The HIV epidemic in eastern and southern Africa

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Eastern and southern Africa (ESA) remains the region most affected by the HIV epidemic in the world. With 18.5 million [17.5 – 19.5 million] people currently infected with HIV, the region accounts for more than 50% of the global burden of HIV. However, significant progress has been made in the response to the epidemic in the region and for the first time there is optimism that the elimination HIV and AIDS is possible.

Current efforts to respond to the HIV epidemic are guided by the commitments and targets set out in the United Nations (UN) Political Declaration on HIV and AIDS (1) which Member States adopted during the UN General Assembly High Level meeting on AIDS in New York in June 2011. The ten targets, which Member States pledged to reach by 2015, are aimed at significantly reducing HIV transmission (sexual, mother-to-child, and injecting drug use); scaling up HIV treatment to reduce HIV and TB mortality and to prevent new HIV infections; closing the resource gap; eliminating gender inequalities, gender-based violence, stigma, discrimination and HIV-related travel restrictions; and to integrate the AIDS response in global health and development efforts.

Epidemic trends in the ESA region

Recent estimates published in the UNAIDS Regional Report on the HIV epidemic in ESA (2) and in the 2013 Global Report (3) show that there has been significant progress in the response to the epidemic in the region, including:

- New infections have fallen from 1.8 million [1.7 – 1.9 million] in 2001 to 1.1 million [1.0 – 2.3 million] in 2012.
- New infections among children have fallen from 364,000 [345,000 – 406,000] in 2001 to 130,000 [120,000 – 170,000] in 2012.
- AIDS related deaths have fallen from 1.3 million [1.2 – 1.4 million] in 2005, when antiretroviral therapy became more widely available, to 750,000 [680,000 – 840,000] in 2012.
- In 2012, 18.5 million [17.5 – 19.5 million] people were estimated to be living with HIV in the region.
- At the end of 2102, 6.3 million people infected with HIV were receiving antiretroviral therapy (ART).
- Coverage of services to prevent mother to child transmission (PMTCT) reached 75% [70 – 82%] in 2012.

The epidemic trends shown in Figure 1 reflect the impressive efforts to scale up and improve HIV interventions in the region. The significant increase in provision of ART to people infected with HIV, from about 625,000 in 2005 to more than 6.3 million in 2012, has resulted in a significant reduction in AIDS related deaths and has contributed to declines in the annual number of new HIV infections. The number of people living with HIV has increased in recent years as more people start ART and survive longer, but as transmission falls and those on ART will eventually die, the number of people living with HIV will eventually start to fall.

The region has made remarkable progress in scaling up services to prevent transmission from HIV infected mothers to their babies. PMTCT coverage of all pregnant women infected with HIV reached 75% [70 – 82%] in 2012 and new infections among children aged 0 – 14 fell by almost 50% between 2009 and 2012 (Figure 2). If current trends continue, the region is likely to achieve the 2011 UN Political Declaration goal of eliminating new child infections by 2015.
Figure 1. Trends in the HIV epidemic: (a) number of AIDS deaths, (b) number of people receiving ART, (c) number of people newly infected with HIV, and (d) number of people living with HIV in ESA (Source: UNAIDS 2013 Global Report (3)).

Figure 2. Reduction in new HIV infections among children (aged 0 – 14 years) in ESA (Source: UNAIDS 2013 Global Report (3)).
Benefits of ART

The benefits of scaling up HIV treatment are substantial. In addition to a decline in AIDS mortality, the number of tuberculosis (TB) deaths among people living with HIV in the region has fallen by more than 30% between 2005 and 2011 (2). In South Africa alone, more than a million deaths have been averted since 2005 because of the provision of ART (4), and in several countries in the region life expectancy is rising. In a study among rural residents in KwaZulu-Natal, life expectancy increased by 11.3 years between 2003 and 2011 (5). Furthermore, studies in the region have shown that employment prospects improve significantly for people on ART (6), there is evidence that HIV patients on ART have better work performances than those not on ART because of improved physical health (7), while improved schooling prospects, nutritional status and food insecurity have been observed in households where HIV infected people are receiving treatment (8).

The significant preventive benefits of ART have been shown in several modelling studies (9, 10), a large randomised controlled trial (11), and in population level studies (12). Data from a large rural community in KwaZulu-Natal showed that in areas where 30 to 40% of all people infected with HIV were on ART, transmission of HIV was 40% lower in communities where less than 10% of all people infected with HIV were on ART (13).

The scientific evidence of the clinical benefits of ART in preventing illness, deaths and new HIV and TB infections has emphasized the need to scale this intervention up to more people infected with HIV and led the World Health Organization (WHO) to revise its treatment guidelines in July 2013, with a focus on providing ART for both treatment and prevention (14).

While countries in this region are committed to scaling up treatment to increasing numbers of people infected with HIV, further improvements are needed in diagnosing HIV infection, linking people who are tested for HIV to treatment and prevention services, retaining people in care, reducing treatment costs, adapting service delivery systems with a focus on decentralization and integration of services, and mobilizing communities.

Efforts needed to overcome challenges and gaps

High level political advocacy and accountability has been critical to the AIDS response and the regions progress. Support has come from regional bodies, AIDS Watch Africa, the Champions for an AIDS free generation, and the commitment of Heads of State to end AIDS through the adoption of the African Union’s Roadmap on shared responsibility and global solidarity for AIDS, TB and malaria. The response to HIV in this region has also spurred wider efforts to affirm people’s rights to health, dignity and life, and has sought to hold governments accountable for their actions and inactions.

The progress in the response to HIV and AIDS in ESA has been encouraging and several countries in the region are on track to reaching the Political Declaration targets by 2015. However, substantial challenges and gaps remain and additional and strengthened efforts are needed to overcome these.

Many countries in the region still depend heavily on international funding and while external funding will remain the lifeline for several countries in the future, much greater efforts are needed to increase domestic investments and to achieve greater efficiency in the delivery of HIV services. Several countries in the region are currently being supported to develop plans to invest available resources more strategically in high impact interventions so as to achieve maximum benefit and these plans need to be firmly anchored in national strategic plans.

While the progress in scaling up ART in the region has been commendable, ART coverage among all people living with HIV is only 34% and more than 12 million people are still not receiving ART. The new WHO treatment recommendations (14) to provide ART to more people for treatment and prevention purposes will have important implications for the region but ways will have to be found to increase demand through improved testing strategies and to deliver treatment more efficiently to larger numbers of people. The lack of adequate treatment programmes for children living with HIV is of serious concern and little progress has been made between 2009 and 2012. Of 2.1 million children living with HIV in the region in 2012, only about 472,000 were receiving treatment. The improvement of treatment coverage for children should be high on the agenda of international organisations and national governments.

Strong leadership is also required to deal with issues related to human rights, stigma, discrimination against people living with HIV, and the vulnerability of women and girls in the region.

As HIV responses expand, the effectiveness, efficiency and sustained quality of services are of increasing importance. Sustained political commitment together with the mobilization and meaningful involvement of communities will be vital for further strengthening of the AIDS
response and to reach international and national targets. This in turn will lead to overall strengthening of health and social development systems, emphasizing the role of an effective AIDS response as an essential pillar of future health and development efforts.

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References: