

Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector Highlights from Eastern and Southern Africa

A new report released by UNAIDS, WHO and UNICEF finds a 36% increase over the last year in the number of people receiving antiretroviral people in low – and middle-income countries. This brings the number of people receiving life-saving HIV treatment in these countries up to 4 million.

“This is a big jump in the number of people who are accessing antiretroviral treatment” said Dr. Stella Anyangwe, WHO Country Representative for South Africa. She however warned that this represents a coverage of only 42%: “Despite these gains, 9 million people in need of antiretroviral therapy are still unable to access it”.

Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector is the third of a series of reports providing a global update on progress in the health sector response to HIV. The report highlights gains in expanding HIV testing and counseling and improving access to services to prevent mother-to-child transmission of HIV. However, it also demonstrates that many low- and middle-income countries are still far from achieving universal access goals.

“The number of new infections in the region is outpacing the number of people getting treatment by a ratio of two to one,” said Mark Stirling, UNAIDS Director for Eastern and Southern Africa. “The priority now must be that of turning off the tap of new infections”.

Sub-Saharan Africa remains the epicenter of the global AIDS epidemic being home to two thirds of all people living with HIV. The bulk of the epidemic’s burden is borne by Southern Africa where one third of all HIV positive people live.

Stirling commended the gains made by countries in the Eastern and Southern Africa toward redefining their HIV prevention priorities and implementing them through strategies. However, he emphasized that it is time now to “move beyond the rhetoric of what needs to get done and translate it into effective action” and for political leadership to “to get prevention strategies in place”.

Treatment and Care

In Eastern and Southern Africa, the rate of antiretroviral therapy coverage increased from 36% to 48% over the last year. However, 5 million people living with HIV still do not have access to antiretroviral treatment.

“We do not know now whether we will ever be able to close this gap” said Dr. Anyangwe. “If HIV infections continue to grow at the current rate, it will be impossible for countries to provide free antiretroviral treatment to every person who needs it”.

As antiretroviral therapy coverage rates increase, so does the complexity of treatment as people have to move from first line to second line treatment regimens. “There is a real need for countries to put in place a financing strategy based on the appreciation of the cost of scaling up treatment”, said Stirling.

Stirling also warned that countries that rely extensively on external donor AIDS financing should look at alternative ways to fund their national AIDS responses to avoid disruptions in the provision of HIV services and especially antiretroviral treatment. “Most countries in Africa do not have medium-term AIDS financing strategies. Many focus on developing donor proposals for funding from the

international community and only a few have looked at alternative means of financing the AIDS response such as public expenditure reform and engagement with the private sector”, he said.

Challenges remain with regards to weak supply management systems, insufficient human resources and deficient infrastructures. Despite expanded access to treatment, many patients access antiretroviral therapy when HIV is at a severe disease stage, mostly due to late access to HIV diagnosis and screening for antiretroviral therapy.

More needs to be done to address HIV and tuberculosis (TB) co-infection. From the report it emerged that more people living with HIV have TB than previously estimated and that TB remains a leading cause of death among HIV positive people. In Sub-Saharan Africa, 80% of people with TB are also living with HIV. Dr. Anyangwe drew attention to the need to strengthen collaborative activities between national TB and HIV programmes and to increase access to testing and counseling for people with TB.

Women and Children

In 2008, access to HIV services for women and children improved in Eastern and Southern Africa. Approximately 58% of HIV-positive pregnant women received antiretroviral drugs to prevent HIV transmission to their children, compared to 46% in 2007.

The percentage of children receiving pediatric antiretroviral therapy in the region also increased from 30% in 2007 to 44% in 2008.

The percentage of pregnant women who received and HIV test in Eastern and Southern Africa was 43%, up from 29% in 2007.

Six out of the 10 countries estimated to have the largest number of pregnant women living with HIV – Kenya, Malawi, Mozambique, South Africa, Tanzania and Zambia – reached testing coverage of around 60-80% among pregnant women in 2008. The coverage rate in Botswana and Namibia exceeded 80%.

Strong political will and innovative approaches to services delivery have been instrumental in accelerating scale up of services to prevent mother-to-child transmission of HIV in the region. Malawi is a remarkable example of this progress: the coverage of HIV testing among pregnant women in the country jumped to 68% in 2008 from only 8% in 2004.

“There has been very good progress in the scale up of service to prevent mother-to-child transmission of HIV in the region” said David Alnwick, UNICEF Senior HIV Advisor. “With a little bit of extra push by governments and leaders and with improved monitoring and evaluation it will be possible to reach the goal of 80% access to HIV services by people living with HIV by the end of 2010”, he added.

Successes in the region can also be found with regards to early testing of HIV-exposed infants. In Zambia and Swaziland, the rate of infants born to mothers living with HIV who were tested within two months of birth was 27% and 30% respectively compared to the global average of 15%.

Testing and Counselling

The report shows considerable expansion of HIV testing and counseling and innovative ways to encourage its use.

Provider-initiated testing initiatives and outreach programmes have been put in place in tertiary hospitals in Kenya, Malawi and Uganda.

Testing in the course of prenatal care has continued to expand in several countries in Eastern and Southern Africa.

National testing and counseling campaigns have been planned and implemented in Kenya, Lesotho, Malawi, Namibia, Rwanda, South Africa, Swaziland, Uganda and Tanzania.

In Rwanda and Zimbabwe, innovative approaches have included offering tests at workplaces through mobile units or at people's homes.

In Sub-Saharan Africa, the total number of health facilities providing HIV testing and counseling services increased by 50% in the last year.

The number of people over 15 years old who received HIV testing and counselling over the last year increased between 8% and 45% in most Eastern and Southern African countries with the only exception of Botswana it where decreased by around 20%.

Most at risk populations

The report highlights some of the particular needs of groups that have been marginalized in national AIDS responses such men who have sex with men, sex workers, injecting drug users and prisoners.

In the last year there has been increased focus on the HIV epidemic among men who have sex with men with the publication of new data, scientific consultations and community mobilisation. This is particularly true in Sub-Saharan Africa where homophobia and criminalization of same-sex relations have often hampered an effective response.

General population surveys in a number of Sub-Saharan countries revealed that HIV prevalence among men who have sex with men was higher than that among the adult male population. In South Africa, reported HIV prevalence among men who have sex with men was close to 50% in Johannesburg and 14% in the Kwazulu-Natal region.

HIV prevalence among sex workers in Sub-Saharan Africa remains high (around 20%) despite high rates of condom use and coverage by prevention programmes (76% and 86% respectively).

"There is a need to translate evidence around most at risk populations into national strategies and budgets and contrast a tendency in some countries to criminalize certain practices and behaviours that drive the success of these interventions underground", said Stirling.

Male Circumcision

The report also makes reference to countries making headway toward expanding male circumcision services, which is now recognized as an additional health sector intervention to reduce the risk of HIV acquisition among men.

Stirling emphasized the need for a "continued push" on male circumcision and praised the remarkable progress made in Eastern and Southern Africa. Thirteen countries with high rates of heterosexual HIV transmission and low rates of male circumcision have adopted and implemented policies and programmes to scale up male circumcision to reduce the risk of acquisition of HIV among men.

Political commitment and partnerships involving national and local governments, donors and technical support agencies have been instrumental in scaling up male circumcision programmes in the region. Kenya has adopted national guidance on male circumcision, while Lesotho, Namibia, South Africa, Swaziland and Zimbabwe all have draft policies. Botswana and Kenya have launched national strategies, while Swaziland, Zambia and Zimbabwe have developed draft implementation plans.

Stirling concluded by saying that the “push on male circumcision” will require “more work toward increasing political support, human resources and systems’ capacity, and strengthening traditional and cultural leadership engagement”.

Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector can be downloaded from www.unaidsrstesa.org.

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