

The State of HIV in South Africa.

Molefi Morobadi

Faculty of Health Sciences, Department of Medical Microbiology, University of the Free State, Bloemfontein, South Africa

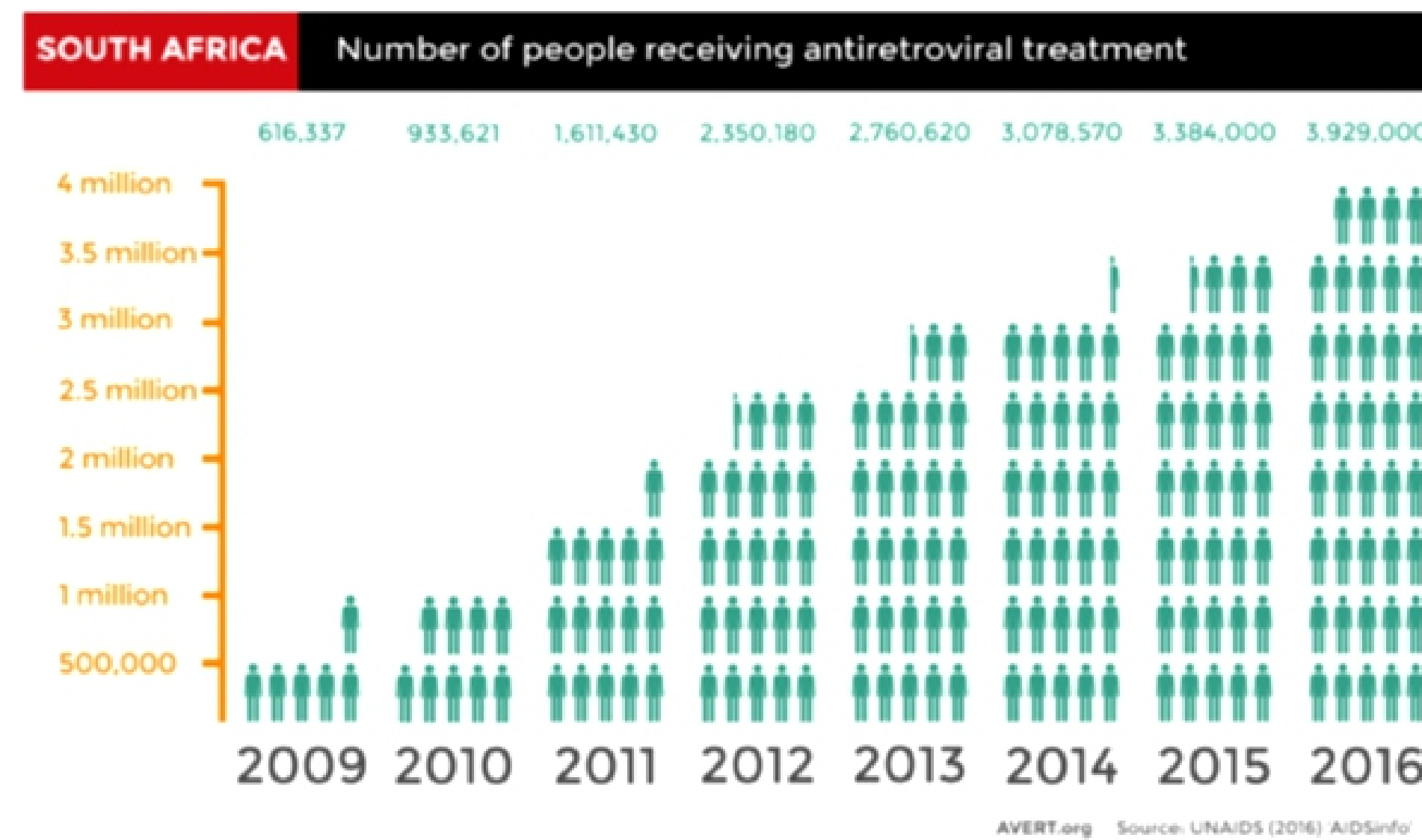
Where are we now ?

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

Access to care



Personal experience

- Growing up in the 90s: AIDS (American Idea to Destroy Sex)

This is the acronym I grew up with in the locations in my teenage years. How many teenagers at that time actually believed and behaved as if it's true?

- If not infected, surely affected: Close to home!
- Closing comment: Abstinence?

I have previously been ridiculed when giving a talk on HIV prevention and at the end mentioned abstinence... this is one of the most potent options in stopping new infections. If all the young people in the world (at least in South Africa) could somehow be brainwashed into abstaining from sex, what would the effects be on the epidemic.

Key points

- South Africa has the biggest HIV epidemic in the world, with over 7.1 million people living with HIV
- There remains target groups at high risk of infection such as Men who have sex with men, transgender women, sex workers and people who inject drugs
- The country has the largest ART programme in the world, which has undergone even more expansion in recent years with the implementation of 'test and treat' guidelines
- South Africa was the first country in sub-Saharan Africa to fully approve PrEP, which is now being made available to people at high risk of infection, this forming part of the pro-active armamentarium against HIV in the country
- South Africa has made huge improvements in getting people to test for HIV in recent years and is now almost meeting the first of the 90-90-90 targets, with 86% of people aware of their status
- UNAIDS reported that 3.7 million people were receiving treatment in South Africa
- In 2016, South Africa implemented 'test and treat', whereby everyone with a positive diagnosis was eligible to start treatment
- The number of people eligible for treatment increased from 3.39 million in the middle of 2015 to 7.1 million in 2016 – more than doubling in just one year
- Commenting on the current challenges around treatment in an interview with Avert, Sibongile Tshabalala, Chairperson of the Treatment Action Campaign said:
"Now we have moved to 'test and treat', the disparity of health between rich and poor is smaller. Although there is still a lot of stigma, the normalisation of treatment is helping people talk differently about HIV. The main challenge around treatment is stopping people from defaulting, either because pastors and churches suggest that they are not needed or because people cannot cope with poor side effects including depressive symptoms."

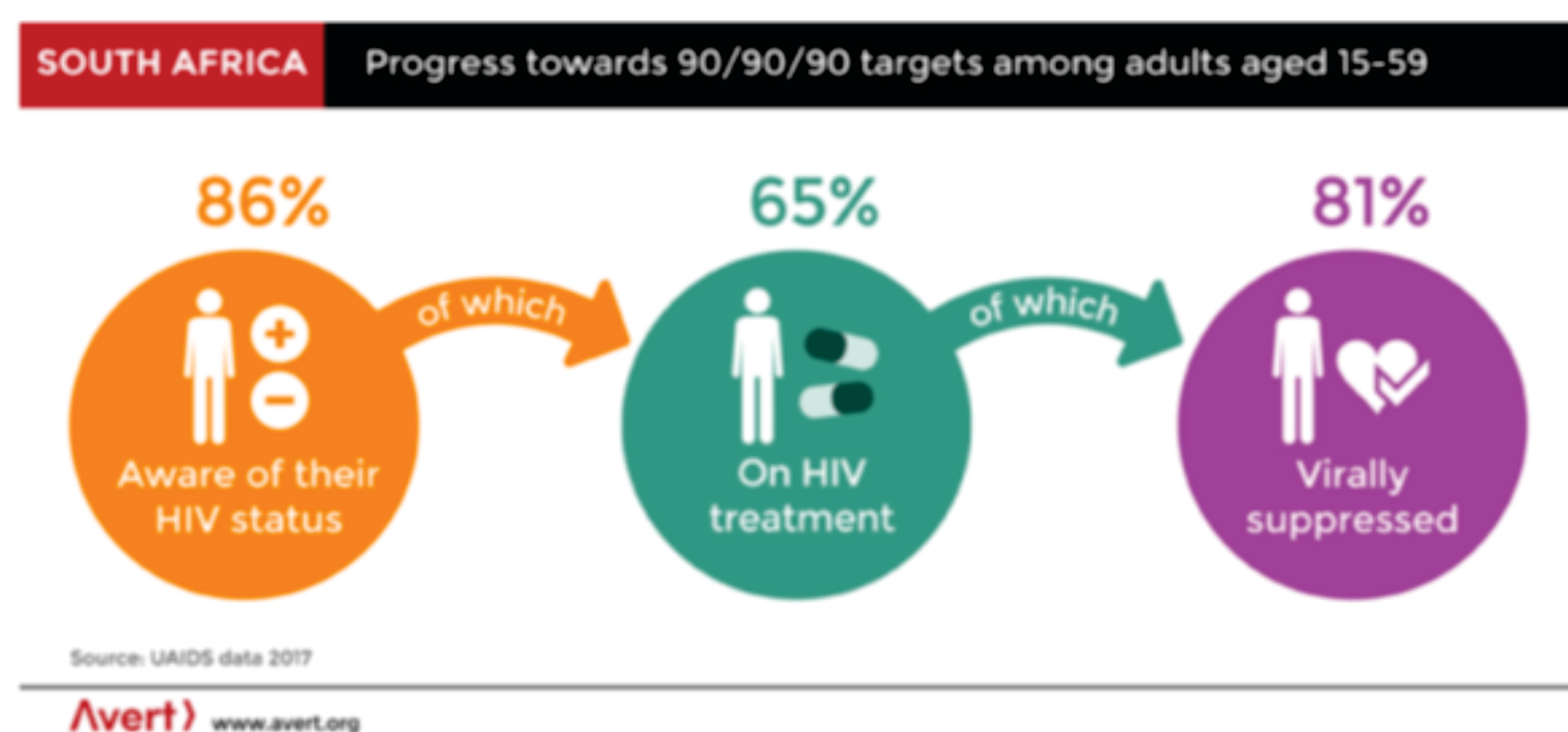


<http://south-africa-pig.blogspot.com/2009/05/outrage-as-manto-lands-top-health-job.html>

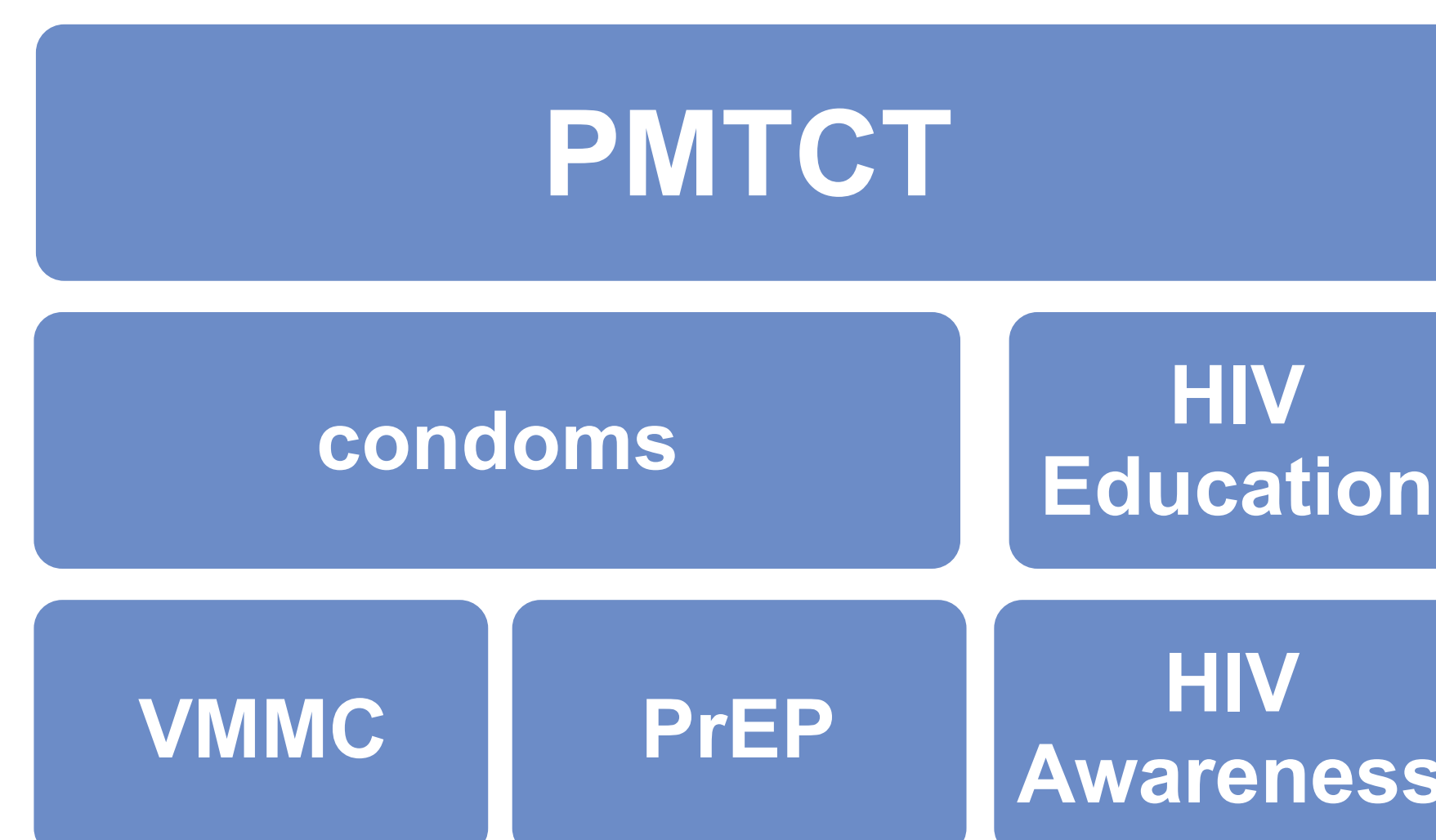
Moving forward

- Stigma is still a very real problem in our societies and it still acts as a barrier to care for the at risk groups.
- Non-adherence to therapy is also a major hurdle, exacerbated by drug stock outs with a direct impact of suboptimal treatment that cultivates the ground for HIV drug resistance. Stigma and many other factors play a pivotal role in non adherence.

Progress towards the 90-90-90...



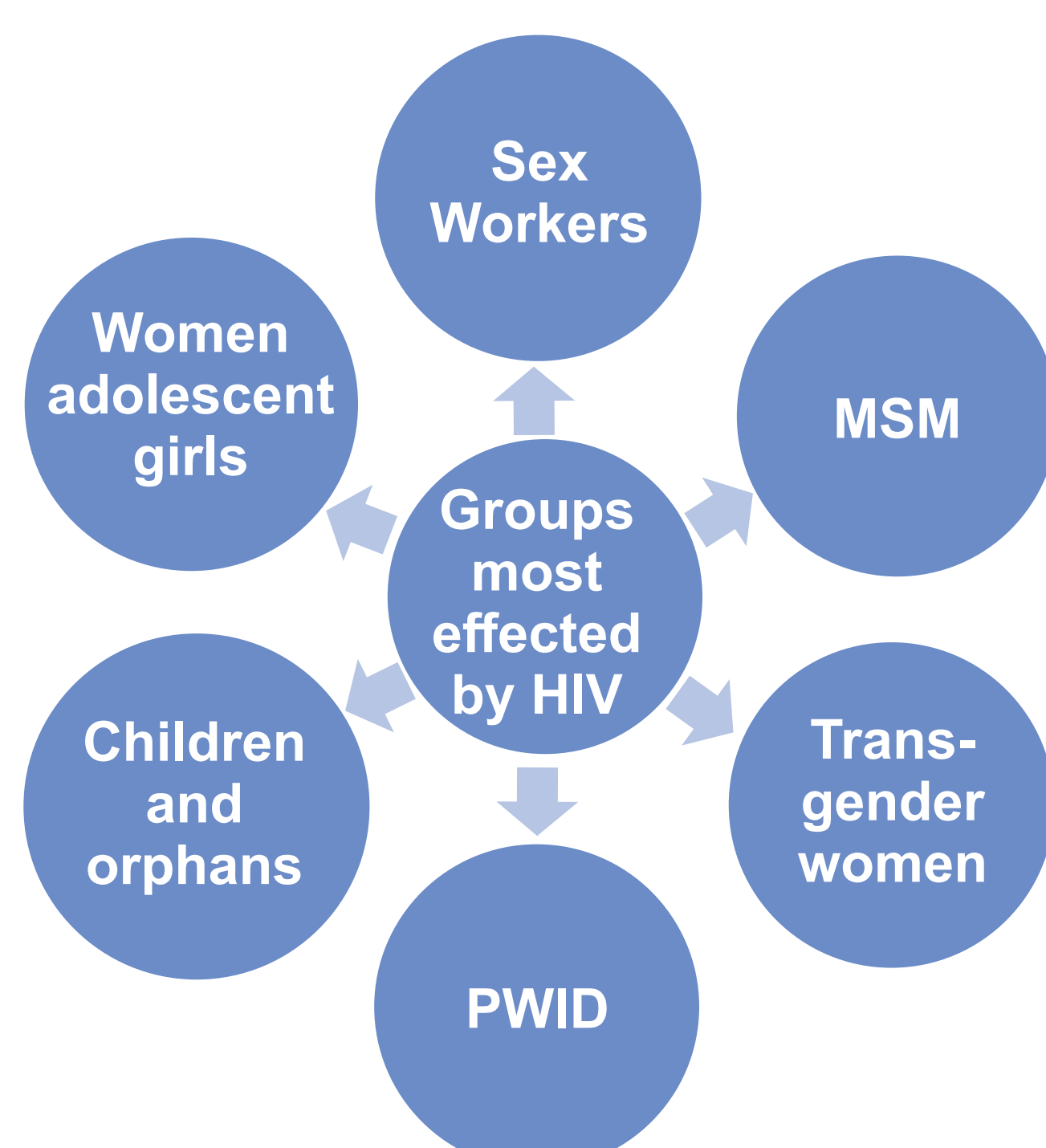
HIV prevention strategies



References

1. Avert, Global information and education on HIV and AIDS. www.avert.org <https://www.avert.org/professionals/hiv-around-world/sub...africa/south-africa>
2. Azia IN, Mukumbang FC, Van Wyk, B. Barriers to adherence to antiretroviral treatment in a regional hospital in Vredenburg, Western Cape, South Africa. S Afr J HIV Med. 2016;17(1), a476. <http://dx.doi.org/10.4102/sajhivmed.v17i1.476>

Groups most affected by HIV



PMTCT:

- South Africa has made great progress in reducing MTCT of HIV, mainly due to improvements in the choice of antiretroviral medicines (FDC formulations and adoption of B+ option for pregnant women) and the widespread accessibility of the PMTCT programme
- MTCT rates subsequently fell from 3.6% to 1.5% between 2011 and 2016 reducing the number of children born with HIV to below 6,000 in 2015 putting the country well on-track to eliminate MTCT

Condom use and distribution:

- South African National AIDs Council aimed to increase the number of male condoms distributed annually to 850 million by 2018, while targeting 40 million female condoms by 2022

Voluntary medical male circumcision (VMMC):

- Research emerged from sub-Saharan Africa suggesting that VMMC can reduce the risk of female-to-male HIV transmission by up to 60%, prompting the South African government to rapidly roll out a national program. In 2016 over 491,859 circumcisions were performed in South Africa

PrEP:

- "People ask me "How can you afford to implement new interventions?" and I always reply, "How can we afford not to?" Once you answer this question, you will find the way to work it out," – Aaron Motsoaledi, South Africa's Minister of Health

T.: +25 51 405 3172 | MorobadiMD@ufs.ac.za | www.ufs.ac.za

UFSUV | UFSweb | UFSweb | ufsuv

Inspiring excellence. Transforming lives.
Inspireer uitnemendheid. Verander lewens.

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIBESITHI YA
FREISTATA



UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSAPPE
SCHOOL OF MEDICINE
SKOOL VIR GENEESKUNDE
MEDICAL MICROBIOLOGY
MEDIESE MIKROBIOLOGIE