prophylaxis
- ▶ Condoms. Study from 2008 – 2012 shows a reduction in use.
  - ▶ In 2008, 85% of 15-24 year old males reported using a condom during their last sexual encounter – by 2012, this had fallen to 68%.
  - ▶ Condom use among men aged 25-49 also decreased, from 44% to 36%.
  - ▶ 53% of participants had never used condoms.
- ▶ Voluntary medical male circumcision (VMMC)
  - ▶ 2016 circumcision rate remains stable with 50-79% of eligible men reached



# HIV Education and Awareness

- ▶ Reduction in focus and funding
- ▶ Loss of credibility and “traction”
- ▶ Decreased level of knowledge
- ▶ Divorced from SRHR (Sexual and Reproductive Health Rights) training and education
- ▶ Poor levels of knowledge and discomfort of dealing with HIV and comprehensive sexual education in formal education
- ▶ Little focus on the Intersectionality of the epidemic and the links with gender, poverty etc

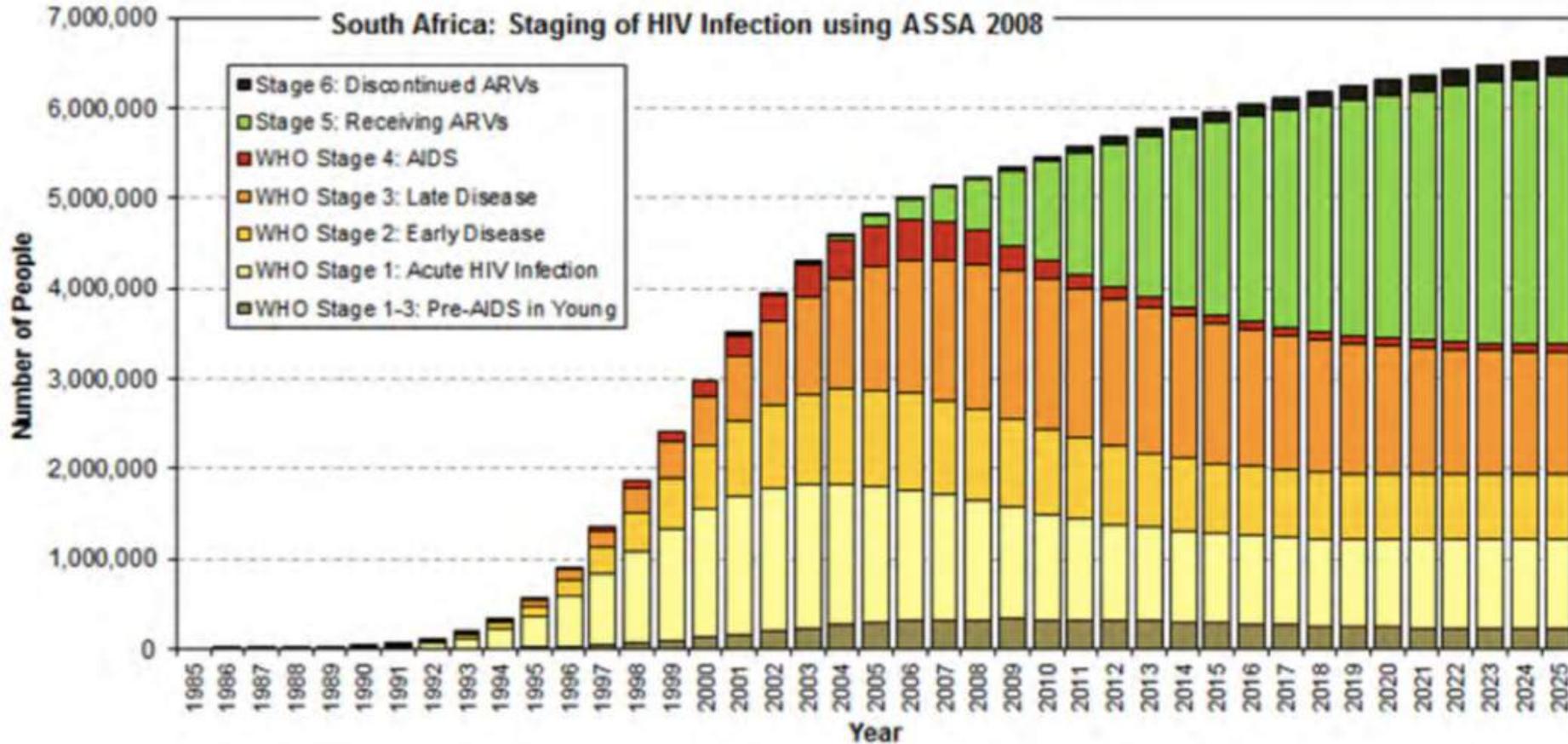


# Funding

- ▶ South Africa covers a large portion of treatment programme costs itself
- ▶ SA is seen as a middle income country, which restricts access to international funding. This does not consider the huge economic disparities in the country
- ▶ Funding for HIV prevention is at its lowest in a decade. Massive drop from 2015 to 2016:
  - ▶ European Union cut its funding by 47% (from US\$27-million to US\$14-m)
  - ▶ Canada made a 90% cut (from US\$26.8-m to US\$2.6-m).
  - ▶ US remains biggest funder of global HIV prevention efforts but funding decisions under Pres Trump are unpredictable
- ▶ There is an continually increasing demand for treatment– more people living longer and needing long-term treatment, new infections not reducing enough



# Modelling Increased Demand



**Figure 5: Staging of HIV Infection in South Africa from 1985 to 2025, using the ASSA2008 Model with standard assumptions about treatment and interventions**

# Additional Considerations

News articles raising concern

- ▶ “HIV activists warn of “unravelling” AIDS response” (June 2017)
- ▶ Pills, Prevention and Politicking: The Unfinished Business of HIV (24/7/201).  
People living with HIV say they are:
  - ▶ Tired of taking pills
  - ▶ Tired of fundraising
  - ▶ Concerned about HIV prevention
  - ▶ Tired of back-stabbing’
  - ▶ Divided against corruption’



# Additional Considerations

- ▶ 2017 South African HIV and Health Study is in progress – will provide new information
- ▶ PrEP for Students and Sex workers has been approved
- ▶ The launch of new fixed dose combination drug in 2018 will save SA R11 BN over 6 years
- ▶ There is a much-needed increased focus on adolescents, young women, and other key populations
- ▶ South Africa's Political and economic situation is uncertain and unstable
- ▶ The impact of the proposed NHI on healthcare in SA is uncertain
- ▶ Alternative treatment and dispensing models are encouraged to deal with limited public sector capacity. This may lead to new challenges for adherence and social and psychological support



# A final word

Dr Olive Shisana, (2017)

(Previous CEO of the Human Sciences Research Council, President and CEO of Evidence Based Solutions)

- ▶ “The HIV epidemic is raging and we say we have conquered HIV. We think we can treat ourselves out of the epidemic. But there are still new infections. When Prudence was infected [in 1990], only one percent of pregnant women were HIV positive. Now 30% are living with HIV.”



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# Sources

- ▶ AVERT: HIV and AIDS in South Africa. Accessed 18/01/2017 <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa>
- ▶ AVERT: Men left behind – an analysis of 12 years of HIV treatment in South Africa. 22/11/2017 <https://www.avert.org/news/men-left-behind—analysis-12-years-hiv-treatment-south-africa>
- ▶ Health-e: Pills, prevention and politicking: the unfinished business of HIV. Published electronically 0m 24/07/2017 <https://www.health-e.org.za/2017/07/24/pills-prevention-politicking-unfinished-business-hiv/>
- ▶ Innovative Medicines South Africa: National Health Insurance Policy Brief 18 - Projected Population and HIV/AIDS Update <http://ipasa.co.za/Downloads/Policy%20and%20Reports%20-%20General%20Health/NHI/Policy%20Brief%2018/IMSA%20NHI%20Policy%20Brief%2018%20Population%20and%20HIVAIDS%20Update%20vF.pdf>
- ▶ Medical Brief: SA begins roll-out of improved GeneXpert MTB/RIF Ultra. 25/10/2017 <https://www.medicalbrief.co.za/archives/sa-begins-roll-improved-genexpert-mtbrif-ultra/>
- ▶ News 24: Single-pill HIV treatment to save SA R11bn – health ministry. 22/09/2017 <https://www.news24.com/SouthAfrica/News/single-pill-hiv-treatment-to-save-sa-r11bn-health-ministry-20170922>
- ▶ News 24: Aids like an atomic bomb every 6 months 14/09/2017 Guest Column -Robert J. Traydon <https://www.news24.com/Columnists/GuestColumn/aids-in-sa-equal-to-an-atomic-bomb-every-6-months-20170914>
- ▶ UNAIDS Website: Countries – South Africa <http://www.unaids.org/en/regionscountries/countries/southafrica>
- ▶ UNITAID: South Africa to launch HIV prevention project. 5/12/2017 <https://unitaid.eu/news-blog/south-africa-launch-hiv-prevention-project/#en>

