

Important facts about HIV and AIDS

HIV and AIDS is one of the biggest challenges we face as a country. The incidence of HIV is rising rapidly and over 5.575 million people are already HIV-positive. Thousands of people are becoming ill and dying every week and more and more children are being orphaned. As more people have become ill, the impact of AIDS has been felt in virtually every community.

The research to measure how common HIV infection is in South Africa is done among pregnant women who visit state health clinics. The infection rates quoted below for each province are for those women. The national HIV infection rate among pregnant women attending antenatal services in 2010 was 30.2%. These statistics apply mostly to young women who are sexually active. Many of the men who are partners to these women will also be HIV positive. Estimates are that these figures mean that about 20% of all South African adults are infected.

The report showed that HIV prevalence among antenatal women was 30.2% in 2010, compared with 29.4% in 2009. The study was conducted among a sample of 32 225 first time antenatal care attendees last year, with 32 861 having participated in 2009.

The WHO/UNAIDS estimates the number of people living with HIV in SA for 2010 at 5.575 million. Of these, 518 000 were children under 15 years, while 2.95-million were adult females over the age of 15.

The study reflected that the peak in HIV prevalence (from 2007 – 2010) was now occurring in the 30 – 34 years age category, where 42.6% of women tested were positive .

The encouraging finding was the decline in the prevalence rate in the 15 – 24 years age group, which went from 23.1% in 2001, to 21.8% in 2010.

The infection rate amongst pregnant women was as follows in 2006, 2008 and 2010:

	2006	2008	2010
National	29.1%	29.3%	30.4%
KZN	39.1%	38.7%	39.5%
Mpumalanga	32.1%	35.5%	35.1%
Free State	31.1%	32.9%	30.6%
Gauteng	30.8%	29.9%	30.4%
North West	29.0%	31.0%	29.6%
Eastern Cape	28.6%	27.6%	29.9%
Limpopo	20.6%	20.7%	21.9%
Northern Cape	15.6%	16.2%	18.4%
Western Cape	15.1%	16.1%	18.5%

(The 2010 figures were released by the South African Department of Health in 2011)

South Africa AIDS deaths estimates, end 2006

Source: Report National HIV and Syphilis Prevalence Survey, South Africa, 2006.

By the end of 2006 an estimated 1.8 million people had died of AIDS-related illness in South Africa and more than 1 million children had become orphans as a result of AIDS. Almost one thousand people die every day. Between 2006 and 2010 at least a million more people died of AIDS and the number of orphans now number around 2 million.

Life expectancy, which was 60 years in 1990 had decreased and around 50% of people will not live to 60. Most of the people who are dying from AIDS are women between the ages of 18 and 40 and men between the ages of 30 and 50. This means that the most vulnerable groups are women of child-rearing and working age and men in their working years. This will badly affect our society as a whole.

HIV and AIDS Strategic Plan for South Africa, 2012-2017

In 2003 the South African government approved a Comprehensive National Plan on HIV and AIDS Care, Management and Treatment. This plan was evaluated and revised in 2006 and again in 2011.

The 2012-2017 strategy has clear goals and targets to:

- Halve new HIV infections;
- Ensure that at least 80% of people who need treatment for HIV are receiving it. At least 70% of these people should be alive and still on treatment after five years;
- Halve the number of new infections and deaths from TB;
- Ensure that a legal framework exists and is used to protect the rights of people living with HIV; and
- Halve the stigma related to HIV and TB.

The government, however, faces a big challenge in meeting these goals and will need a great deal of cooperation from civil society and local communities. The strategy is based on the principles of partnership, effective leadership and good communication. It seeks to promote social change and to make sure that funding is available for key programmes.

NSP Principles

The NSP and related provincial implementation plans are guided by a set of principles.

1. Interventions must also have high impact and must be able to be rolled out to scale.
2. Plans will be based on evidence and experience, but at the same time they must be flexible enough to accommodate new research findings.
3. Plans must include all sectors involved in HIV, TBs and STIs: they must promote partnerships across sectors and at all levels of society.

South Africa has the third highest level of TB in the world, after India and China. New infections increased by 400% over the past 15 years, reaching 970 new infections per 100,000 people in 2009.

Approximately 1% of the South African population develops TB disease every year. The HIV epidemic is driving the TB epidemic: more than 70% of patients are co-infected with both diseases. The highest prevalence of TB infection is among people in age group 30-39 years living in townships and informal settlements. This confirms the fact that TB is a disease that affects poorer communities disproportionately.

Objectives of the NSP

The NSP has identified four strategic objectives to reach its five-year goals: These are:

- *Address social and structural factors that influence the three diseases*
 - Change conditions and behaviours that fuel the twin epidemics of HIV and TB. This needs interventions across all sectors (not just health) that will reduce vulnerability to, and lessen the impacts of HIV and TB. It includes things like poverty alleviation, improving service delivery and living conditions, keeping children in school, giving poor people better access to social grants and government services, de-stigmatising Aids and TB and making sure all government departments and municipalities mainstream responses to Aids.
- *Prevent new HIV, TB and STI infections*
 - Make sure that everyone is tested for HIV and TB every year, and that people who need treatment receive it. Improve prevention of mother to child transmission, male circumcision rates and treatment and prevention of STI.
- *Sustain health and wellness*
 - Ensure access to quality treatment, care and support services for those with HIV, STIs and/or TB. Support people to stay on treatment and develop programmes that focus on wellness. Improve community level primary health care, number of treatment centres and specialist referral for difficult cases.
- *Protect human rights of people living with HIV*
 - Work to end stigma, discrimination, human rights violations, and gender inequality.

The SANAC Monitoring and Evaluation unit will collect national information on an agreed set of subjects or indicators. This information will be gathered from a wide range of agencies already engaged in this work, for example the Department of Health, the National Health Laboratory Services and research institutions.

Understanding AIDS and HIV

AIDS means Acquired Immune Deficiency Syndrome. It is a disease that destroys your ability to fight other infections through your immune system. The immune system is your body's defence against disease – your white blood cells attack and destroy many diseases. AIDS is caused by the - Human Immunodeficiency Virus, usually called HIV.

People who get HIV can stay healthy for many years and most infected people do not even know that they are HIV positive. There are no visible signs to show that a

person is infected. They can pass the disease on to other people by having unprotected sex with them (sex without a condom).

AIDS moves through four different stages

In **stage one** the person is HIV-positive but has no symptoms, except for some short-term flu-like symptoms which may occur within a few weeks of infection. This stage may last several years during which the person might have no HIV-related illnesses.

In **stage two** the person begins to develop minor illnesses. Ear infections, frequent flu and skin problems are common at this stage.

In **stage three** the person may lose a lot of weight and have longer term illnesses. These may include thrush in the mouth, pneumonia, a fever which lasts more than a month and tuberculosis of the lungs.

In **stage four**, the person has illnesses due to a very weak immune system. These may include PCP, pneumonia, chronic diarrhoea, toxoplasmosis and meningitis. It is at this stage that a person is said to “have AIDS.” A person is also said to “have AIDS” if their CD4 count (white blood cells) goes under 200.

AIDS itself does not kill people – they usually die from other infections like the ones listed in stage four. Poor people tend to become ill and die much sooner than wealthier people. This is because of poor nourishment, bad living conditions and poorer health care.

How is HIV transmitted?

There are only three ways to get HIV:

1. unprotected sex (sex without a condom),
2. contact between your blood and infected blood or body fluids, and
3. mother to child transmission.

1. Unprotected sex.

This is the most common way that people get HIV. If you have sex with an HIV positive person and there is direct contact between the penis and vagina or anus, you can easily get infected. The virus lives in the fluids inside the penis and vagina and can easily enter your bloodstream. Using condoms properly is the only protection against this kind of infection. (For information on the correct use of condoms see guide on support groups)

You cannot get AIDS from kissing someone on the lips, hugging, sharing food and drink or using the same bath or toilet as someone who is HIV positive. (Deep kissing or French kissing can pass on HIV if you have sores in your mouth)

2. Contact with infected blood.

If you have an open wound and it is exposed to the blood of an HIV positive person, you can be infected. This contact could be through using the same needles for drugs or unsafe instruments used for circumcision. It is possible to get HIV if you use the same razor blade or tooth brush as an HIV-positive person if there are any traces of blood on the implement. While you could easily contract HIV from a blood transfusion if the blood is contaminated, all blood in SA is tested for safety. Medical workers can get it from accidentally pricking themselves with needles they have used to inject HIV positive people.

3. Mother to child transmission.

HIV positive mothers can pass the infection to their babies. An estimated 15-30 % of mothers with HIV will transmit the infection during either pregnancy or during childbirth. This happens because of the contact with blood. Another 10-20 % will pass the HIV to the baby through breast milk. The Prevention of Mother to Child Transmission (PMCT) treatment is available at all state hospitals and greatly reduces the risk to babies. If the mother has been taking the full cocktail of antiretrovirals the risk is reduced even more.

People most at risk

Anyone can get HIV and AIDS, but some people are more vulnerable because they do not have the power to say no to unprotected sex or because of their risky lifestyles. The groups who are most vulnerable and have the highest infection rates are:

- ❑ Young women between 15 and 30 years old - many of the women in this age group are in unequal relationships where they cannot refuse unsafe sex, or are exposed to sexual violence.
- ❑ Sexually active men and women who have more than one partner. Although polygamy (having more than one wife) is a custom followed only by some men, many others have a wife and a girlfriend or casual sexual partners. They may get the virus from a casual partner and pass it on to their wife.
- ❑ Migrant and mine workers – they are separated from their families for most of the year and many of them have sex with sex workers. Their partners are also at risk because of this.
- ❑ Transport workers – they travel a lot and many of them use the services of sex workers.
- ❑ Sex workers – they are exposed to many partners and are sometimes powerless to insist on safe sex.
- ❑ Drug users who share needles – one person who is HIV positive can infect a group of people who share the same needle unless it is sterilised in between usage. Many drug addicts also become sex workers to pay for their drugs.
- ❑ People who practice anal sex – the anus can easily be injured during sex because it has no natural lubrication (wetness) and the virus can be passed on unless a condom is used. Women who have anal sex, gay men and other men who have sex with men (for example prisoners), are vulnerable to this form of transmission.

Women are the most vulnerable because they are often powerless to say no to unprotected sex with an HIV positive partner. Women between 30 and 34 have the highest prevalence rate, but many became positive during their youth. Young women are also the most common victims of rape and sexual abuse. In some instances virgins have been raped because of the myth that a person can be cured of HIV and AIDS by having sex with a virgin. This is total rubbish and is just an excuse for child abuse.

It is easier for women to get infected by HIV than men. The virus can easily enter the bloodstream through the vagina. When the vagina is not lubricated (wet), it can be injured during sex and infection happens more easily. Rape and practices like dry sex (where herbs and other materials are used to keep the vagina dry) may contribute to the rapid spread of HIV and AIDS among women.

Men and women who have other sexually transmitted diseases (such as syphilis or gonorrhoea) are also more vulnerable because they often have open sores on their private parts.

How do you treat AIDS?

You can find out whether you are HIV positive by having a free blood test at any clinic, hospital or health testing centre. The results will only be given to you. If you are positive, you should tell your sexual partners so that they can also be tested and you should only practice safe sex.

There is no cure for AIDS. People can live with AIDS for many years if they get proper medical care. Antiretrovirals, healthy eating, exercise, a clean environment and a positive mental attitude can also make a big difference.

There are medications that can help to fight the illnesses like TB, or infections like pneumonia and gastro (stomach infection) that easily kill people with AIDS. These infections are called opportunistic infections. The medicines used to fight opportunistic infections are available at clinics.

Antiretroviral medications (ART), when taken properly, can greatly reduce the level of HIV in the body, reduce susceptibility to HIV and AIDS illness and extend the person's life, sometimes for many years. (See guide on treatment, care and support for a detailed description of ART. ART prevent the virus from reproducing and help prevent further damage to the body. Many people find that, after taking ART for a few months, the level of the virus in their blood is so low that it cannot be detected.

ART cannot, however, repair damage to organs and systems to the body that the virus has already made. Once a person goes on ART, they must accept that they will have to keep taking the medication for the rest of their lives.

TB is often found in people with weakened immune systems and people with HIV are very vulnerable to TB. TB patients have to take a course of treatment for 6 months to 1 year. If they stop before the virus is killed, it will grow stronger and more resistant to medicines. This is called multi-drug resistant TB or MDR TB. This form of TB is becoming more common in SA and we also have a new strain of TB called extreme-

drug resistant TB or XDR TB. XDR TB is very infectious and people should be kept in quarantine until they respond to treatment.

The rights of people living with HIV and AIDS

- ❑ People with HIV and AIDS in South Africa have the same rights to housing, food, social security, medical assistance and welfare as all other members of our society. People with HIV and AIDS in South Africa are also protected by our Bill Of Rights and have the same rights that protect all citizens.
- ❑ There can be no discrimination against anyone who has HIV or AIDS.
- ❑ They have the right to medical treatment and care from our health and welfare services.
- ❑ Children with HIV or AIDS are allowed to attend any school.
- ❑ No one can be fired from a job just because they are HIV positive
- ❑ No one can be forced to have an HIV test at work or before getting a job.
- ❑ Test results cannot be shown to anyone else without the person's permission.
- ❑ Pregnant women with HIV or AIDS have the right to make a choice about their pregnancy.
- ❑ Private medical aid schemes cannot refuse to cover people with HIV and AIDS (but they don't have to pay for antiretrovirals or the costs of treating any HIV and AIDS-related illness until a year after the person joins the scheme).

Insurance companies can insist on people being tested for HIV and may refuse life insurance. However, many insurance companies do have special policies for people who are HIV positive.

Other important points on rights of people with HIV and AIDS

- ❑ Informed consent is compulsory before HIV testing can be done. Informed consent means that the person has been made aware of, and understands, the implications of the test.
- ❑ The person should be free to make his or her own decision about whether to be tested or not, and cannot be forced into being tested. (But you should always try to address any fears that a person may have about the test and give them support)
- ❑ Anonymous and confidential HIV testing with pre- and post-HIV test counselling should be available to everyone.
- ❑ Proxy consent for an HIV test may be given where a person is unable to give consent. Proxy consent is consent by a person legally entitled to give consent on the behalf of another person. For example, a parent or guardian of a child under 16 years to medical treatment may give proxy consent to HIV testing of the child.

- ❑ People with HIV and AIDS have the right to make their own decisions about any matter that affects marriage, family and child-bearing. (But counselling about the consequences of their decisions should be provided).
- ❑ No restrictions can be placed on the free movement of people with HIV or AIDS. They may not be segregated, isolated or quarantined in prisons, schools, hospitals or elsewhere merely because of their HIV-positive status. This right falls away when someone has XDR TB since it is carried by the air and is so infectious that it is a risk to the family of the patient and the public at large.

How does AIDS affect all of us?

People living with HIV and AIDS

Finding out that you are HIV-positive can be a big shock in itself and can lead to further emotional and physical suffering. There is a lot of ignorance and prejudice about HIV and AIDS and it is often seen as a “death sentence”. Most people are terrified when they are first diagnosed. Some respond by feeling that their lives are over and become very depressed. Many people cannot accept the diagnosis and deny that they are positive to their families and to themselves. Others react with anger and refuse to be responsible and practice safe sex. Many people feel ashamed of their HIV status and think that they will be rejected by their partners and family, or that their communities will isolate them if they are open about being HIV positive.

It takes courage to face this disease and a lot of support is needed to fight it. People with HIV and AIDS can live long and productive lives if they get emotional support, strengthen their immune systems, get proper medical treatment and take good care of their health.

Many people who are HIV positive do not know it. The people who do not know may be spreading the disease by having unprotected sex. Many of them only realise they are HIV positive when they develop AIDS and get seriously ill.

Families and children

The burden of care falls mostly on the families and children of those who are ill. Often they have already lost a breadwinner and the meagre resources they have left are not enough to provide care for the ill person and food for the family. Families also suffer the daily stress of looking after someone who is ill and, in many cases, facing death. Many children, especially older female children, have to leave school to look after ill parents.

Children who are orphaned are often deprived of parental care and financial support. More and more orphans are living in child headed families where no-one is earning an income. Many of them leave school and have no hope of ever getting a decent education or job. These children who grow up without any support or guidance from adults may become our biggest problem in the future. They are more likely to become street children or turn to sex work or crime as a way of surviving.

Older female relatives, mostly grandmothers, are the most likely to take in orphans. Many of them survive on pensions and already live in dire poverty. When their children die and they become responsible for grandchildren, they get a huge extra financial burden and at the same time they lose the financial support they may have received from their children.

Poverty and the economy

People who carry the heaviest burden as a result of HIV and AIDS are the poor. AIDS increases poverty and families are the first to feel the economic effects of HIV and AIDS. Families lose income if an earner is sick. Often another one of the family members stays at home to look after the sick person and further income is lost. Families also have increased costs as they have to spend money on caring for the sick or paying for funerals.

Government spending will also be affected since more and more of the taxes will have to be spent on health care and welfare. Our welfare system may not be able to cope with the number of orphans who need grants. Our health system is already strained to provide basic health care for all diseases and in parts of KwaZulu Natal and Gauteng almost half of hospital beds are taken by people who are ill from AIDS. If government spends more on health and welfare, less money will be available for providing basic services or for spending on development.

Most of the people who are dying are between the ages of 25 and 45 – an age when most people are workers and parents. This has serious consequences for our economy and the development of the country.

Breaking the silence around HIV and AIDS

Although HIV and AIDS has become very common it is still surrounded by silence. Many people are ashamed to speak about being infected and many see it as a scandal when it happens in their families. People living with HIV or AIDS are exposed to daily prejudice born out of ignorance and fear.

There are myths around HIV and AIDS and they lead to people seeing it as a scandal that should be kept secret. Some people see those with HIV and AIDS as people who are somehow to blame because they were promiscuous or homosexual. AIDS is seen by some people as a plague that you can catch just from being with someone who is HIV positive. In some communities people with HIV and AIDS have been chased out or attacked. This underlines the great importance of widespread community education efforts because the ignorance and prejudice around HIV and AIDS can be almost as destructive as the disease itself. In some countries AIDS activists have adopted the slogan "Fight AIDS *NOT* People With AIDS."

In countries where the infection rate has gone down, this only happened after so many people became ill that no-one could pretend it was not happening. Everyone started fearing that they would be next. We cannot afford to wait that long and must find ways of bringing HIV and Aids into the open.

The challenge for us is to make people fear getting the disease without them turning against those who are already HIV positive. This means that we have to make it easier for people to be open, to go for tests and to seek care. We have to treat it as an illness and not a scandal that has to be kept secret. We must work to ensure respect for and observance of rights and freedoms for people with HIV and AIDS, as well as the avoidance of HIV and AIDS-related discrimination and stigma.

We have to create an environment where communities become more caring towards people living with HIV and AIDS and orphans and we all take responsibility for education around prevention. Although HIV and AIDS is a terrible disease that can destroy families and communities, we should never forget that it is also a preventable disease. We can protect ourselves against it.