POLICYbrief

AFRICA INSTITUTE OF SOUTH AFRICA • BRIEFING NO 69 • FEBRUARY 2012

'Getting to Zero':

The importance of the UNAIDS 2011–2015 HIV/AIDS strategy for South Africa

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After extensive consultation with people living with HIV, health activists and civil society organisations, the United Nations Programme on HIV/AIDS (UNAIDS) decided that the theme for the World AIDS Day on 1 December 2011 would be 'Getting to Zero'. The vision of 'Getting to Zero' is three-pronged, aiming to achieve zero new infections, zero discrimination and zero AIDS-related deaths. This global campaign will run until 2015 and is closely related to the achievement of the Millennium Development Goals (MDGs), as it is a comprehensive strategy to halt and reverse the spread of the pandemic. South Africa, being one of the countries that is most adversely affected by the complex and wide-ranging consequences of the epidemic, can gain much from the strategic directions proposed by this campaign. This paper aims to provide policy responses necessary to improve South Africa's prospects of overcoming the HIV/AIDS pandemic.

Introduction

While scientists continue to attempt to find a cure for HIV/AIDS, the World AIDS Day campaign plays an important role in advocating for the global fight against the pandemic. The day of awareness has assisted the world to make a difference and support people living with HIV/AIDS to live normal lives, and to enjoy equal rights in society. This campaign has become the world's biggest and longest-running disease awareness and prevention initiative in the history of public health. Awareness campaigns are held across the globe to enlighten people about World AIDS Day on a yearly basis.

The South African Government has kept up with the campaign, as 1996 marked the country's first endorsement of World AIDS Day in two provinces. This endorsement symbolised the country's pledge to fight against the HIV/AIDS pandemic through awareness-creation focusing on symptoms, cause and prevention.[1]

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Notwithstanding the challenges the country faces, South Africa's HIV/AIDS incidence continues to decline. Even though, according to the UNAIDS report,[2] South Africa is still the country where HIV prevalence is highest; there are now fewer new HIV infections than in any other country in Southern Africa. According to UNAIDS,[3] the annual HIV incidence in South Africa has significantly dropped by a third between 2001 and 2009 from 2,4 per cent [2,1%–2,6%] to 1,5 per cent [1,3%–1,8%].

The 2011 World AIDS Day provided South Africa with more drive to improve the health system, particularly in its commitment to addressing the scourge of the HIV and Tuberculosis (TB) epidemics that it faces. This was observed through the efforts of government, civil society and organisations to reach people in both rural and urban areas in their campaign, as they demonstrated the country's position theme, 'South Africa is Taking Responsibility'. This theme will be guided by the national Policy in Action on TB and HIV (PATH) campaigns that all sectors of society will embark on in an attempt to minimise the impact of HIV. The campaign will enforce community involvement in addressing HIV issues and reflect how South Africa is taking responsibility on a revolutionary path to reduce the spread of HIV/AIDS and TB to zero. In essence, this translates into zero-related HIV/AIDS deaths, zero infection and zero discrimination.

This paper aims to provide policy recommendations necessary to advance the progress that the country has made in the struggle against the HIV/AIDS pandemic. Furthermore, it will examine the current state of HIV/AIDS in South Africa with a view to proposing effective and practical suggestions which can assist South Africa to achieve the inspiring vision of zero new infections, zero AIDS-related deaths and zero discrimination.

South Africa's strategy on the World AIDS Day theme: 'Getting to Zero'.

The 2011 World AIDS Day Campaign was focused on the theme 'Getting to Zero'. This year's theme (2012) will follow suit, as the campaign runs for five years until the end of 2015.[4] The campaign concentrates on curbing the spread of HIV and on raising awareness in order to decrease, and eventually end, the pandemic.[5] According to UNAIDS,[6] the commemoration is committed to raising awareness of the HIV/AIDS pandemic, focusing on communication, prevention and education. The annual theme celebrates the achievements made in the fight against the pandemic and focuses attention on the current challenges, such as financial constraints.[7] Moreover, the campaign is dedicated to honouring and remembering those who have lost their lives in the pandemic. It also raises awareness of the challenges and consequences of the pandemic, in order to prevent new infections and improve the lives of people living with the virus.

The UNAIDS strategy for 2011–2015, 'Getting to Zero', is embedded in the ground-breaking vision that will endeavour to ensure no new HIV infections; no further AIDS-related deaths; and no discrimination against people who are HIV-positive. This strategy was developed through extensive consultation among people living with HIV, health activists and civil society organisations, in the hope of achieving universal access to HIV prevention, treatment, care and support and contributing to Goal Six of the MDGs.[8] Within these three objectives, there are 10 different milestones that countries need to achieve by 2015 in pursuit of enhancing social justice and human dignity. All these milestones focus on reducing HIV transmission, AIDS-related deaths, gender-based violence; and increasing access to Antiretroviral (ARV) treatment for people living with HIV.

The South African government, particularly the Department of Health, is putting more effort into taking responsibility to cut HIV infection to zero and eventually creating a society free of HIV/AIDS.[9] In accordance with the National Strategic Plan for HIV and AIDS, sexually transmitted infections (STIs) and TB between 2012 and 2016,[10] the country is setting a radical response that will intensify the current campaign, which is working well in spite of financial constraints caused by the global economic crisis. Furthermore, it will accelerate the country's progress towards universal access to treatment in order to minimise the impact of HIV/AIDS and increase global knowledge on the dynamics of the pandemic.

South Africa is still regarded as the epicentre of this global scourge. However, significant changes have been made, though it was estimated that 5,6 million people in South Africa were living with HIV in 2009,[11] while 1 000 people die every day from AIDS-related illnesses. However, it has been indicated that infections among young adults (15-24-year olds) has dropped from 23,1 per cent in 2001 to 21,8 per cent in 2010.[12] While 1,3 per cent may not seem significant, the decline is a promising sign compared with previous trends.

Much work on prevention has been done as more people test positive and go onto ARVs,

irrespective of the increasing cost of treatment. Of major concern in the drive to 'Getting to Zero' is the recent UNAIDS report[13] that indicates that funding for HIV programmes dropped from US$15,9 billion in 2009 to US$15 billion in 2010, well below the anticipated US$22 billion. This is less than the US$24 billion that UNAIDS says is needed for a comprehensive global response by 2015. The report further cited the global economic crisis and concerns about the sustainability of the AIDS response, given the increasing costs of treatment and prevention. This raises concerns about whether South Africa will be able to embark on the strategy under these financial constraints.

The section to follow will touch on the prevalence of HIV and AIDS in South Africa, key challenges that South Africa is likely to face when responding to 'Getting to Zero', and the progress made towards achieving MDGs.

The prevalence of HIV and AIDS in South Africa

In line with global trends, the prevalence of HIV/AIDS in South Africa has stabilised.[14] In some population groups, the country has seen a decline in new HIV infections.[15] The challenge brought forward by the pandemic, however, still remains a serious national issue. In fact, South Africa has been found to be the country most widely affected by HIV/AIDS.[16] Drawing from a wide range of data, UNAIDS estimates that around 5,6 million South Africans were living with HIV at the end of 2010.[17] This means that the country has an HIV/AIDS prevalence greater than 10 per cent. UNAIDS also estimates that around 18 per cent of adults in South Africa are living with HIV/AIDS.[18]

Recently, two prevalence studies: the South African National HIV Survey (here referred to as the National HIV Survey) and the South African Department of Health's National Sentinel HIV and Syphilis Prevalence Survey (or simply the South African Department of Health study), in 2008 and 2010 respectively, were conducted across all the nine provinces of the country.[19] Both of these surveys provide deeper insights into HIV prevalence levels among different population groups in the country.

The National HIV Survey estimates that in the year 2008, the prevalence rate for all South Africans aged two years and older was 10,9 per cent.[20] This estimate, viewed together with previous findings of the surveys conducted in earlier years; suggests a degree of stabilisation, considering that in 2002 and 2005 the estimated HIV prevalence was 11,4 per cent and 10,8 per cent respectively. The survey showed that the most affected age group was that of people aged 25 years and older. The estimated HIV prevalence for this age group was 16,8 per cent, having increased since 2005, when the prevalence rate stood at 15,6 per cent. The study also demonstrated that prevalence was higher among females (13,6%) compared with males, whose prevalence rate was significantly lower, standing at 7,95 per cent. A closer look at the findings, however, indicates distinctions between females and males of different age groups. Males between the ages of 40 and 44 years, as well as those between 50 and 54 years, for example, have a higher prevalence of the virus than females of the same age groups.

Figure 1 Estimated HIV prevalence by age group, 2002–2008 (Source: Shisana et al, 2009)

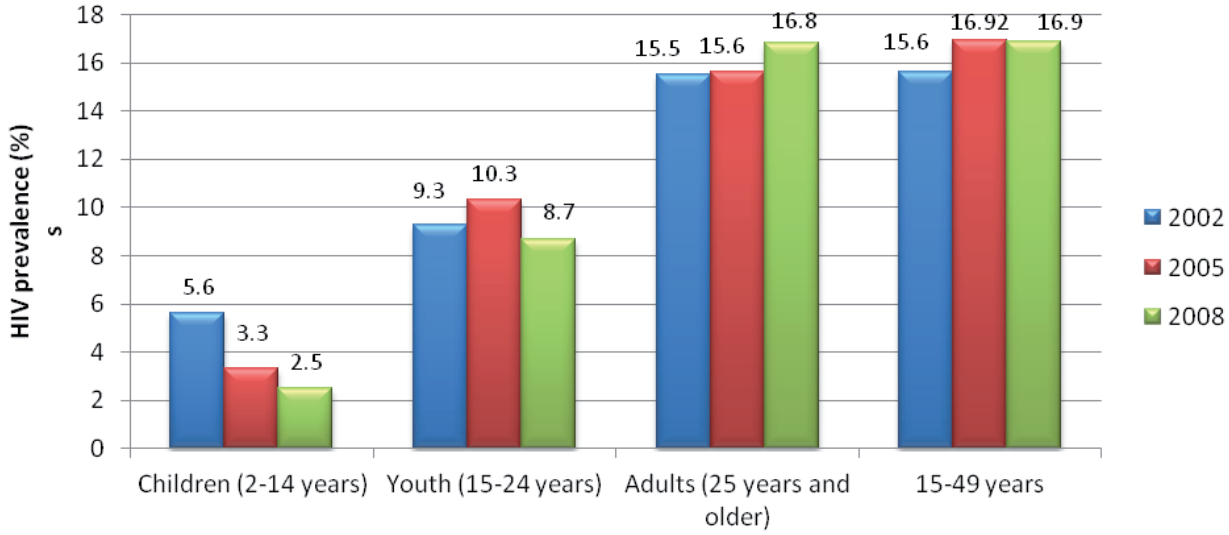

Table 1 Estimated HIV prevalence among South Africans, by age and sex, 2008

Age group (years)	Male HIV prevalence (%)	Female HIV prevalence (%)
2-14	3.0	2.0
15-19	2.5	6.7
20-24	5.1	21.1
25-29	15.7	32.7
30-34	25.8	29.1
35-39	18.5	24.8
40-44	19.5	16.3
45-49	6.4	14.1
50-54	10.4	10.2
55-59	6.2	7.7
60+	3.5	1.8
Total	**7.9**	**13.6**

(Adapted from AVERT, 2011 and Shisana et al, 2009)

The results of the survey suggest that different provinces have different HIV prevalence rates, which do not necessarily indicate a correlation with the total population rates by province. KwaZulu-Natal, Mpumalanga and Free State have the highest prevalence rates – which are greater than 12 per cent each. The Western Cape, on the other hand, has the lowest prevalence (3,8%). Another insightful prevalence study is the South African Department of Health Study which, being an antenatal survey, facilitates the understanding of HIV prevalence in the country, particularly regarding pregnant women. This survey, whose findings were published in 2011, estimates that 30,2 per cent of pregnant women aged between 15 and 49 were living with HIV in 2010. HIV prevalence is highest among pregnant women aged between 30 to 34 years. The prevalence rate for this age group in 2010 was 42,6 per cent, having increased since 2006, when prevalence was 37,0 per cent.[22] [23]

There has been a slight increase in prevalence from the year 2009 to 2010 among women aged between 15 and 29. Estimates suggest a more significant increase in prevalence among women aged 30 years and older for the same period of time. The Department of Health study's ranking of HIV prevalence by province differs somewhat from the listing of the National HIV Survey. KwaZulu-Natal has the highest HIV prevalence followed by Mpumalanga, Free State and Gauteng respectively, with overall prevalence rates registering at more than 30,0 per cent. Provinces that showed the lowest prevalence were the Northern Cape (18.4%) and Western Cape (18.5%). The rest of the provinces recorded prevalence rates that fell within the range of 20 per cent to 30 per cent.[24]

The severe impact of the AIDS epidemic is manifested through the dramatic change in the country's mortality rates. There has been a sharp increase in annual deaths, as illustrated by the rapid increase from 1997 to 2006. In 1997, the state recorded 316 559 deaths, but by the year 2006, the figure had almost doubled, reaching 607 184. While the increase in mortality rates cannot be attributed solely to HIV/AIDS, the fact that it is the age group most affected by AIDS which contributes significantly to the mortality rate indicates that AIDS most probably plays a major role in the rising number of deaths. According to Statistics South Africa (StatsSA), 41 per cent of deaths in 2006 were those of people aged 25 to 49 years, whereas in 1997 this age group only accounted for 29 per cent of the deaths in that year.[25] The Government of South Africa estimates that half of the country's orphans have lost their parents to the HIV/AIDS epidemic.[26]

Key challenges for South Africa's HIV response

There are a number of key factors that fuel the spread of HIV/AIDS in South Africa, which hinder the 'Getting to Zero' drive. Beyond the health impact, HIV can be seen as a lens that intensifies

the ills of societies and the weakness in our social systems.[27] Factors such as gender roles that influence power dynamics in sexual relations, poverty and unemployment, as well as religious beliefs, play an important role in exacerbating vulnerability towards HIV/AIDS.[28]

- ***Poverty and Unemployment:*** Poverty and HIV/AIDS are closely intertwined in cause and effect. According to StatsSA,[29] poverty coupled with unemployment, hunger and malnutrition, inability to pay for (or lack of access to) health care systems, risks of homelessness and sometimes despair aggravate the impact of HIV/AIDS. The rural scourge of HIV/AIDS underlines the implication that poverty may play a factor in forcing people to participate in risky behavior. People from poorer backgrounds are generally, because of their environment and lack of resources, more vulnerable to the infection. As a result, poorer people may have a weaker state of health, which can lead to a weaker immune system.[30] Moreover, for poorer people economic survival could become a daily challenge,[31] and therefore it is not uncommon for young girls to go to the cities to become sex workers in order to support their families. In many instances, they become infected and, unable to deal with the health consequences, they often return to the rural areas to be cared for.[32]
- ***Cultural practices and HIV/AIDS:*** Cultural practices and values not only increase the spread and transmission of HIV/AIDS, but also affect HIV/AIDS prevention strategies in a negative way. It is reported that risk of infection is higher in women on account of various cultural practices and values.[33] Polygamy, which is still practised in most parts of Africa, is particularly risky if a man is allowed to have many girl friends while seeking further wives, or if wives seek extra-marital relationships. If any partner becomes infected, the others are at high risk of infection if they practice unsafe sex.[34]

  Other common practices in most African cultures are widow inheritance and Female Genital Mutilation (FGM). This practice has the potential of exposing a large number of people to HIV/AIDS infection.[35] In addition, the belief that sleeping with a virgin will act as a cure for an infected man only further exposes young girls to HIV infection.
- ***Gender and HIV/AIDS:*** It is a known fact that the chances of women contracting HIV/AIDS are double those of men.[36] Violence against women exacerbates women's vulnerability to HIV/AIDS, as they are more likely to be forced to engage in unsafe sex that can contribute to HIV transmission. Women who experience violence are often not empowered to ask their partners to use condoms, or to refuse unprotected sex. Furthermore, they are often scared of learning and/or sharing their HIV status and accessing treatment because of stigma, judgment, discrimination and further violence. Gender inequalities further worsen the impact of HIV/AIDS, as many women, especially those living with HIV, lose their homes, inheritance, possessions, livelihoods and even their children when their partners die. This forces many women to adopt survival strategies that ironically increase their chances of contracting and spreading HIV.[37]

Progress made towards achieving MDGs

The MDG number Six focuses on combating HIV/AIDS, malaria and other disease. The two target goals are to halt and begin to reverse the spread of HIV/AIDS and to achieve universal access to treatment for HIV/AIDS for all those who need it. Hence, the new strategy of 'Getting to Zero' in order to meet the MDG by 2015. Much progress has been made towards reaching these targets through various campaigns.

Despite having the highest HIV/AIDS prevalence of any country in the world, South Africa has persistently spearheaded several programmes aimed at combating the HIV epidemic.[38] In order to completely break the country's reputation of HIV denial, the government has recently launched the HIV Counselling and Testing (HCT) Campaign aimed at encouraging citizens to utilise HIV testing and treatment.[39] At the same time it was submitted that in 2010 the South African government undertook major steps in curbing mother-to-child transmission (MTCT) of the deadly virus; the move witnessed the rolling out of treatment to pregnant women whose Cluster of Differentiation 4 (CD4) count dropped below 350 cells/mm. This entailed the distribution of ARV drugs from 14 weeks of pregnancy instead of in the last stages. By the end of 2010 the country registered a 96,5 success rate in curbing MTCT of the virus.[40] Besides the HCT, there are a number of other large-scale communication campaigns aimed at raising awareness of HIV/AIDS, as well as broader health issues.

- ***The 'Khomanani' Awareness Campaign:*** South Africa as a country has initiated several HIV/AIDS awareness campaigns intended

to educate the public about the dangers of the virus. From 2001 the Department of Health introduced Khomanani, a Xitsonga word meaning 'caring together'. It served as the country's principal media strategy for spreading public awareness of the condition.[41] The campaign focused mainly on fighting public ignorance of the virus.[42]

- ***Soul City and Soul Buddyz:*** Yet it should also be noted that the government did not only rely on Khomanani. There are other multi-media campaigns like Soul City and Soul Buddyz, targeted at adults and children. These campaigns have been operating at an annual budget of R100 million to broadcast the message through print and outdoor media in order to promote good sexual health and well-being.[43] The initiative primarily functions as an adult sex education system spreading the message about responsible sexual behavior.[44]
- ***The Love Life campaign:*** The government established the 'Love Life' campaign specifically for the youth. Since its inception in 1999, this campaign has also functioned as South Africa's HIV-combating strategy, targeting the youth as mentioned. This was achieved through drama series such as 'Foxy Chix', which was broadcast in several radio stations around the country.[45] Recently Soul City has also initiated a 'One Love' campaign discouraging the tendency by adults of having multiple sexual partners in this current situation of HIV/AIDS prevalence.[46] Moreover, it also runs youth centres (Y-centres) around the country, which provide sexual-health information and life-skills development.
- ***Male Circumcision Programme:*** The national Department of Health, in conjunction with the President's Emergency Plan for AIDS Relief (Pepfar), has embarked on a massive male circumcision programme, hoping to reduce HIV infection among young men.[47] Scientific research has shown that circumcision could reduce HIV transmission by up to 60 per cent during sexual intercourse.[48] In Orange Farm township in Johannesburg, for example, this drive reduced infections by 76 per cent among young men.[49]

  Nevertheless, it should be noted that circumcision alone cannot beat the rate at which the virus spreads. In view of this the government also publicly encourages safe-sex practice exemplified by condom usage.[50] Since 2008, the percentage of the population using condoms has increased dramatically.[51] Most importantly, the government also spread (via media campaigns) the importance of abstinence among young people; this was further backed by virginity testing in KwaZulu-Natal as another tool encouraging young girls to remain virgins until marriage.[52] However, it should also be noted that this practice puts young girls at a huge risk of being raped by HIV-positive men with a belief that having sex with a virgin cures AIDS.[53]

  Although it is widely acknowledged that abstinence is still the single most important HIV-prevention tool, the South African government has undertaken dramatic measures to broaden treatment to those who have been infected. As of November 2010, about 1,3 million South Africans were placed on ARV treatment at a cost of R5 billion. This all serves as a positive sign of improvement from the previous years of minor action due to denial strategies by the government.[54]
- ***Prevention of mother-to-child transmission (PMTCT) campaign:*** Significant steps have been taken towards achieving the PMTCT millennium goal through implementing Voluntary Counselling Treatment (VCT) to all pregnant women at early stages of pregnancy. The PMTCT programmes include facilities for testing and counselling, as well as access to treatment for pregnant women who are infected. The programme includes the practice of safe delivery in order to reduce the baby's contact with the mother's blood and secretions. The final step of the programme focuses on substitutes for breast-feeding. Research has shown that breast-feeding may be responsible for some infections[55]. The VCT programme provides facilities for free blood testing for HIV/AIDS and counselling. The programme gained momentum when President Jacob Zuma publicly tested for HIV/AIDS and then revealed his status.
- ***ARV roll-out campaign***: By May 2007, a total of 303 788 patients across provinces were put on antiretroviral therapy (ART).[56] However, countries such as South Africa with a high prevalence of HIV/AIDS had ART coverage of less than 40 per cent, with the coverage for children being less than that of adults. In KwaZulu-Natal the introduction of HIV treatment programmes has decreased the rate of HIV/AIDS-related mortality. Research shows that in countries where the adult population has an HIV prevalence rate of more than 10 per cent, reduction in new infections could be achieved by access to treatment in combination with behaviour-change programmes and medical male circumcision programmes.

Conclusion and recommendations

Despite the good news that the HIV/AIDS rate is declining through the efforts of various world AIDS campaigns, South Africa is still at the epicentre of the pandemic. Along with reaching the global commitments to achieve universal access to HIV prevention, treatment, care and support, the country still faces the big challenge of HIV/AIDS-related deaths that result in orphaned children, as well as cultural beliefs that influence certain behaviour in society. Children are being orphaned at increasingly younger ages, prompting the need for the government to provide social aid. According to UNAIDS estimates, 1,8 million people died from AIDS-related causes in 2009 in South Africa alone. It is critical to address prevention in areas that are most affected, and to ensure equitable access to high quality, cost-effective HIV/AIDS-prevention programmes. [57] In this way, the lifespan of people living with HIV can be increased. The following measures are recommended to help curb the spread of HIV/AIDS in the country through the 'Getting to Zero' strategy in order to achieve the MDGs.

- Recognise the crucial role that human resources play in responding to HIV/AIDS issues. Recently, a report indicated that the Treatment Action Campaign (TAC) would close its doors as there was no more funding for its existence. The campaign worked hard to increase access to treatment, care and support services for people living with HIV and ran campaigns that subsequently reduced new HIV infections by taking the government to court. The shortage of health workers also needs to be addressed urgently.
- Larger investments are needed to enable communities in developing countries to have access to effective and affordable medication. These investments could come in the form of public-private partnerships. This could be achieved by promoting political incentives for commitments from both the public and private sectors. This could further assist in easing capacity constraints faced by the state and in making prevention and treatment services more accessible.
- Recent scientific findings show that HIV treatment through ARVs reduces the risk of transmitting the virus to a partner by 96 per cent. Access to ARVs in South Africa, however, remains relatively low in relation to other middle-income countries. There is therefore a serious need for South Africa to scale up its ART expansion programme as well as develop more facilities where treatment can be accessed.
- International solidarity in the HIV/AIDS arena needs to be strengthened so that developing countries, in particular, can speak with one voice and have a coordinated approach. South Africa could benefit greatly from such solidarity; for example by getting donors to live up to their funding pledges. National HIV and health movements could also benefit from working with other civil society organisations that focus on other social development issues. Such partnerships should not be limited to the national level but should seek to transcend borders.
- There is a need to re-examine cultural practices that fuel the spread of HIV/AIDS, and come up with an alternative way of practising them without unreasonably harming the African traditions or increasing the spread of HIV/AIDS. Moreover, societies need to embrace the philosophy of Ubuntu, where 'my brother is still my brother' regardless of HIV status. This would uproot the stigma and discrimination experienced by people living with HIV. In essence, critical strategies should be implemented to address human rights, including the intersections between HIV vulnerability, gender inequality and violence against women and girls.
- Prevention strategies should focus further on young children, particularly those under 15 years old. The previous antenatal HIV surveys show that this age group is indeed sexually active and also has an unsettling prevalence rate. Prevention and treatment strategies also need to increase their focus on married couples, as the 2010 antenatal survey indicates a higher prevalence rate in older age groups. Routine testing as well as educational services should be made available to all. Young people need youth-friendly services that can offer voluntary counselling and testing along with treatment and care for sexually transmitted diseases and HIV infections. The new initiative to introduce testing at schools that is being deliberated on by the Department of Health and Department of Education could also encourage young people to abstain from sexual activities.

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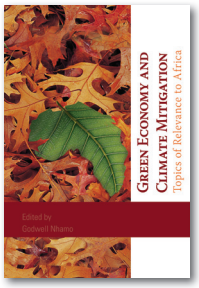

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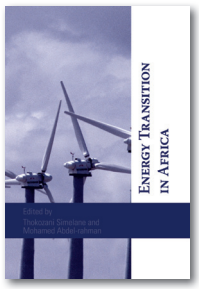

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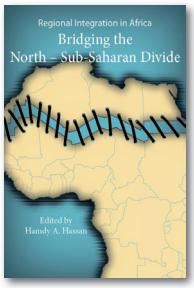

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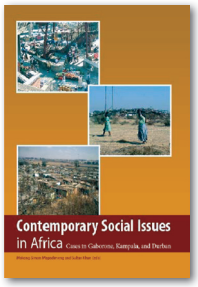

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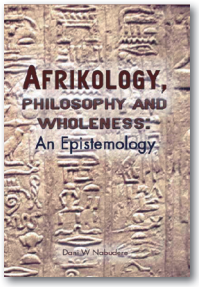

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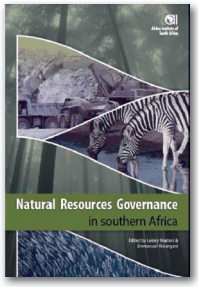

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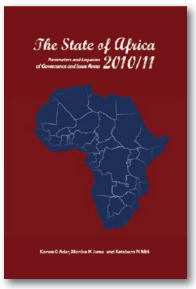

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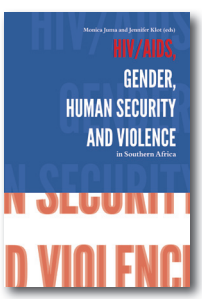

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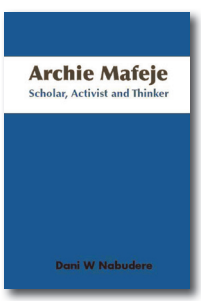

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