

'Getting to zero' is the challenge

Salim and Quarraisha Abdool Karim discuss the prevalence of HIV in young SA women

WITH over 1 000 new HIV infections each day, South Africa ranks number 1 in the world – a dubious distinction we wish we did not have. But it is a stark reminder of the magnitude of the challenge our country faces as we commemorate World Aids day and rededicate ourselves to this year's theme: "getting to zero" on December 1.

Charlie Sheen's recent announcement that he is HIV positive is a timely reminder that he is but one of 37 million people living with HIV. Despite the enormous scale of this epidemic, each and every one of these millions has to overcome the medical and social afflictions that are transmitted with this virus.

There are approximately 6.3 million people living with HIV in South Africa; accounting for 17 percent of all those living with HIV infection globally. Almost one out of every five people with HIV infection lives in South Africa and HIV/Aids is the number 1 cause of death in this country.

Although local and global HIV trends have demonstrated a decline in the number of new cases of HIV infection over the past decade, HIV continues unabated in certain groups. In South Africa, adolescent girls and young women bear a disproportionate burden of the HIV epidemic. Within Africa, young women aged 15 to 24 years can have HIV rates up to 8-fold higher and acquire HIV infection about five to 10 years earlier than their male peers.

UNAids (Joint UN Programme on HIV/Aids) estimates about 380 000 new HIV infections occur worldwide in



Left: Internationally respected HIV/Aids researchers Salim, top, and Quarraisha Abdool Karim of UKZN. Main Picture: Britain's Prince Harry chats with Prince Seeiso of Lesotho during a visit to the Mamohato children's centre in Maseru on Thursday. Prince Harry is the patron of the centre and has been travelling to the mountain kingdom since 2004, working with children with HIV/Aids. Picture: EPA

adolescent girls and young women aged 10 to 24 years. To put this in context, these rates are higher than in other populations that are usually regarded as high risk. For example, the estimated number of new HIV infections globally among men who have sex with men was 330 000, among people who inject drugs was 110 000 and among sex workers was 70 000.

A complex interplay of biology, gender-power disparities, social, political and economic factors contribute to the excess vulnerability of young women to HIV infection compared to

men. At the centre of these high rates of HIV infection is the age-difference between the men and women. Young women under 25 in sub-Saharan Africa often acquire HIV infection from men who are on average 5 to 10 years older. Young women are also often unable to successfully negotiate safe sex practices such as mutual monogamy and condom use with their male partners. As a consequence, they have few HIV prevention options available to them.

Given the scale of the epidemic in young women, reduc-

ing HIV infections among this vulnerable group is regarded as one of the country's highest priorities by the SA National Aids Council. Initiatives like the US President's Emergency Plan For Aids Relief (Pepfar), which aims to reduce HIV infections in 10 sub-Saharan African countries by 40 percent by the end of 2017, is demonstrating the importance of leadership in tackling this challenge. Pepfar is providing critically needed resources that will enable several African countries, including South Africa, to intensify HIV prevention for adolescent girls and young women

and address their health needs.

To achieve these targets, a combination of several different HIV prevention options are needed. In addition to safe sex education, condom promotion, HIV counselling and testing, voluntary medical male circumcision, and gender-based violence reduction, the use of antiretroviral drugs for treatment and prevention have the potential to significantly alter the course of the epidemic in young women in sub-Saharan Africa if implemented effectively.

Reducing stigma, ensuring all people know their status is a

In 2014, worldwide there were:

- 37 million living with HIV
- 2 million new infections
- 1.2 million HIV deaths

Each day the number of new HIV infections occurring:

- **Worldwide:** 5 600
- **Africa:** 3 700
- **South Africa:** 1 000

Source: UNAids Global Report 2014

vital component of any prevention effort. Universal access to antiretroviral therapy (ART) has significant treatment benefits for the HIV positive patient and has the added benefit of pre-

venting the spread of the virus. In discordant couples, the treatment of the HIV positive partner has been shown to reduce HIV transmission to HIV negative partners by 96 percent.

When large numbers of HIV positive people in a community go onto ART, there is evidence that there is a population level impact on reducing the spread of HIV. For example, the scale up of ART in one rural community in KwaZulu-Natal between 2004 and 2011 has resulted in a 38 percent reduction in HIV incidence. This effect has not yet had a substantial impact on HIV risk in young women as their male partners are not on ART.

There is compelling evidence that the use of antiretroviral drugs, like Tenofovir, as pre-exposure prophylaxis (PrEP) by HIV negative people can significantly slow the spread. If used correctly and consistently, PrEP could enable women to control their own risk of acquiring HIV. The World Health Organisation recently released guidelines recommending PrEP for HIV negative people at substantial risk of HIV and many countries (including South Africa) are working on how to implement this as part of a comprehensive prevention package. One of the greatest challenges with the use of PrEP for HIV prevention is that some individuals do not take their tablets everyday as prescribed. In South Africa's plans for PrEP, effort will be needed to figure out how best to provide PrEP with high adherence in those people who would benefit most.

On the horizon as options for women are a number of long-acting antiretroviral-based HIV prevention options. The most noteworthy candidates are long-acting antiretroviral drugs. If shown to be effective, these may potentially improve adherence as they are less dependent on user compliance.

HIV prevention for adolescent girls and young women is urgent in South Africa. The challenge is to mobilise the health care capacity and resources to translate these biomedical HIV prevention technologies into public health impact to put us on track for "getting to zero".

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