SOUTH AFRICA AND HIV/AIDS

Key Talking Points

South Africa has one of the most severe HIV/AIDS epidemics in the world, with a rapidly spreading virus and a large population at risk:

- About 3.6 million people—8 percent of the entire population—are infected with HIV.
- More than half the HIV-positive people from the nine African countries hardest hit by the epidemic live in South Africa.
- Every day an estimated 1,500 South Africans become infected with HIV. By 2010, 25 percent of all adults are expected to be HIV-positive.

AIDS Deaths From 1995 to 2015, more people will die of AIDS-related illnesses in South Africa than in any other African country. AIDS has already killed more than 360,000 South Africans and reduced life expectancy from 62 to 56 years.

HIV in Women In 1998, 23 percent of pregnant women in antenatal clinics tested positive for HIV. In the most affected province, KwaZulu/Natal, HIV prevalence was 33 percent among pregnant women and 61 percent among female sex workers at truck stops.

HIV in Youth Two-thirds of new infections occur among 15- to 20-year-olds. Sexually active young women are at highest risk, with antenatal clinics reporting that HIV prevalence among teenage girls increased from 12.7 percent in 1997 to 21 percent in 1998.

Health Care Costs The cost of treating one AIDS case already exceeds the GNP per capita by more than $1,000. In KwaZulu/Natal, the entire provincial health budget is spent on AIDS-related illnesses.

Development Impact Because it affects people during their most productive years, HIV/AIDS threatens South Africa's reconstruction. The mining industry is particularly vulnerable to AIDS-related losses because of its reliance on migrant workers who live away from their families most of the year and often have many sex partners. The South African power company estimates that its AIDS costs will reach $773 million by 2012.

USAID funding for HIV/AIDS programs in FY 1998 was $2 million. The mission has requested $3.3 million for FY 1999 to strengthen integrated primary health care services, including building the system's capacity to deliver HIV/AIDS, STI, and TB services.

National Response After a late start, South Africa's leadership has renewed its commitment to slowing the spread of HIV. The country needs to move quickly to mobilize public and private sector resources to carry out a new multisectoral national plan for HIV/AIDS prevention, care, and support. Special efforts are needed to empower women and provide effective HIV prevention services for youth.

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Country Profile

South Africa is the fourth most populous nation and has the largest and most developed economy in sub-Saharan Africa. It plays a key role in the region's political stability and generates 45 percent of sub-Saharan Africa's gross domestic product (GDP).

The country is struggling to overcome the vestiges of apartheid, including its legacy of racial disparities in education, housing, employment, and healthcare. The Reconstruction and Development Program sets specific targets for service provision.

> *"AIDS is eroding the fabric of our society and jeopardizing the reconstruction and development of our country."*
>
> President Nelson Mandela

Water, electricity, and health care access are improving, but progress has not yet matched earlier hopes.

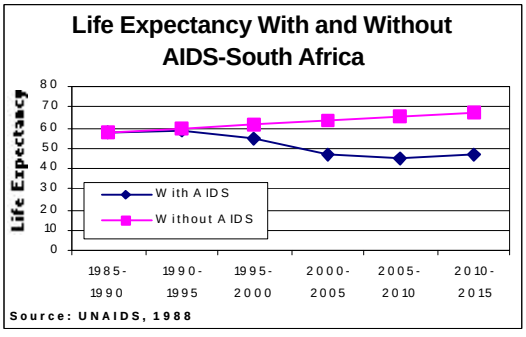
Gender equality is a constitutional right, but in practice many women do not possess equal rights in community decision making, land allocation, access to finance, inheritance, marriage and divorce, and they are often subject to high levels of violence.

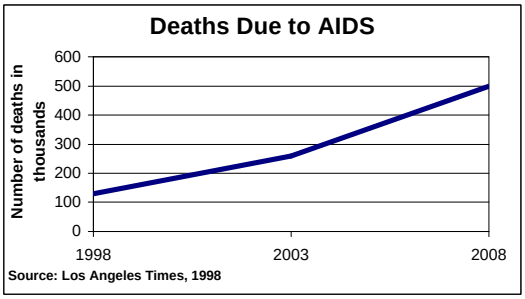
South Africa has an established trend of rural migration to urban settlements with inadequate infrastructure. Social problems, such as poor housing, street children, youth unemployment, drugs, child abuse, violence against women, and commercial sex, appear to be on the increase. Unemployment is estimated at 23 percent and rising.

HIV/AIDS in South Africa

The Joint United Nations Programme on AIDS (UNAIDS) reports that half of all HIV-positive people in the nine southern African countries hardest hit by the pandemic live in South Africa.

- The government estimates that 3.6 million people—8 percent of the population—are infected with HIV.
- The number of reported AIDS cases has risen 33 percent since the end of 1997.
- Every day an estimated 1,500 people acquire new HIV infections. Two-thirds of them are 15 to 20 years old.





- By 2010 adult HIV prevalence is projected to reach 25 percent, on par with that of neighboring Zimbabwe and Botswana.

More than 360,000 people have already died of AIDS-related illnesses. Of all African countries, South Africa is projected to have the highest number of AIDS deaths from 1995 to 2015.

- About 130,000 people died of AIDS in 1998.
- In 2005 the population is expected to be 16 percent lower than it would have been in the absence of AIDS. By 2015 population loss to AIDS-related deaths will be 4.4 million.

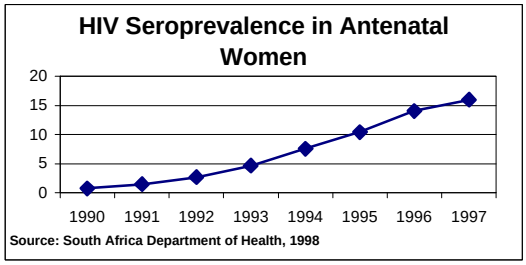
In October 1998 a $12-million awareness campaign was launched by Deputy President Thabo Mbeki. But until then, few HIV/AIDS prevention measures had been undertaken in South Africa and the resulting information gap was filled with myth and stigma. Many South Africans, for example, believe that bewitchings are the cause of AIDS or that tribal ancestors are displeased and are wreaking havoc on the living. Vengeful coworkers and jealous lovers are often blamed.

Personal denial of HIV risk is widespread. In a 1998 survey of 1,000 people in the township of Soweto, 90 percent of respondents identified AIDS as deadly, but 70 percent believed they were at little or no risk of becoming infected with HIV. Nearly two-thirds said they had never used a condom, and half did not even know where to get one. "It's this ignorance that's so difficult to break through," said Dr. Nono Simelela, national director of the government's HIV/AIDS and sexually transmitted infection (STI) program.

HIV/AIDS and Women

Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at high risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, exacerbate this vulnerability. Spousal separation due to male labor migration encourages high-risk sexual behavior among men and women.

UNAIDS reports that during the last eight years, the prevalence of HIV infection at prenatal clinics has increased more than 21-fold. The 1997 Eighth National HIV/AIDS Surveillance Survey found an HIV prevalence rate of 27 percent among pregnant women tested at clinics in the province of KwaZulu/Natal, and a national average of 16 percent. In 1998 this number rose to 33 percent in KwaZulu and national average of 23 percent.



"We have to recognize that the imbalances in basic human relations, prejudices and taboos, lack of equal opportunities and socio-economic conditions have left women less protected against the disease."

Geraldine Fraser-Moleketi,
Minster of Welfare and Population Development

Women bear the brunt of the deep stigma that has grown up around HIV/AIDS. They fear that their men will leave them, their families will shun them, and their neighbors will ostracize them and call them prostitutes. A KwaZulu/Natal woman, Gugu Dlamini, publicly acknowledged her HIV-positive status on World AIDS Day in 1998, only to be beaten to death for revealing something that her community felt brought it into disrepute.

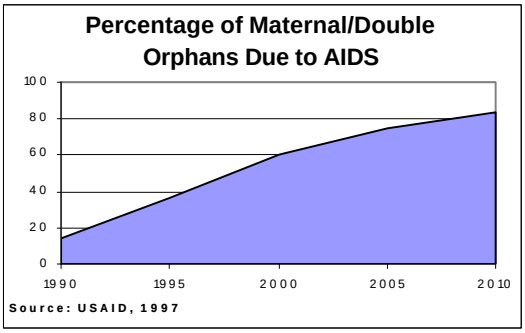
According to the DFID, South Africa has the highest level of reported rape in the world. Roving gangs of young men—many infected with HIV—are engaging in what is known as "catch and rape."

Children and HIV/AIDS

Thirty-five percent of South Africa's population is under age 15. The HIV pandemic has a disproportionate impact on children, causing high morbidity and mortality among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV, and most of them will develop AIDS and die within two years.

- AIDS will increase the infant mortality rate in the next five years by 26 percent. By 2010 it will have increased by 40 percent.

- In 1998 South Africa had approximately 100,000 AIDS orphans.
- By 2008, 1.6 million children will have been orphaned by AIDS.
- In the year 2000, 61 percent of all orphans will have lost parents to AIDS. By 2010 that proportion will rise to 83 percent.



Youth and HIV/AIDS

The age group once thought to be most receptive to HIV/AIDS prevention messages—15- to 20-year-olds—is already heavily infected. Young women are at particularly high risk of HIV infection.

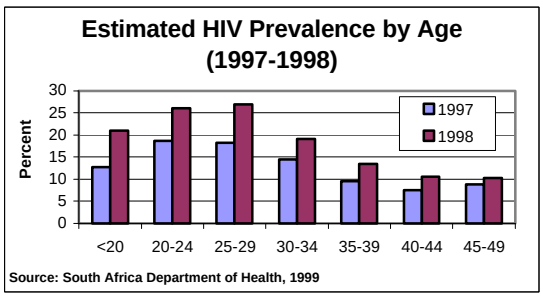
> *"The time has come to teach our children to have safe sex, to have one partner and use a condom."*
>
> President Nelson Mandela

- Two-thirds of new infections are in 15- to 20-year-olds.
- Data from antenatal clinics show that from 1997 to 1998, HIV prevalence rose from 12.7 percent to 21 percent among teenage girls.
- More than half the reported AIDS cases in women through 1996 were in the 15- to 29-year-old age group.
- New awareness campaigns are targeting youth ages 12 to 30.

Socioeconomic Effects Of HIV/AIDS

The HIV/AIDS pandemic threatens South Africa's reconstruction and development, as well as the health and well-being of its people. The death and illness it causes among people in their most productive years affects economic prosperity, foreign investment, and sustainable development.

The direct costs alone of caring for millions of people living with HIV/AIDS (PLWHA) are overburdening an inadequate health care system. The cost of AIDS care to South Africa in 1996 was $12.6 million. In a country with a GNP per capita of $3,040, the cost per AIDS case was $4,560.



A tuberculosis (TB) epidemic fueled by HIV/AIDS will further strain health care resources.

- South Africa has one of the highest incidences of TB in the world. There are 243 new cases for every 100,000 South Africans.
- In 1996 HIV was responsible for a 27 percent increase in the TB caseload, or 42,000 additional TB cases.

The migrant labor system in the trucking and mining sectors fuels the HIV/AIDS pandemic; HIV/AIDS, in turn, is a key factor in their loss of labor and profits. Since wages are much higher in South Africa than in the surrounding region, men from neighboring countries flock there to find work. Migrant miners (including South Africans forced to live far from their homes) spend most of the year in single-sex dormitories where having multiple sex partners is part of the lifestyle. When they go home, they often take HIV with them.

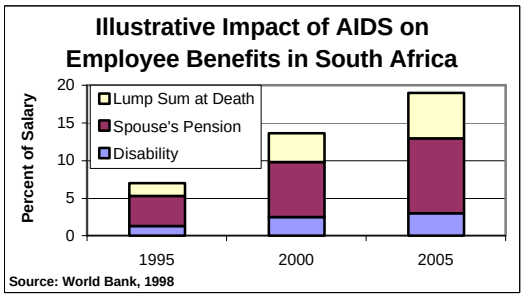
> *"Most vulnerable will be the health and education sectors, along with industries dependent on manual or unskilled labor. Mostly they have the least access to medical care, a poor financial infrastructure to fight the disease, and poor employment packages."*
>
> Bruce Hodkinson, medical adviser to insurer Sanlam

A survey in Carltonville, a gold mining area near Johannesburg, revealed that:

- Sixty percent of the 88,000 miners were migrants from other parts of South Africa or from the nearby countries of Lesotho, Malawi, and Mozambique.
- One-fifth of mineworkers were HIV-positive.
- Three-quarters of the 400 to 500 sex workers who service the miners were HIV-positive.

KwaZulu/Natal, the province that serves as the source for many of South Africa's migrant workers, has the highest HIV prevalence rate (as measured by testing of women at antenatal clinics). Surveillance data from 1997 to 1998 show that 61 percent of female sex workers at truck stops in this province were HIV-positive. Virtually the entire provincial health budget is being used to treat AIDS-related diseases, particularly opportunistic infections such as pneumonia and TB.

Other businesses are beginning to feel the effects of HIV. Eskom, the South African power company, estimates that if HIV continues to spread at the current rate, sickness and absenteeism will cost the company $773 million by 2012.



Interventions

The National Response

The African National Congress organized the National AIDS Convention of South Africa (NACOSA) in 1992, ten years after the first AIDS case was reported. In 1994 South Africa became the first sub-Saharan country to develop and gain Cabinet approval for a comprehensive HIV/AIDS policy.

Components of the national plan include education and prevention, counseling, care, welfare, human rights, and research. Those identified to engage in partnership in the national campaign were the media, labor and industry representatives, religious leaders, women, youth, and sports and entertainment figures.

> *There is no longer any time on our side to continue the luxury of both denial and of stigmatization of this pandemic.*
>
> Geraldine Fraser-Moleketi, Minister of Welfare and Population Development.

The leadership silence has been broken, with Nelson Mandela speaking out publicly on HIV/AIDS and Archbishop Desmond Tutu appearing on national television promoting condom use and safe sex.

The government has recently reinvigorated the national strategy with its "Partnership Against AIDS" campaign. The Interministerial Committee on AIDS was formed in 1997, chaired by Deputy President Mbeki, to provide senior leadership and build partnerships with all sectors of society.

In February 1998 the Cabinet adopted the Government AIDS Action Plan. Under this plan, the National AIDS Directorate designs HIV/AIDS and STI projects and programs for implementation at the provincial level, with a proposed 1999-2000 budget of about $8.9 million. With intersectoral structures now in place, all ministries are either

developing or implementing policies and programs. The Department of Health recently renewed its "Beyond Awareness Campaign" to encourage behavior change among the general population.

The number of condoms distributed by the government increased from 90 million in 1996 to 150 million in 1998. In many clinics, however, condoms are only accessible through consultation. The government's Health Portfolio Committee is considering whether the female condom should be provided to the public free of charge.

Nine provincial AIDS Training, Information, and Counseling Centers (ATICC), funded by the Department of Health and the provinces, provide information, voluntary HIV counseling and testing (VCT) services, and training workshops.

Businesses are beginning to become more involved in the national response to HIV/AIDS. Some mines, factories, and farms provide STI services at their employee clinics. Since 1993, the South African power company Eskom has guaranteed full ill-health and pension benefits to employees with AIDS and their families. It also provides HIV/AIDS and STI clinical services, including counseling and therapy, and supports a peer education program and educational radio broadcasts. The company is also funding a vaccine feasibility study predicted to cost $25 million over the next five years.

Greater private sector involvement in HIV/AIDS programs is now being mobilized through the South African Business Council on AIDS, the Council of South African Trade Unions, and the American Center for International Labor Solidarity.

A group of leading South African scientists are putting together a five-year, $8-million project to develop a vaccine to counteract subtype C, the form of the HIV virus dominant in Southern Africa and Asia. The Department of Health has set up a task group to evaluate the initiative.

Donors

USAID's HIV/AIDS funding for FY 1998 was $2 million, and $3.3 million was requested for integrated primary health care (PHC) services in FY1999.

USAID forms part of the health working group of the Gore-Mbeki Binational Commission. The mission's strategic objective in health supports the increased use of essential Primary Health Care and HIV/AIDS services and practices. Responding to the HIV/AIDS epidemic includes:

- Increasing access to prevention services.
- Increasing demand for prevention and mitigation services and practices.
- Improving the quality of services and mitigation strategies.
- Improving the enabling environment for programs and services.

With USAID funding, the Center for Disease Control (CDC) has, since 1992, provided technical assistance in epidemiology and surveillance; institutional and capacity building; STI prevention and control; HIV/AIDS counseling and testing; partner notification and referral; and policy development. Other cooperating agencies that have helped implement USAID's HIV/AIDS programs include Family Health International, Population Services International, and The Futures Group.

Mission initiatives in HIV/AIDS have focused on training, advocacy, community outreach, and institutional capacity building, with the following results:

- NGOs have made a substantial contribution to community outreach and HIV/AIDS awareness activities in rural and informal settlement areas.
- A nationwide demographic and health survey was conducted in 1998.
- An improved referral system reduced hospitals' outpatient loads.

An innovative approach to HIV prevention treated sex partners of miners (Harmony Mine) based on risk. STI prevalence among the women declined dramatically, by 70 to 85 percent. The miners (for whom services were not changed) showed a 33 percent reduction in gonococcal and chlamydial infections and a 75 percent reduction in genital ulcers.

- A National AIDS Strategy was developed at a USAID-supported national AIDS convention.
- The Department of Health, in collaboration with The Futures Group, held training workshops to build skills in advocating for leadership support for strong multisectoral HIV/AIDS programs at both national and provincial levels.
- An in-service management training program was developed for health managers at the provincial level and below.
- A legal charter to prevent discrimination against PLWHA was developed.
- The major labor unions drafted a consensus position document on workplace policies and guidelines on HIV/AIDS.
- The American Center for International Labor Solidarity will be implementing more HIV prevention and care activities in the workplace.

The Department For International Development (DFID) supported the National AIDS Control Project; prevention and care of HIV/AIDS and STIs; development and implementation of a national AIDS strategy; and increasing the availability of condoms outside health services via social marketing (1995-1998, about $10.5 million).

DFID supports South Africa in its lead responsibility for health within the Southern African Development Community (SADC) to promote effective regional action in fighting HIV/AIDS.

The European Union supports the implementation of the SADC Plan of Action for HIV/AIDS to minimize the spread of HIV and mitigate its impact (1999-2002, about $3.2 million).

UNAIDS has a coordinating theme group based in South Africa. The group, chaired by WHO, includes representatives from UNDP, WHO, UNFPA, UNICEF, UNESCO, and the World Bank. Support from the UN includes:

Organization	US$ Amount 1996-97	US$ Amount 1998-99
WHO	10,000	80,000
UNDP	17,000	200,000
UNFPA	15,000	10,000
ILO	5,000	
UNESCO	5,000	5,000
UNAIDS	1,058,306	683,450
Total	1,110,306	978,450

UNAIDS cosponsor support 1996-1999

UNAIDS-supported activities include:

- Research on the female condom.
- Research on the role of traditional healers in HIV/AIDS prevention and treatment.
- A multimedia campaign promoting condoms and safer sex in the southern Africa region.
- Inclusion of gender and HIV/AIDS in the new constitution.

- HIV vaccine development, including preparing a national AIDS vaccine strategy, organizing national workshop on vaccines, and providing seed money for an AIDS vaccine office.

Private Voluntary Organizations (PVOs,) Nongovernmental Organizations (NGOs) and Research Institutions

A number of PVOs implement activities in South Africa, funded by multilateral and bilateral donors. *See attached preliminary chart for PVO, USAID cooperating agencies, and NGO target areas of activities in HIV/AIDS. This list is evolving and changes periodically.*

There are also a large number of organizations working in all aspects of HIV/AIDS. The South Africa AIDS Network has published a directory of the National AIDS Database that contains over 600 entries.

Two South African institutions, the Center for Epidemiological Research in South Africa (CERSA/MRC) in Durban and the Chris Hani Baragwanath Hospital in Soweto, serve as research sites for the HIV Network for Prevention Trials (HIVNET). HIVNET was established in 1993 by the U.S. National Institute of Allergies and Infectious Disease (NIAID) to conduct trials of promising HIV prevention strategies in the United States and abroad. The two HIVNET sites in South Africa are part of a Southern African group of countries that will be studying the virology and immunology of newly infected individuals to evaluate immune responses to clade C HIV-1 infection in order to facilitate the design of a relevant vaccine candidate. Other HIVNET research includes a trial to evaluate the safety and efficacy of a microbicide, and an intervention to prevent perinatal transmission of HIV.

Challenges

Major constraints to HIV/AIDS control in South Africa include:

- Overcoming the historical inequity in distribution of education and basic health care.
- A late start in responding to the epidemic, with public awareness campaigns beginning after many people—particularly adolescents—have already been infected.
- Migrant labor patterns both inside South Africa and across borders with neighboring countries.
- Denial: fear of retaliation due to the stigma associated with HIV/AIDS prevents people from revealing their status—even to their sexual partners.
- The subservient role of women in South African society.

The following gaps in programming must be filled in order to mount an effective response to HIV/AIDS in South Africa.

- HIV/AIDS and STI information and counseling need to be integrated into basic community-level health services.
- Collaboration between health and other sectors remains weak at both central and provincial levels.
- Decentralization of program planning and management still requires considerable capacity building at provincial levels.
- Sufficient resources need to be allocated for planned activities in non-health sectors.
- Industry and labor need to play a more active role.

The Future

After a very slow start, South Africa has an opportunity for a new beginning in its response to HIV/AIDS. The now-visible threat of the impact of HIV/AIDS on the country's development has stirred leadership attention and support for more aggressive action. A national plan is in place, outlining a multisectoral approach with the involvement of key government ministries. Now

the country needs to mobilize public and private sector resources to implement the plan, and move quickly to overcome the pervasive denial of HIV risk among South Africans. Special attention must be paid to empowering women and providing effective HIV prevention services for youth. Labor and industry must become key players for prevention and care in the workplace.

Provision of effective STI prevention and treatment services for women at high risk of infection may be an effective interim strategy for reducing community STI prevalence and, in so doing, reducing the efficiency of HIV transmission.

South Africa is unique in its capacity to research and develop AIDS vaccines. With public and private sector support, the country could make a significant contribution to the search for a vaccine appropriate for the virus strain prevalent in sub-Saharan Africa. The development of national AIDS vaccine strategy is a first step in this direction.

Important Links and Contacts

1. UNAIDS Team Leader, Elhadj Sy, Metropark Building, 351 Schoeman Street, Pretoria
2. National AIDS Directorate, Dr. Nothemba Simalela
3. National AIDS Convention of South Africa (NACOSA), Director Pooven Moodley, Tel: 27-21-233277; email nataidc@iafrica.com
4. National Association of People Living with AIDS (NAPWA), Peter Busse, Tel: 11-403-8113; e-mail: napnet@sn.apc.org
5. Council of South Africa Trade Unions (COSATU)
6. The AIDS Legal Network, Ms. Mary Ceasar, Tel: 021-448-3812
7. Centre for Applied Legal Studies/AIDS Law Project, Mr. Mark Heywood, Tel: 011-403-6918; e-mail: 125ma3he@solon.law.wits.ac.za
8. The AIDS Consortium, Gauteng
9. South Africa Business Council on HIV/AIDS
10. American Center for International Labor Solidarity (ACILS), Fisseha Tekie, Tel: 11-403-3246
11. The Medical Research Council, P.O. Box 17120, Congella, Durban 4013, Tel: 27-31-251481
12. HIVNET: Center for Epidemiological Research in South Africa: Principal Investigator, Salim S. Karim, MD
    Chris Hani Baragwanath Hospital, Principal Investigator, James McIntyre, MD

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April 1999

U.S. Based
Institutional Interventions

South Africa

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
Cooperating Agencies																	
FHI/IMPACT									X								
Project/RTI	X										X	X				X	
Pop. Council/Horizons		X					X				X		X				School-based interventions
PSI					X	X											Youth
Salvation Army		X	X	X	X				X				X	X	X	X	
PVOs/NGOs																	
Civil/Military Alliance to Combat HIV/AIDS	X								X								
Media for Development International									X								
Visions in Action	X	X		X	X	X		X	X	X	X	X	X	X	X		
MAP International			X	X													
International AIDS Vaccine Initiative	X																
World Relief									X								Vaccine dev.

KEY:

Advoc.	Advocacy	**MTCT**	Mother to Child Transmission activities
BCI	Behavior Change Intervention	**Research**	HIV/AIDS research activities
Care/S	Care & Support Activities	**Policy**	Policy monitoring or development
Training	HIV/AIDS training programs	**STD**	STD services or drug distribution
Cond.	Condom Distribution	**VCT**	Voluntary counseling and testing
SM	Social Marketing	**Orphan**	AIDS orphan activities
Eval.	Evaluation of several projects	**TB**	TB control
HR	Human Rights activities	**Other**	(I.e. blood supply, etc.).
IEC	Information, education, communication activities		