HIV/AIDS in the African Region and the SAHARA Initiative

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Social science that makes a difference

HSRC
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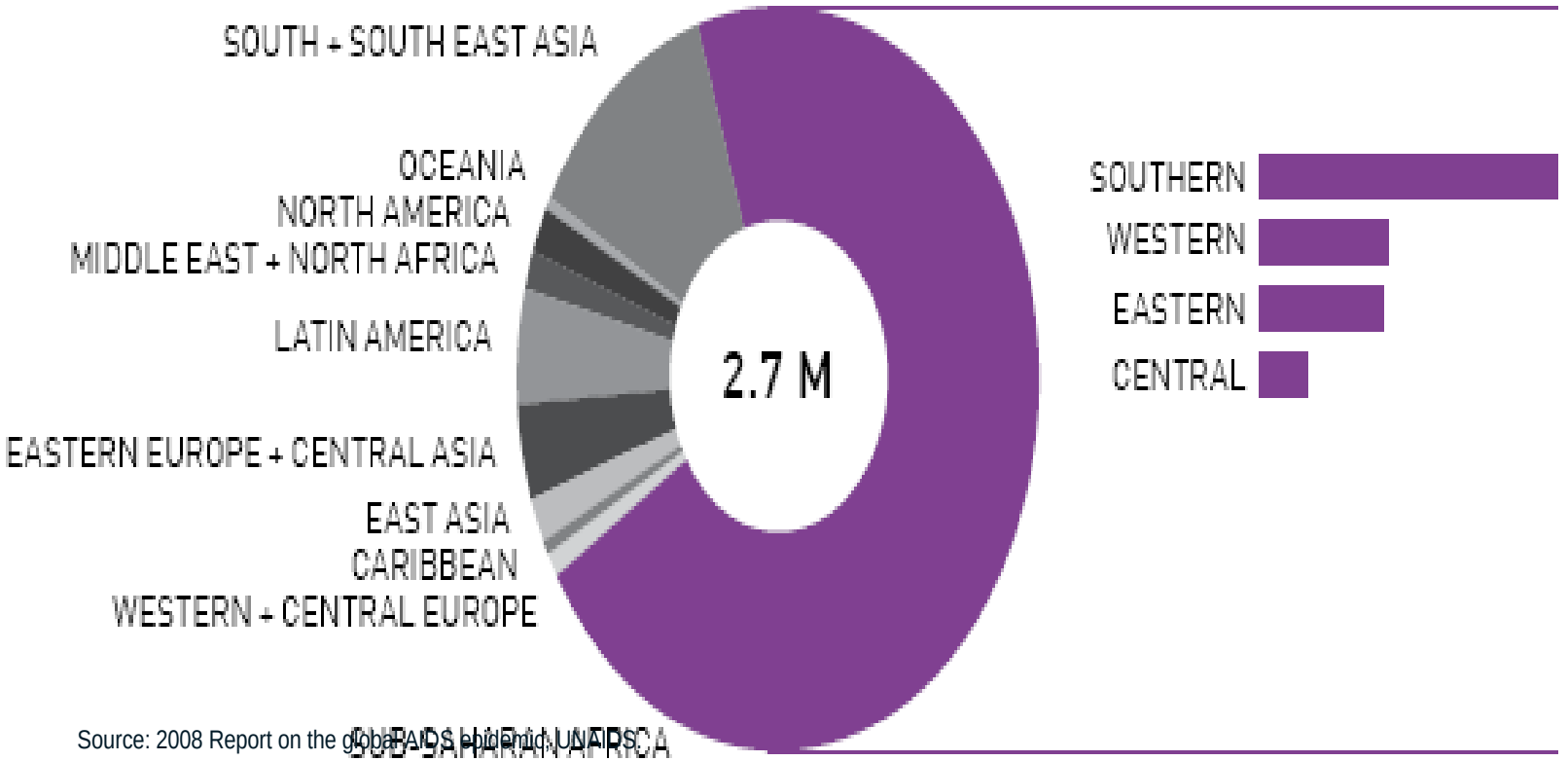
In this presentation

We will talk about:

- HIV Prevalence in the African Region
- Factors influencing the spread of HIV/AIDS
- Socio-economic impact of HIV/AIDS
- Effective HIV Prevention Strategies
- The SAHARA Initiative

Prevalence of HIV/AIDS in the African Region

Global distribution of new HIV infections, 2007



Source: 2008 Report on the global AIDS epidemic, UNAIDS.

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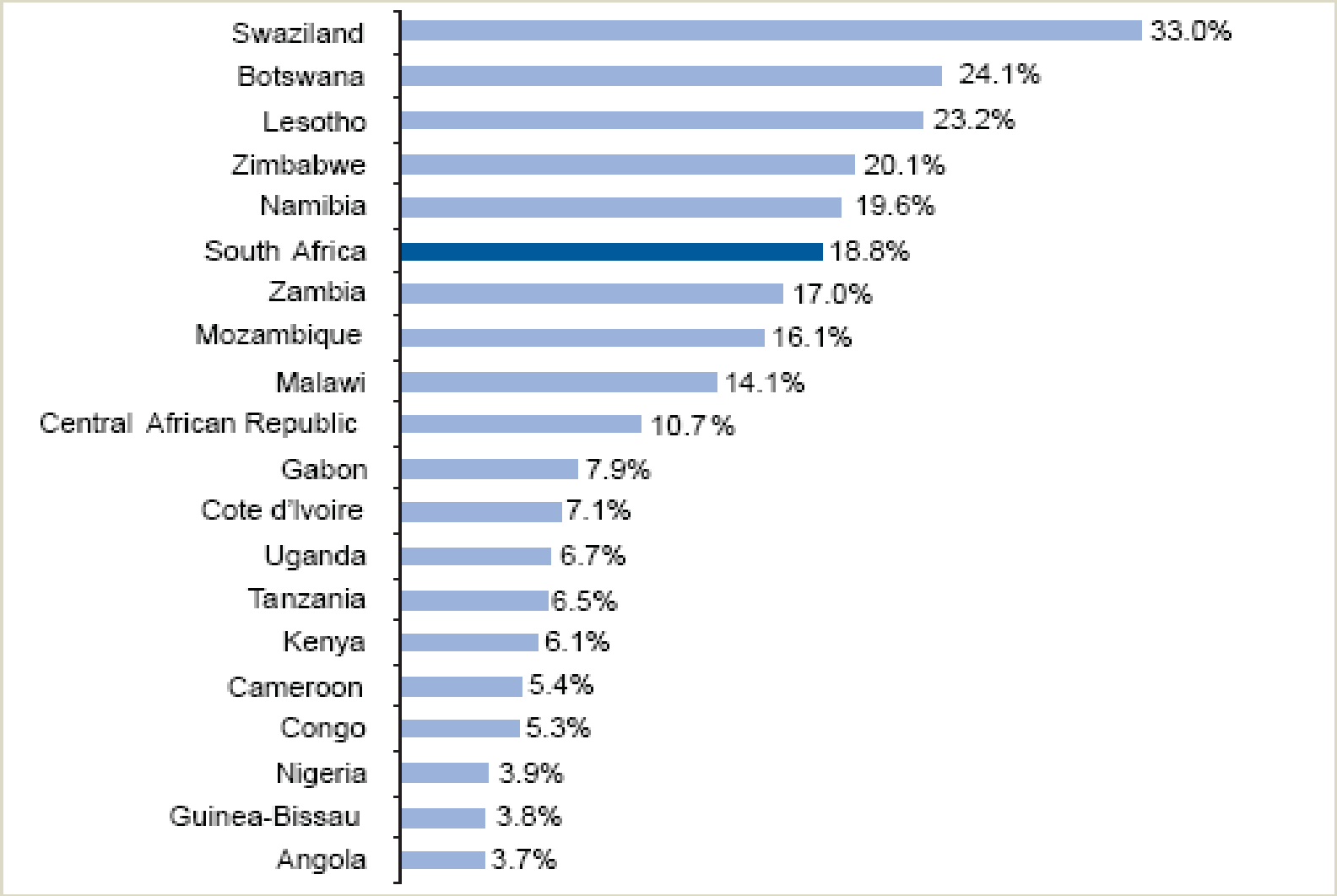
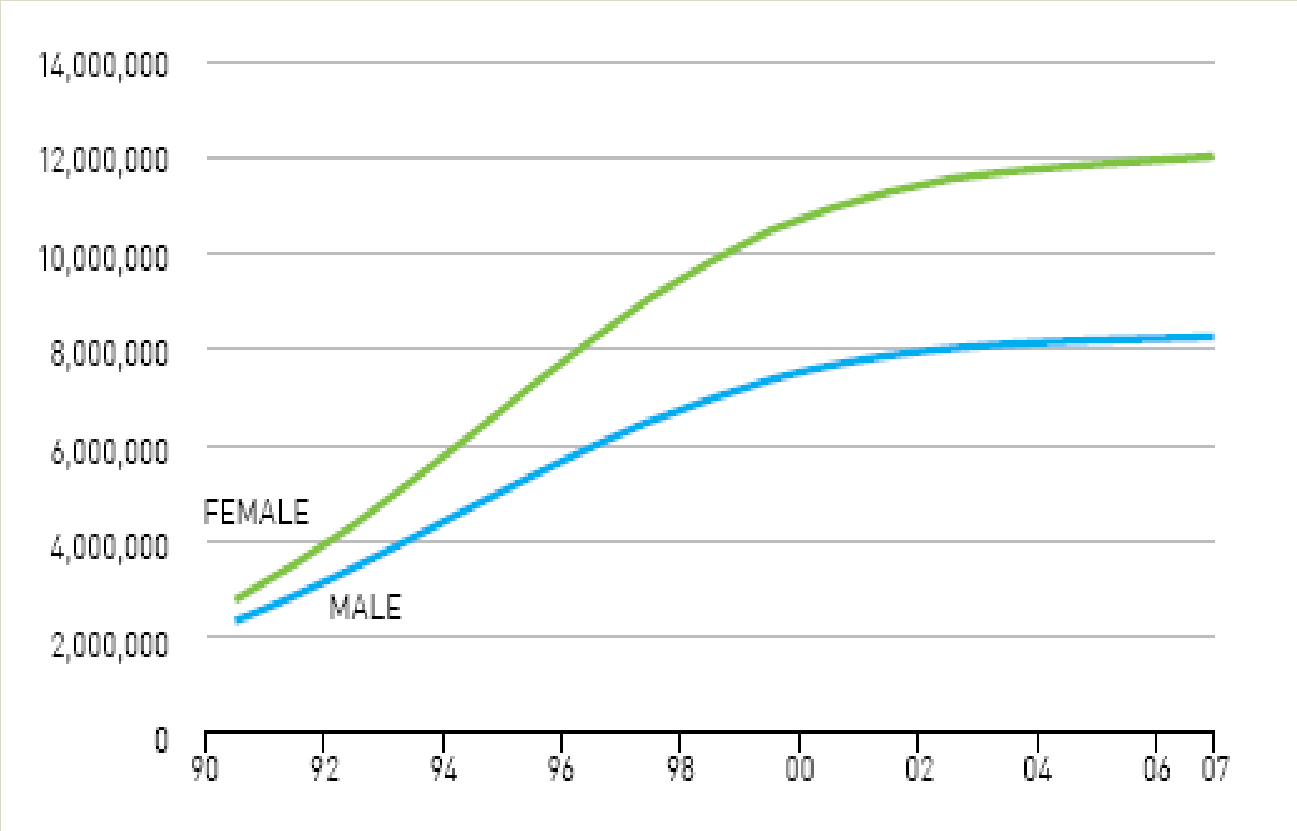
Top 20 countries by HIV/AIDS prevalence rate, SSA (end 2005)



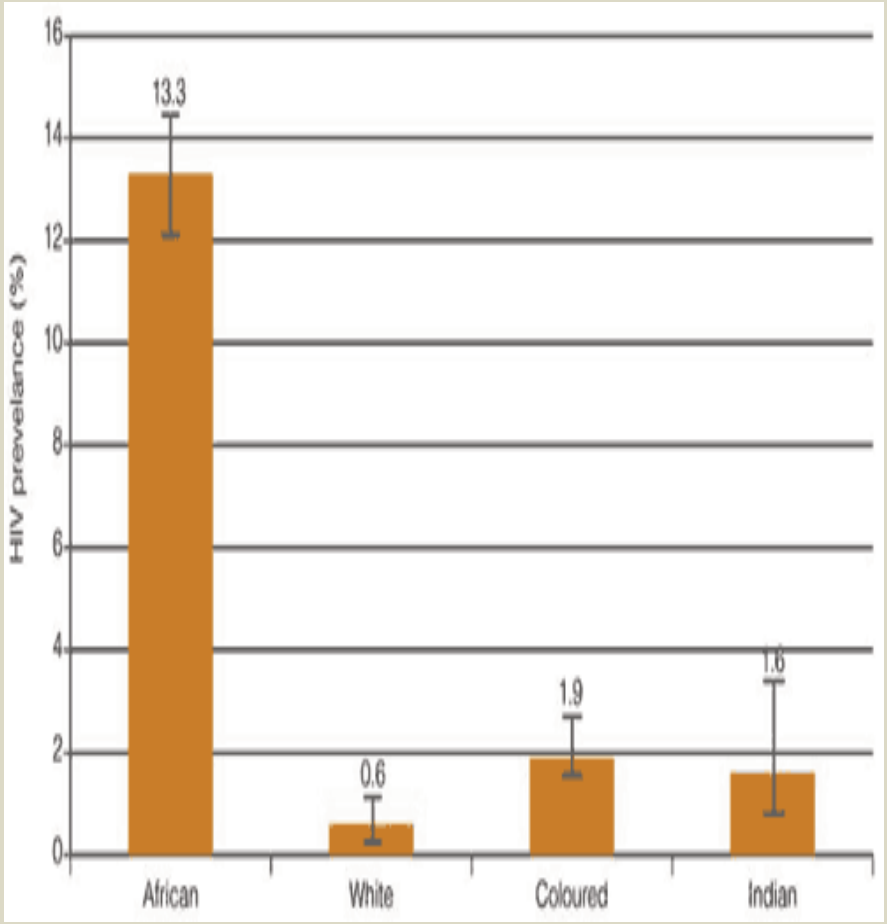
Source: UNAIDS' *Report on the Global AIDS Epidemic (2008)*

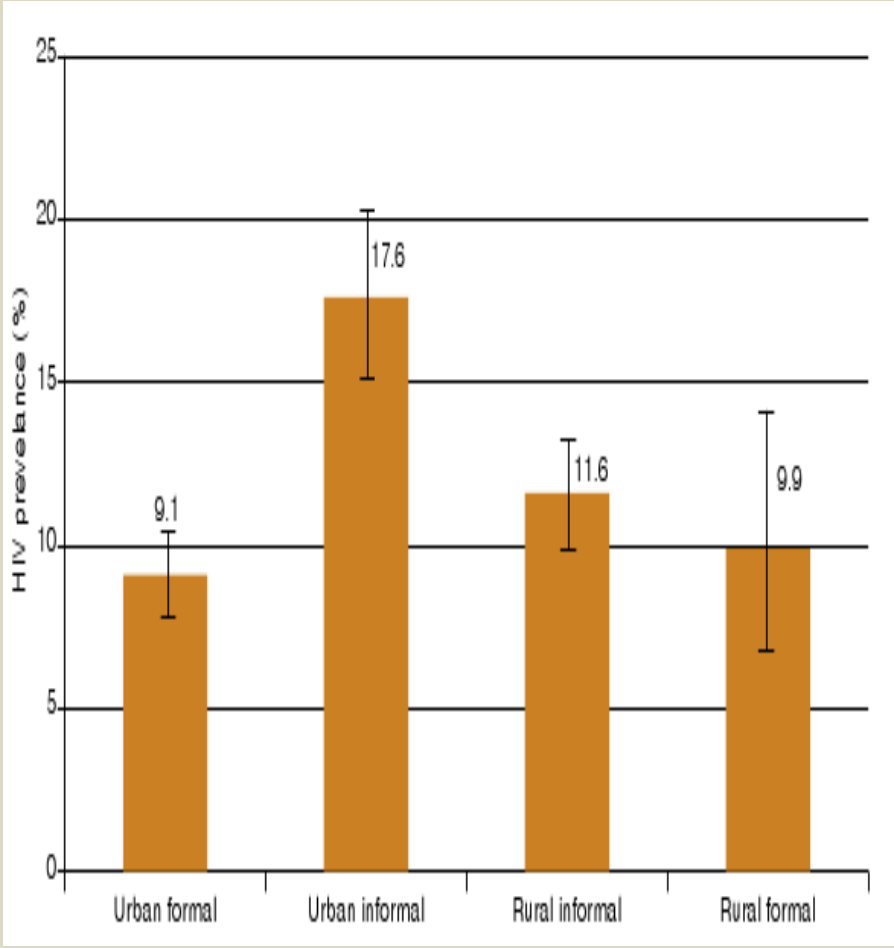
Gender distribution of HIV in Sub-Saharan Africa, 1990 - 2007



Asamoah-Odei, Garcia-Calleja and Boerma, (2004) HIV prevalence and trends in sub-Saharan: no decline and large subregional differences. *Lancet*, 364:35–40.

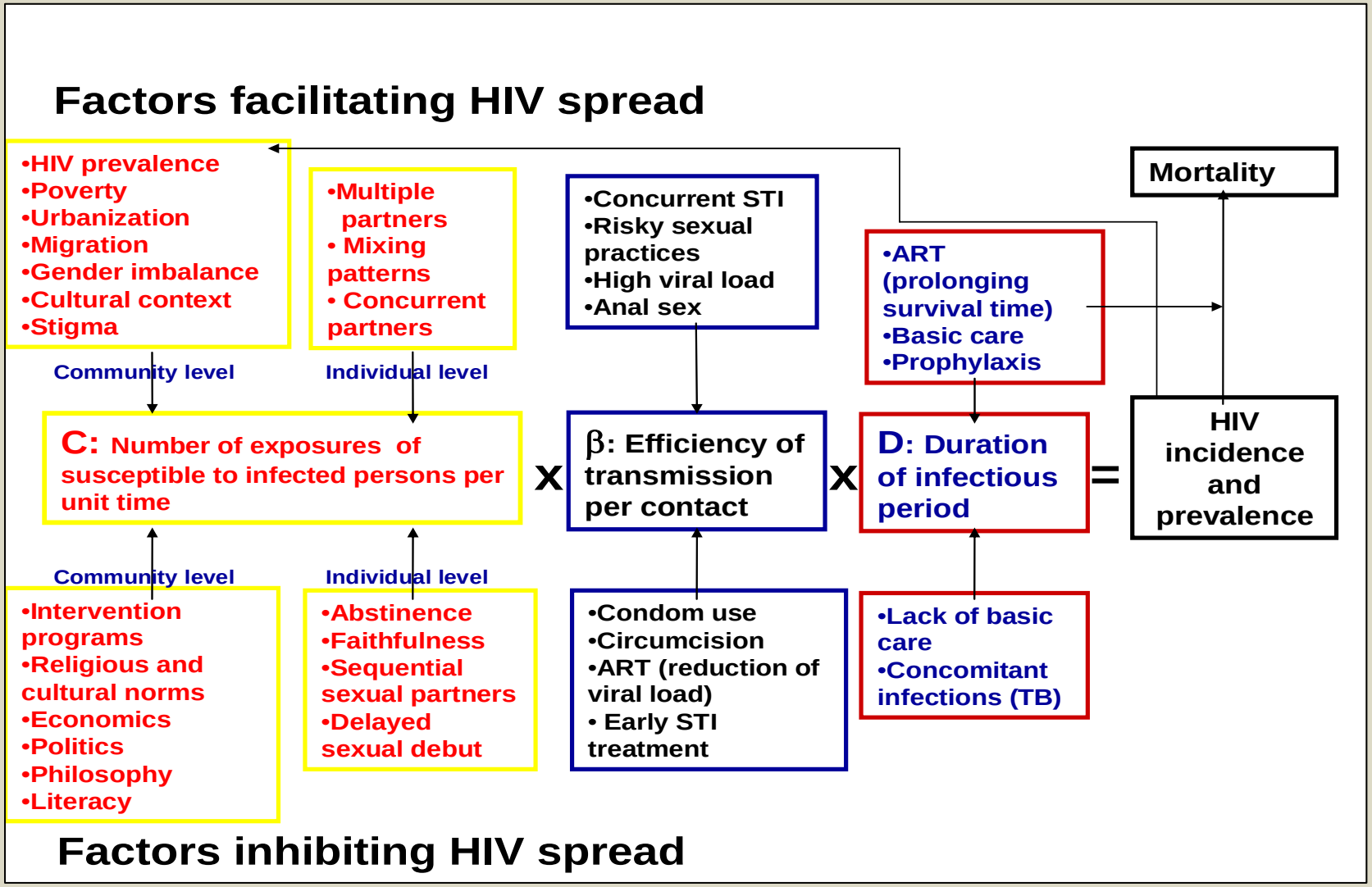
HIV prevalence in population aged two years and above by *race* and by *locality type in South Africa*





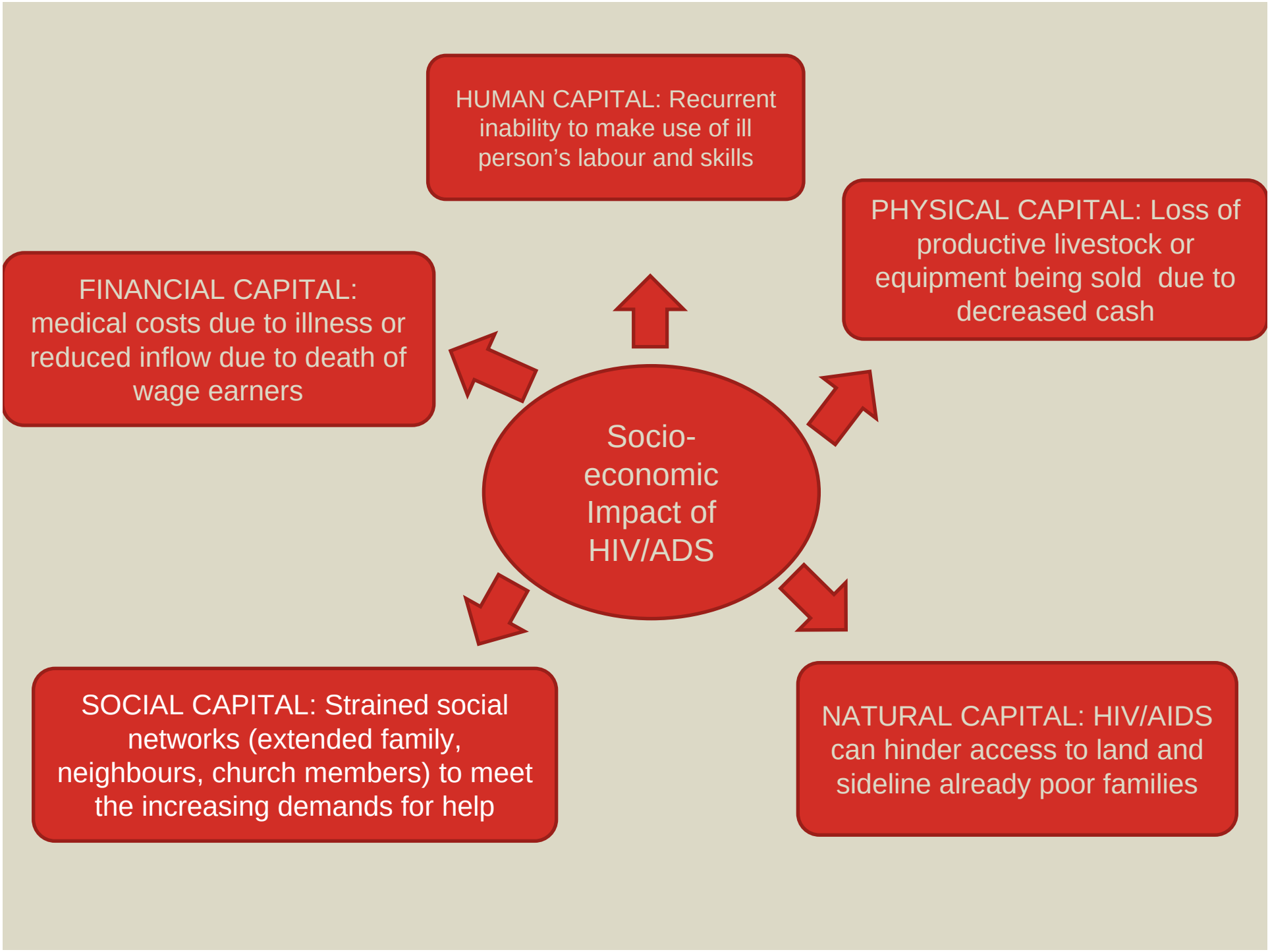
National HIV Prevalence Survey, 2005

Factors influencing the spread of HIV/AIDS in African Region



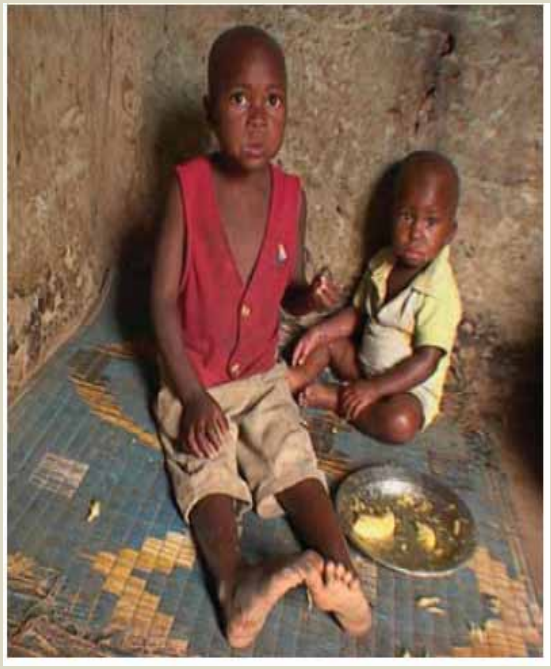
Source: Rehle et al, 2004

Socio-economic impact of HIV/AIDS in the African Region


HUMAN CAPITAL: Recurrent inability to make use of ill person's labour and skills
PHYSICAL CAPITAL: Loss of productive livestock or equipment being sold due to decreased cash
FINANCIAL CAPITAL: medical costs due to illness or reduced inflow due to death of wage earners
Socio-economic Impact of HIV/ADS
SOCIAL CAPITAL: Strained social networks (extended family, neighbours, church members) to meet the increasing demands for help
NATURAL CAPITAL: HIV/AIDS can hinder access to land and sideline already poor families

Increased Orphans

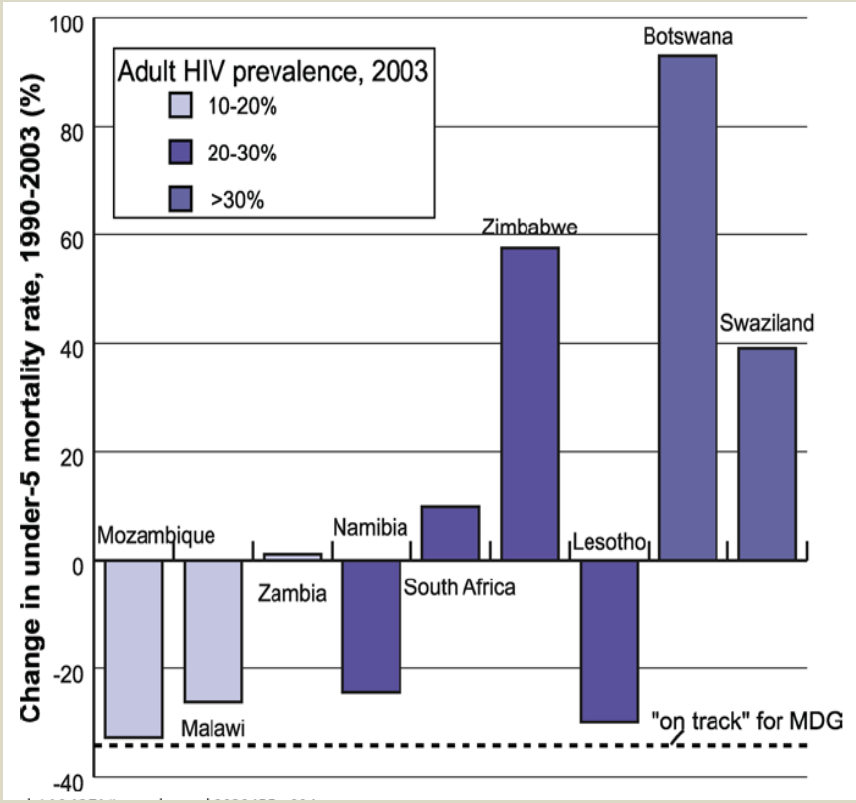
- 15 million children have been orphaned by AIDS worldwide
- 8 in 10 live in sub-Saharan Africa
- The proportion of orphans under 15 years of age is as high as 17% of all children in some countries
- By 2010, there may be as many as 18 million children orphaned by AIDS in sub-Saharan Africa alone
- In 2003, 28% of orphans in sub-Saharan Africa had been orphaned by AIDS, with the proportion reaching 60% in Zambia and 77% in Botswana



Source: Hecht R, Alban A, Taylor K, Post S, Andersen NB and Schwarz R (2006) Putting it together: AIDS and the Millennium Development Goals

Increased Child Mortality

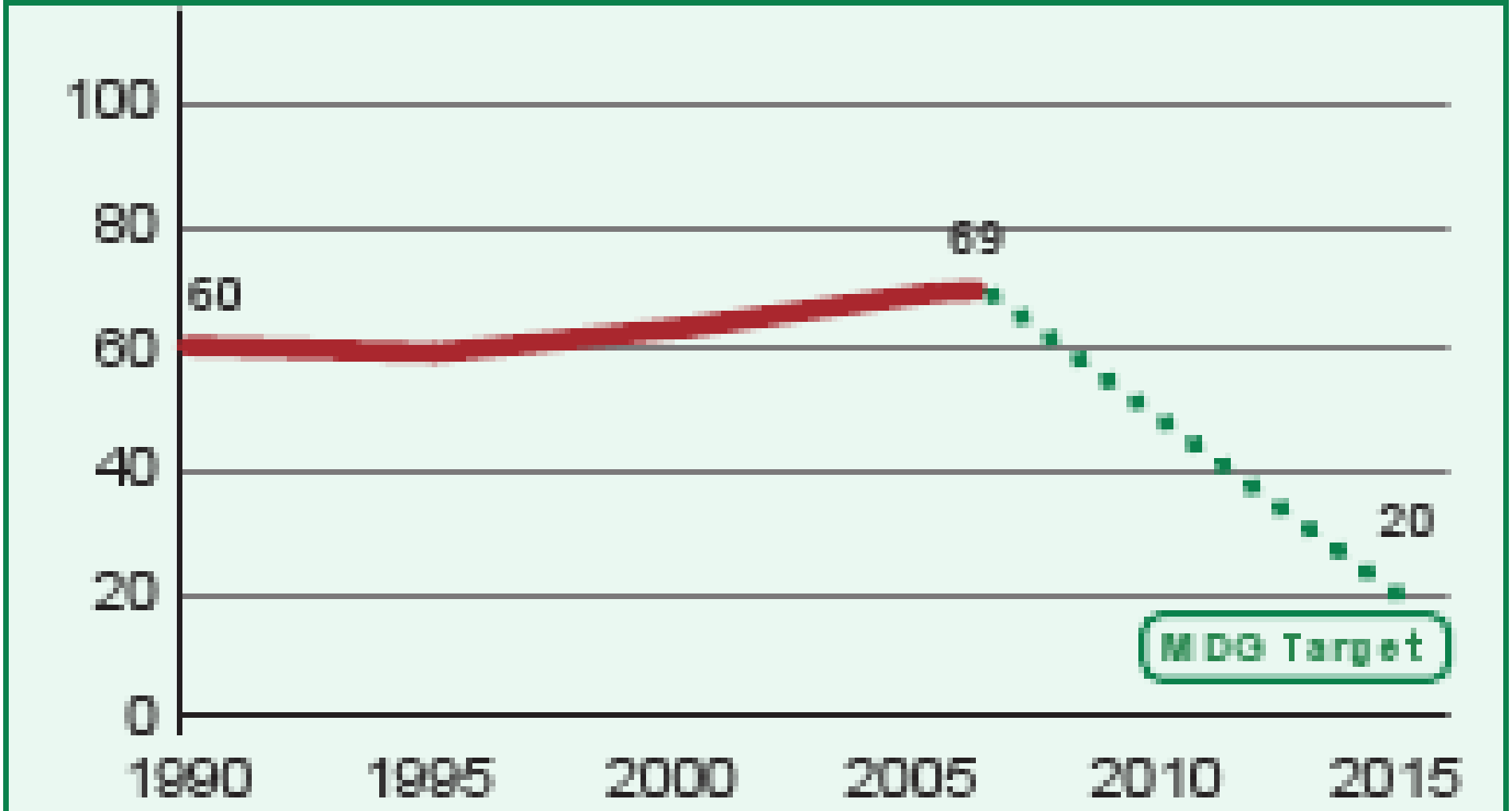
- Many countries in Africa with a high prevalence of HIV are off track in achieving the child mortality MDG
- In 5 countries that currently have adult HIV prevalence rates >10 % (Zambia, South Africa, Zimbabwe, Botswana, and Swaziland), <5 mortality not only failed to decline between 1990 and 2003
- It actually increased during that period .



Source: Hecht R, Alban A, Taylor K, Post S, Andersen NB and Schwarz R (2006) Putting it together: AIDS and the MDGs

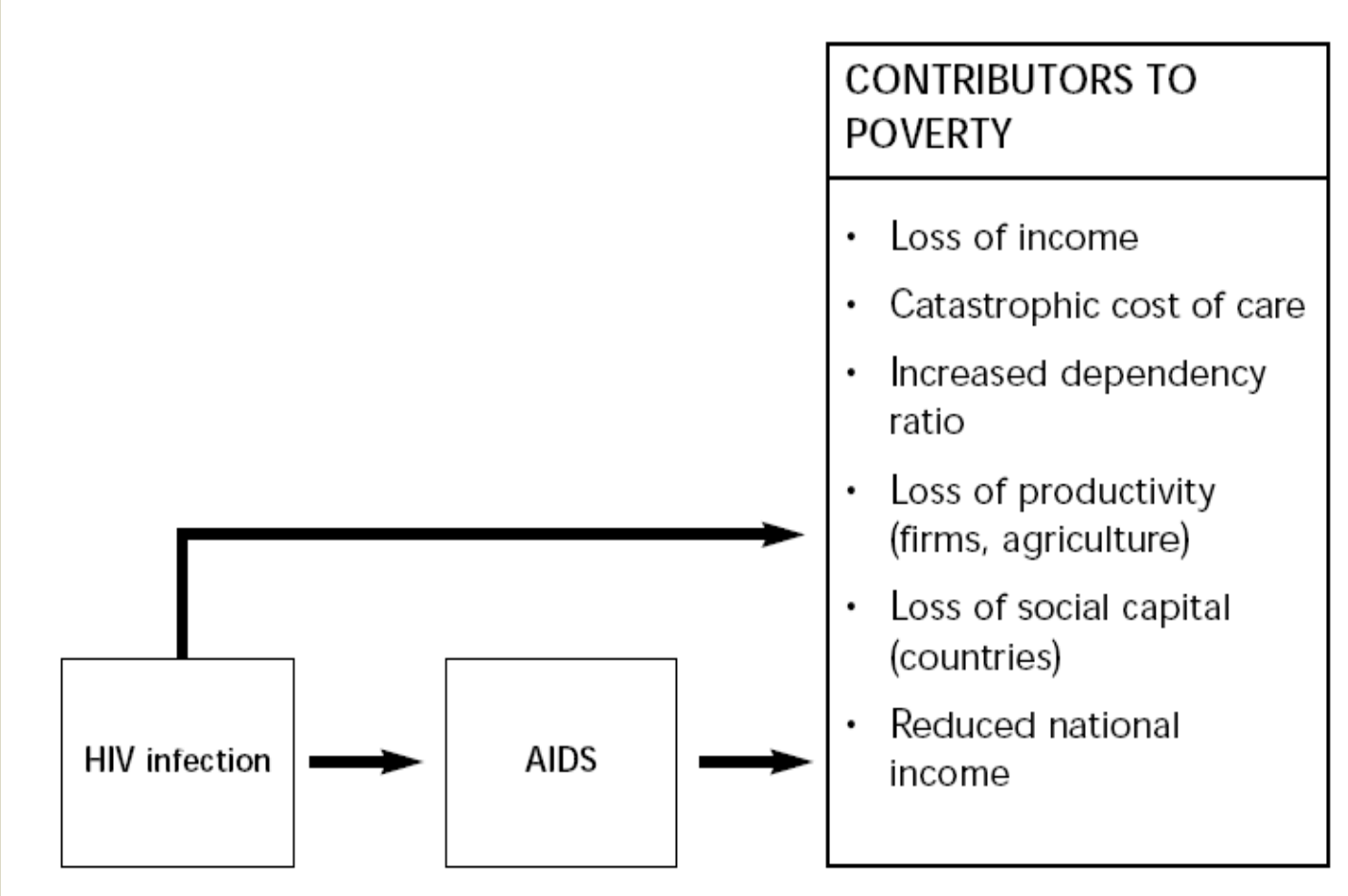
Under-five mortality rate

Deaths per 1000 live births



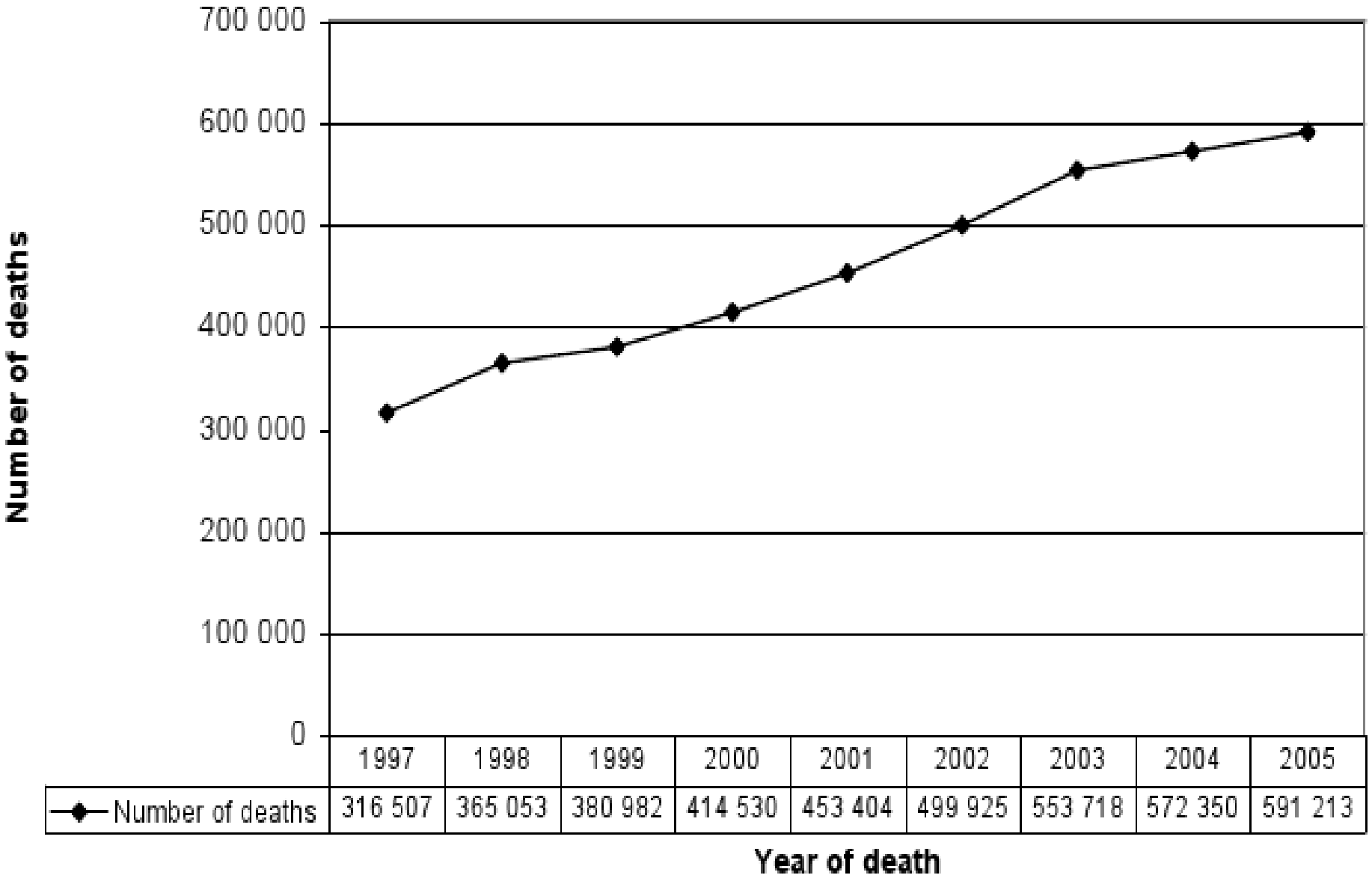
Source: UNICEF, 2006

Increased Poverty



UNAIDS & THE WORLD BANK, 2001

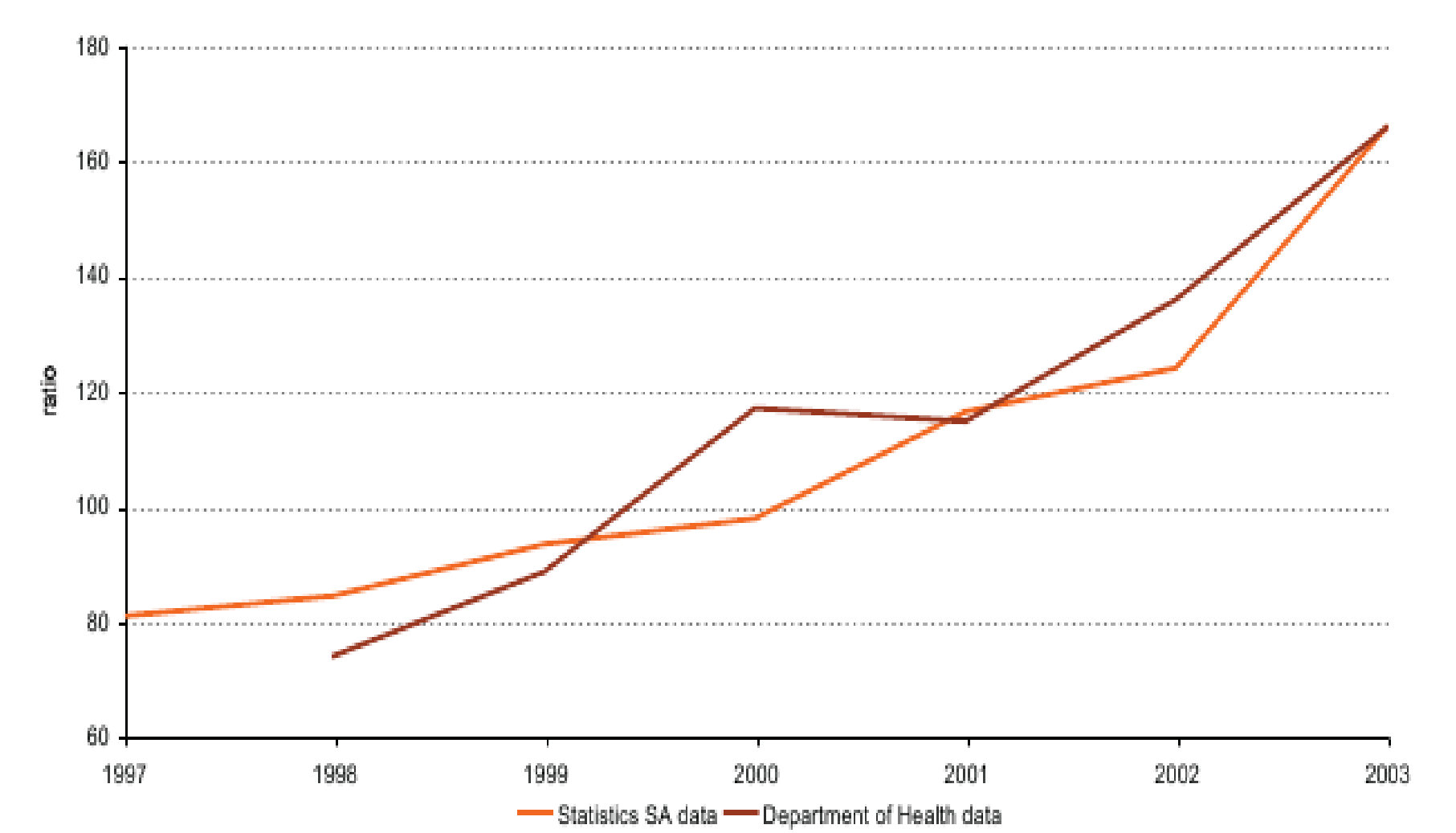
Figure 3.1: Distribution of registered deaths by year of death: 1997–2005*



	1997	1998	1999	2000	2001	2002	2003	2004	2005
Number of deaths	316 507	365 053	380 982	414 530	453 404	499 925	553 718	572 350	591 213

*Data for 1997–2004 updated to include late registrations processed in 2006.

Maternal deaths in South Africa, 1997-2003 (recorded as number of maternal deaths per 100,000 live births).



Increase in child headed households

- In South Africa, there is a reported increase in the number of households
- headed by a person between the ages of 12 and 18 years of age:

- • 3.1% in urban formal areas,
- • 4.2% in urban informal areas,
- • 2.8% in rural areas and
- • 1.9% on farms

Effective HIV Prevention interventions in the African Region

- **Box 1: No “Magic Bullet” for HIV**

- “It is critical to note that there is no “magic bullet” for HIV prevention. None of the new prevention methods currently being tested is likely to be 100% effective, and all will need to be used in combination with existing prevention approaches if they are to reduce the global burden of *HIV/AIDS*.”

- Source: Global HIV Prevention Working Group (2008)

Male Circumcision

- Efficacy studies in South Africa, Uganda[1], and Kenya: "There is compelling evidence that MC is 65% effective in reducing the risk of acquiring HIV in circumcised men…"
- A systematic review by the Cochrane Collaboration assessed data from trials in SA, Uganda, and Kenya between 2002 and 2006 that enrolled 11,054 males said that research on the effectiveness of MC for preventing HIV in heterosexual men is conclusive.
- Reviewers concluded that no further trials are required to establish that HIV infection rates are reduced in heterosexual men for at least the first two years after circumcision[2]
- Male circumcision needs to be scaled up

[1] Gray, H. et al. MC for HIV prevention in young men in Rakai, : An RCT. Lancet 369:657-66. 2007

[2] Siegfried N, Muller M, Volmink J, Deeks JJ, Egger M, Low NN, Weiss HH, Walker SA, Williamson PR. MC for prevention of heterosexual acquisition of HIV in men. *Cochrane Database* 2003, Issue 3.

Antiretroviral Therapy

- By the end of 2007, an estimated 3 million people in African countries were receiving antiretrovirals - a 42% increase over December 2006 and a tenfold rise over the previous five years.

Case studies:

- Namibia - treatment coverage was negligible in 2003. 88% of individuals in need were on ART in 2007.

- In Rwanda, ARV coverage increased from 1% in 2003 to almost 60% in 2007

PMTCT

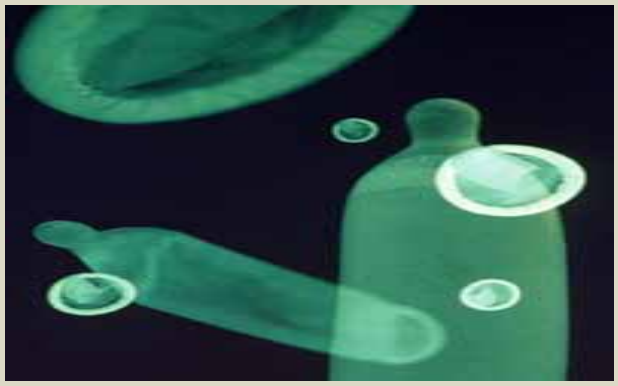
- Although clinical trials have demonstrated the effectiveness of ART in reducing the risk of MTCT by 50%[1], only 11% of HIV-infected pregnant women in African countries receive ARV prophylaxis.
- The scale-up of PMTCT using ARVs has increased from <10% in 2005 to 34% in 2007.
- Early infant testing is still only available to <8% of newborns in low-income countries[2]
- Case study: Botswana Government made PMTCT a national priority and coverage reached 80%, and the infection rate for children born to HIV-infected mothers was reduced to 4% in 2007, demonstrating the feasibility and impact of such programmes in resource-limited settings[3]

[1] Guay, L et al. "Intrapartum and neonatal single-dose nevirapine compared with Zidovudine for MTCT of HIV-1
in Kampala, Uganda: HIVNET 012 Randomized Trial. Lancet;354:795-902. 1999
[2] The XVII International AIDS Conference Impact Report: From Evidence to Action. . 3-8 August 2008, Mexico City
[3] United Nations (2008). Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. Report of the General Secretary, 62. 1 April 2008.

Condom use

- In most African countries, fewer than 50% of sexually active young people report having used a condom the last time they had sex
- The **female condom** is 94-97% effective in reducing the risk of HIV infection if used correctly and consistently
- When **male condoms** are used correctly and consistently, they are **80-95% effective** in reducing the risk of HIV infection
- A meta-analysis of 62 well-designed evaluation studies (44 from SSA) found that behavioural models targeting sex workers significantly increased condom use with clients, although these programmes had only limited impact on condom use with casual partners[1]

[1] Foss (2007)



Voluntary Counseling and Testing

- A systematic review of the impact of VCT in developing contexts shows that evidence exists for VCT as an effective behaviour change strategy
- VCT is most effective in promoting behaviour change (i.e. reports of less unprotected sex, fewer multiple sex partners and casual partners) between couples tested together and among HIV+ individuals, particularly with their non primary partners.
- The efficacy of VCT as a primary prevention strategy for HIV- people, as well as the long term effects of VCT for HIV - and HIV+ individuals is less certain
- VCT assists people to cope with a range of PSS problems associated with an HIV+ diagnosis
- Results from SSA reveal that high-quality VCT is an effective strategy for reducing HIV sexual risk behaviours among adults

Progress in implementing the UN 2001 Declaration in African countries

Country	% of pregn women on PMTCT	% Receiving ARVs	% Know how to prevent HIV (15–24)		% Used condoms at last sex with casual partner	
			Women	Men	Women	Men
Target	80%	50%	90%			
Angola	2.3%	6%	35.2%	42.7%	55.2%	63.6%
Botswana	-	85%	40%	33%	-	-
DRC	-	4%	-	-	-	-
Lesotho	5.1%	14%	-	-	50%	48%
Madagascar	0%	-	19%	16%	5%	12%
Malawi	2.3%1	20%	23.5%	36%	35%	47%
Mozambiq	3.4%	9%	20%	33%	29%	33%
Namibia	25%	35%	-	-	-	-
South Africa	14.6%	21%	65%	69%	42%	64%
Swaziland	11.9%	31%	-	-	-	-
Tanzania	-	7%	44%	49%	42%	47%
Zambia	4%	27%	31%	33%	35%	40%

Challenges in implementing Effective HIV Prevention interventions

- Systems related challenges which deter individuals from seeking essential preventive services:
  - Inadequate financing,
  - misallocation of resources,
  - capacity limitations,
  - service fragmentation, and
  - stigma and discrimination
- Socio-economic challenges which deter individuals from seeking essential preventive services:
  - Social and cultural factors,
  - Economic factors,
  - Political factors, and
  - Legal factors

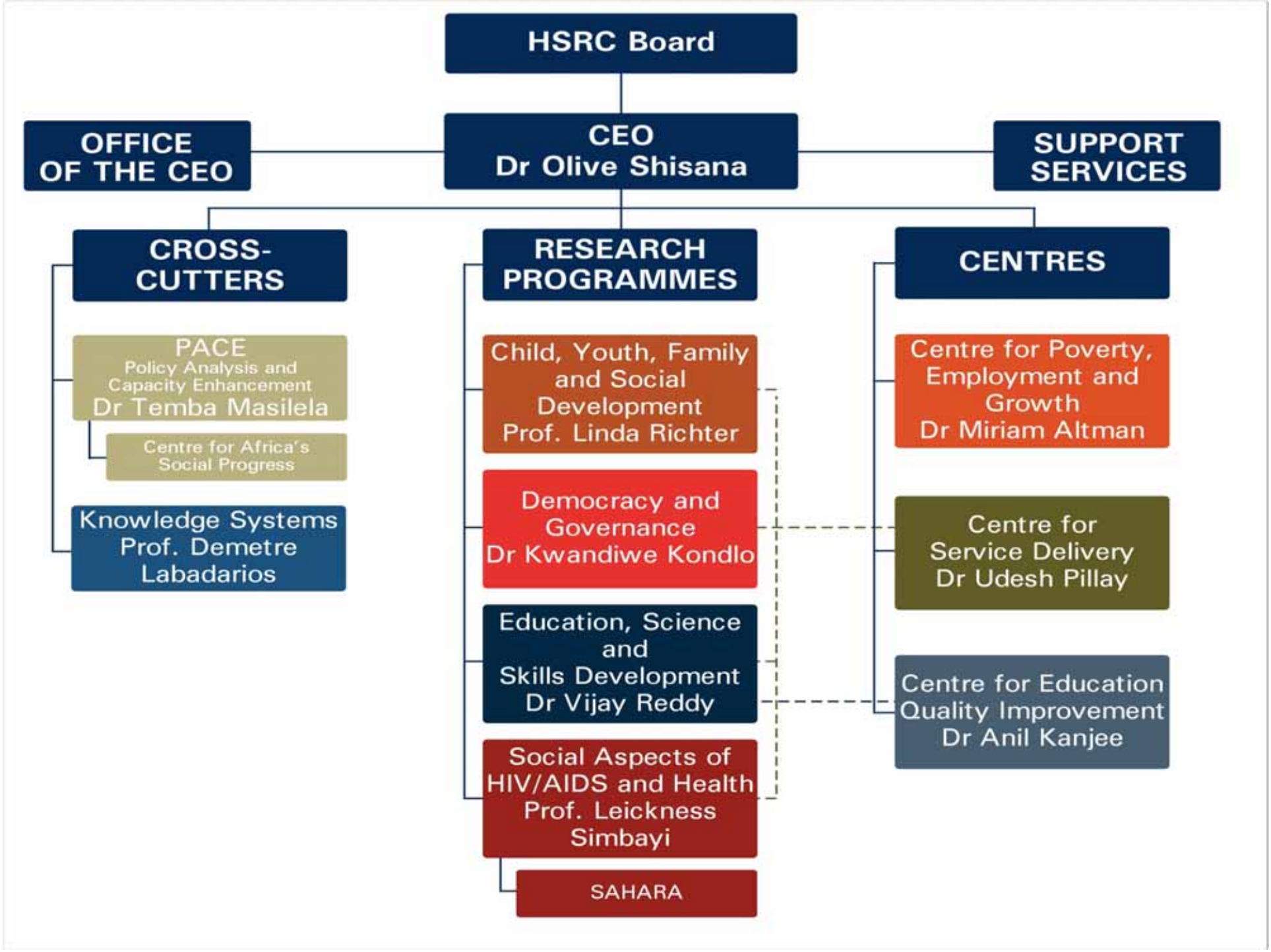
The SAHARA Initiative

The National Institutes of Health (2001)

"The unprecedented & accelerating HIV/AIDS in Africa, particularly among women & young people, requires focused, intensified, innovative, multi-disciplinary research partnerships -alliances, networks, coalitions, consortia, collaborations- that will jointly conduct research responsive to local African needs, challenges, priorities and realities and a responsible common search for solutions to the HIV/AIDS challenge which is confronting humanity as a whole"

SAHARA –
A Response to the need for HIV/AIDS RPs

www.sahara.org.za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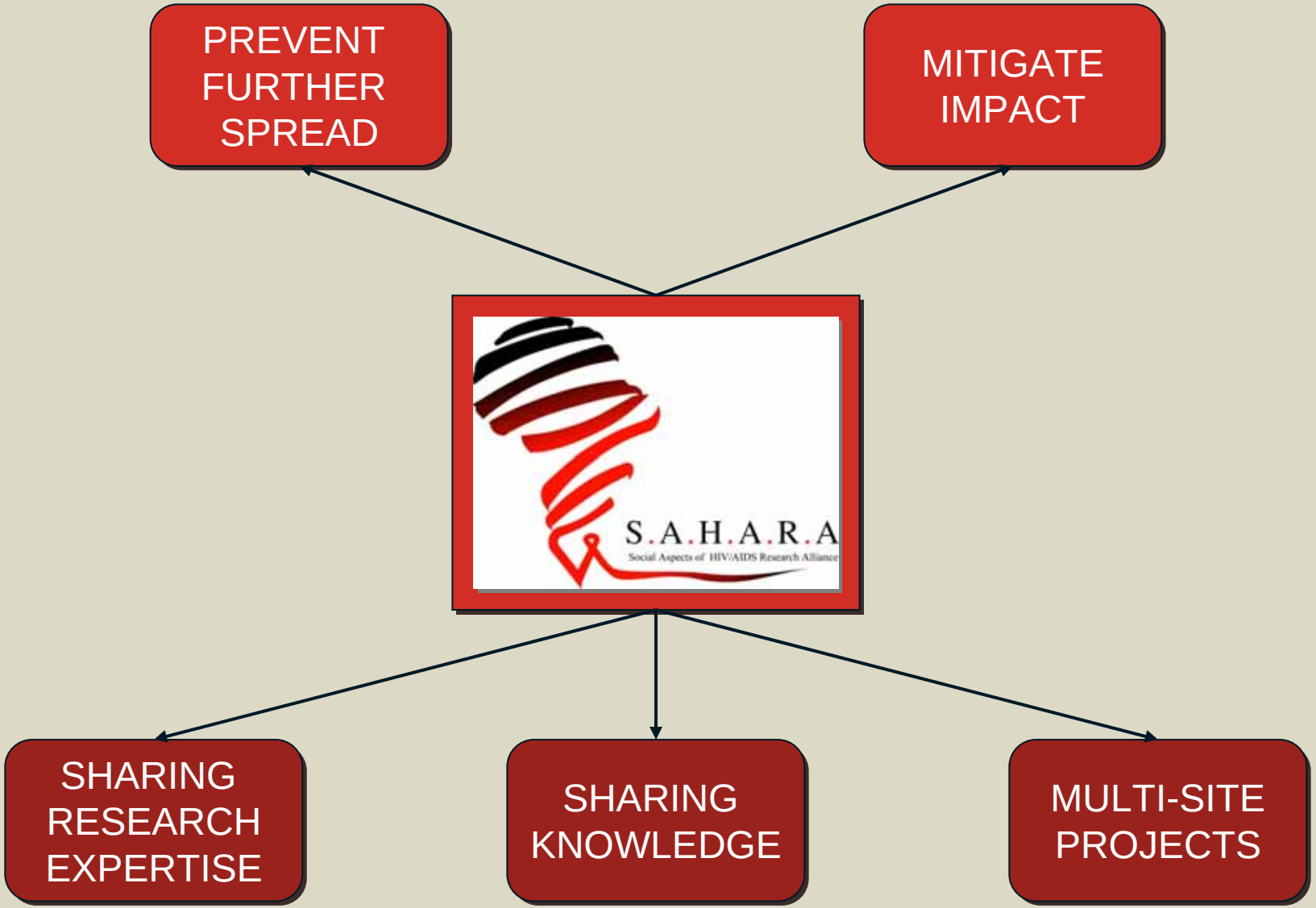
Overview of SAHARA



Modus Operandi

- Operates in **Sub-Saharan Africa**
- **4 regional structures** responsible for defining own research priorities
  - East/Central Africa based in GLUK, Kenya led by Prof Dan Kaseje;
  - West Africa at *Université Cheik Anta DIOP*, Senegal led by Prof Cheick Niang
  - Southern Africa based in the HSRC, was led by Prof Geoffrey Setswe
  - SAHARA Outside South Africa based in Geneva, Switzerland, led by Dr Ariel King
- **Regional UN agencies** (e.g. WHO, UNAIDS, UNICEF, UNDP, UNIFEM)
- **Regional economic communities (e.g.** EAC, ECOWAS, SADC)
- **Continental Structures** (e.g. AU, NEPAD, CODESRIA)
- **Government Departments** (e.g. Stats bureaus in Botswana, Swaziland)
- **National Universities** (e.g. Botswana, Lesotho, Swazi, Mozambique, Zim)
- **National Research Institutes** (e.g. Botswana/Harvard Partnership, National Institutes of Health Research in Zimbabwe and Mozambique)
- **Local and international donors** (e.g. UNAIDS, EU, DFID, CIDA, DGIS)
- **NGOs, CBOs, FBOs**
- **Guiding Principles:** Common goal, Mutual trust, Responsibility sharing, Transparency

SAHARA Journal

- Initiated in 2004 - research expertise, knowledge, dissemination of new social science evidence for HIV prevention, care and impact mitigation in SSA – priority is given to African researchers
- Unique - Empirical peer reviewed papers in English and French from all fields of social aspects of HIV/AIDS (care, support, behaviour change, stigma, discrimination, prevention, adherence, policy, etc) relevant to Africa
- Four issues per year – one per quarter - Each issue consists of 5 articles and at least one book review (reviewed by 15 to 20 reviewers)
- 4000 free copies are distributed in SAHARA Regional offices (p/a), 1000 per quarter
- Some hardcopies are distributed at a fee to institutions, individuals, subscribers in the USA and UK.

SAHARA J – the pride of the SSA Region

- International Bibliography for Social Sciences (IBSS)
- Institute for Scientific Information (ISI)
- Abstracted in PUBMED
- Sociological abstracts (Sociofile)
- African Journal Online (Full text)
- Online Directory of Open Access Journals
- African Index Medicus
- Full text from the SAHARA website

SAHARA Conference

- Largest HIV/AIDS Conference in SSA: interdisciplinary, multi-sector, multi-stakeholder
- It serves as a platform for researchers, policy makers, donors and international organizations, civil society, and communities (including PLWHA) from the continent:
    - To exchange ideas, knowledge, information, innovations, views, and experiences on recent advances in the field of social aspects of HIV/AIDS;
    - To discuss problems that need to be explored regarding the social and cultural aspects of HIV/AIDS;
    - To look for evidence based approaches to those problems including enabling policies for the scale-up of proven interventions;
    - For professional contacts and network;
    - To keep track of what -- and who -- is current in the field
    - To build research capacity through skills-building workshops during and after the conference;
    - To give the community an opportunity to voice their views in the community based seminars
    - To address deficiencies in the translation of research findings, and build bridges between research and practice.

Previous SAHARA Conferences

Since 2002, SAHARA has successfully convened biennial conferences:

- **The 1st SAHARA Conference,** Pretoria, South Africa, 2-4 September 2002.
- **The 2nd SAHARA Conference,** Cape Town, South Africa, 9-12 May 2004, > 350 delegates from 33 countries. The theme of the conference was "Social Aspects of Access to Care and Treatment.
- **The 3rd SAHARA Conference,** Dakar, Senegal, 10-14 October 2005 on the theme of "Bridging the Gap between Policy, Research and Intervention", >600 delegates from 30 countries
- **The 4th SAHARA Conference,** Kisumu, Kenya, 29 April to 2 May on the theme of "Innovations in Access to Prevention, Treatment, and Care in HIV/AIDS", > 420 delegates from 20 countries.
- The **5th SAHARA Conference,** Gallagher's Estate, Midrand, South Africa, 30 November to 3 December 2009 on the theme "Drivers of the HIV epidemic", >450 delegates from 30 countries.
- The 6th SAHARA Conference will be in Port Elizabeth, South Africa

- It has been supported by local and international organizations:
  - HSRC
  - United Nations Agencies (i.e. UNAIDS, UNESCO, UNICEF, WHO, UNFPA.)
  - Commonwealth Secretariat
  - Bill & Melinda Gates Foundation
  - US Centers for Disease Control and Prevention

COLLABORATIVE PROJECT	RESEARCH PARTNERS	FUNDER	IMPACTS
Development of harmonized minimum standards for guidance on HCT/PMTCT in SADC (2008/2009)	SAHARA focal points in 15 SADC countries	SADC, R1302,664	Adoption of standards by SADC countries
HIV/AIDS policy review in Botswana, Mozambique, Lesotho, South Africa, Swaziland/ Zimbabwe(2001/2002)	SAHARA focal points in 6 respective countries	WK Kellogg Foundation US $ 80 000	Influence on regional strategies
Strategy for the care of AIDS orphans OVC in Botswana, South Africa and Zimbabwe (2002/2007)	HSRC, NMCF, University of Botswana, Masiela Trust Fund, Botswana FACT, Zim Biomedical Research & Training Institute, Zim National Institute of Health	WK Kellogg Foundation US $ 5 million	Best practice OVC interventions recommended for adoption and scaling up in SSA
Replication of SA HIV prevalence, behavioral and mass media survey in Botswana, Lesotho, Mozambique and Swaziland, (2003-2006)	SAHARA, SA MRC, CADRE, governments & NGOs	UNAIDS, WHO /AFRO-R5, 900.000	M & E of HIV/AIDS response in the region-NSP
OVC technical assistance to Malawi, Mozambique and Swaziland (2004-2006)	SAHARA core office/ Southern Africa Regional office	Wk Kellogg Foundation R11 949, 999	Strengthened community based OVC support systems
Stigma reduction and behavioral risk reduction interventions among PLWHA in South Africa, Senegal and Kenya,	HSRC, SAHARA West Africa, SAHARA Southern Africa,	DFID,CIDA and DGIS R3,602,280	Replication in Botswana, Lesotho, Swaziland, Mozambique & Angola

New Strategic Partnerships

- MOU with Nelson Mandela Metropolitan University, South Africa:
  - To co-host SAHARA J,
  - To co-host SAHARA Conference
  - To co-host SAHARA website
- MOU with AIDS Accountability International, Sweden:
  - To co-organise a track on accountability and HIV/AIDS at the SAHARA 2011 Conference
  - To co-host the 2012/2013 International Accountability Conference
  - To collaborate on multi-country research projects
  - To jointly implement programs for capacity building of African Researchers
- MOU with BIG SAS

Don’t look any further....for that conference on HIV/AIDS that

- goes beyond the boundaries of biomedical paradigms
- brings together the people producing research with those at the centre of the epidemic
- creates an interdisciplinary and multi-sectoral environment
- offers a strong Africa focus

The **SAHARA conference** is the largest conference of its kind and its sixth edition will be organ

Nelson Mandela Bay/Port Elizabeth, South Africa

28 November - 2 December 2011

Interested? Then have your details added to the mailing list today!

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Nelson Mandela Metropolitan University

Acknowledgements

- HSRC/NMMU for sponsoring my travel
- BIG SAS for the invitation
- Dr Ariel King, SAHARA Continental Advisory Board Chairperson, for facilitation of the visit and for hosting me
- SAHARA members and partners without whose efforts and commitment there would be no story to tell

THANK YOU