

The state of the HIV and AIDS epidemic in Africa:

Strategies to communicate findings to influence policies and programmes



**Prof Geoffrey Setswe, Regional Director
Social Aspects of HIV/AIDS Research Alliance
(SAHARA) in Southern Africa
Research Director: HSRC**

**Presented at the HIV 9 Conference
Southern Sun Hotel, 14 May 2008**

Social science that makes a difference



Outline of the presentation

1. Scale of the epidemic and progress in prevention, treatment and care for PLWHA in Africa
2. Evidence for what works in HIV/AIDS prevention
3. Commitments made by African governments and progress in meeting the commitments
4. Strategies to communicate research findings to inform policies and programmes.



1. Scale of the epidemic

In 2007, globally:

- 33.2 million people worldwide living with HIV or AIDS
- 2.5 million newly infected
- 2.1 million AIDS related deaths



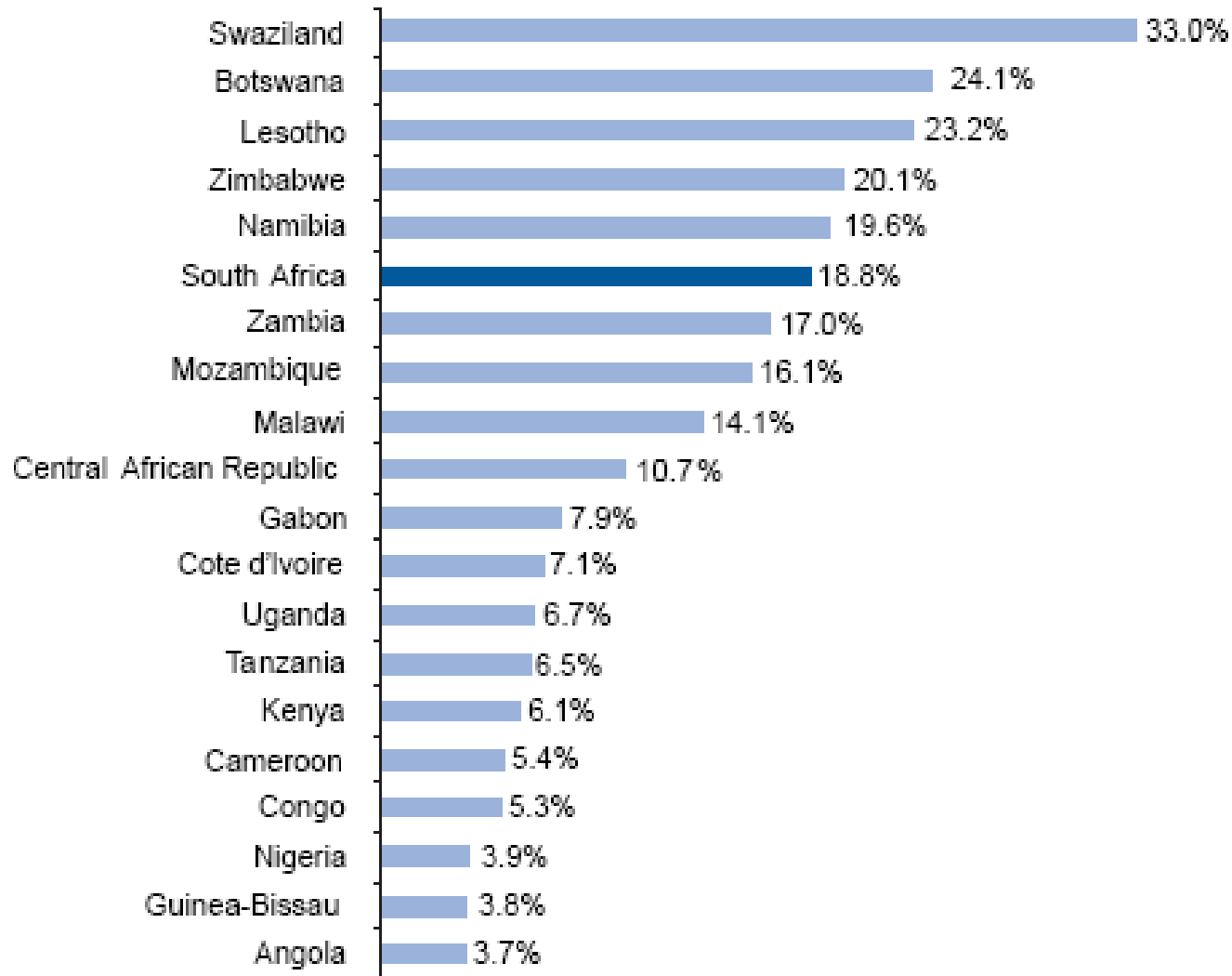
In sub-Saharan Africa (most severely affected):

- 22.5 million people living with HIV
- 1.7 million newly infected
- 1.6 million AIDS related deaths
- Adult HIV prevalence = 5%

Source: UNAIDS (2007)

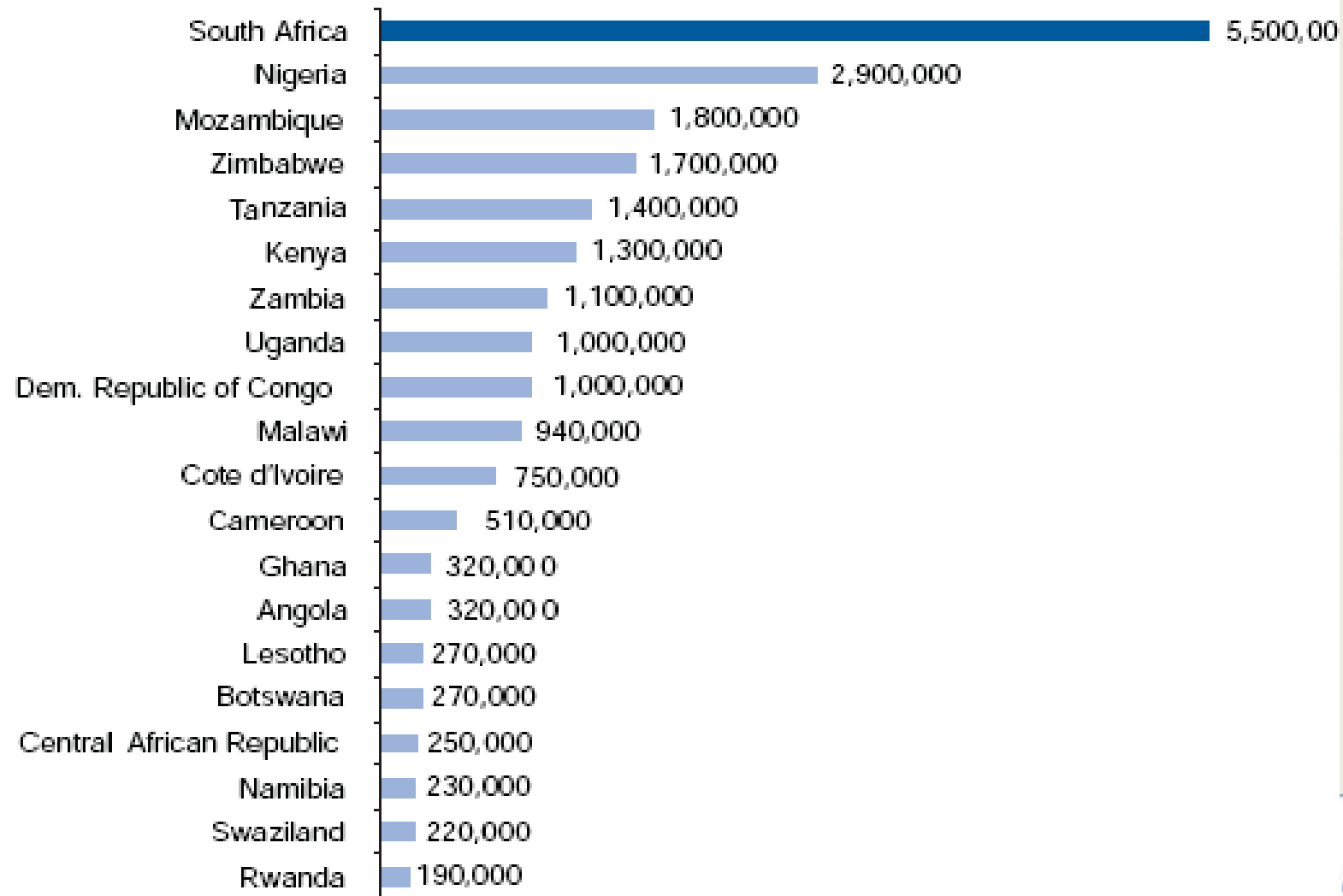
Social science that makes a difference

Top 20 Countries by HIV/AIDS Prevalence Rate, Sub-Saharan Africa (end 2005)



UNAIDS' *Social science that makes a difference* (2006)

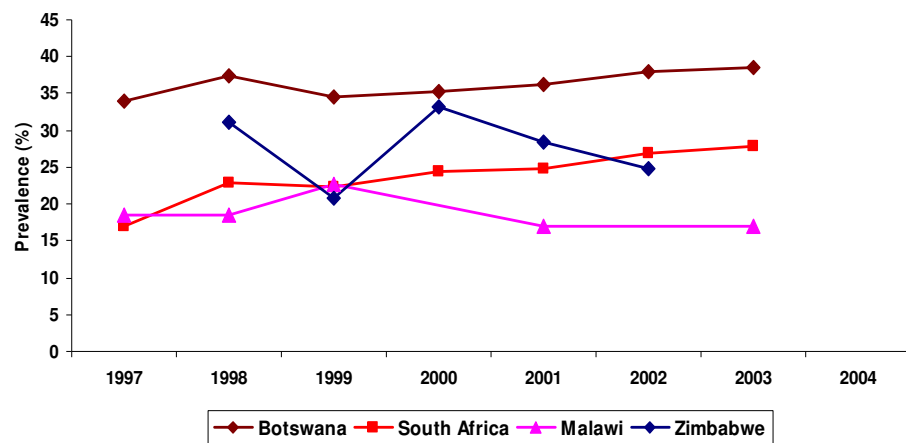
Top 20 Countries by Number of PLWHA, Sub-Saharan Africa (end 2005)



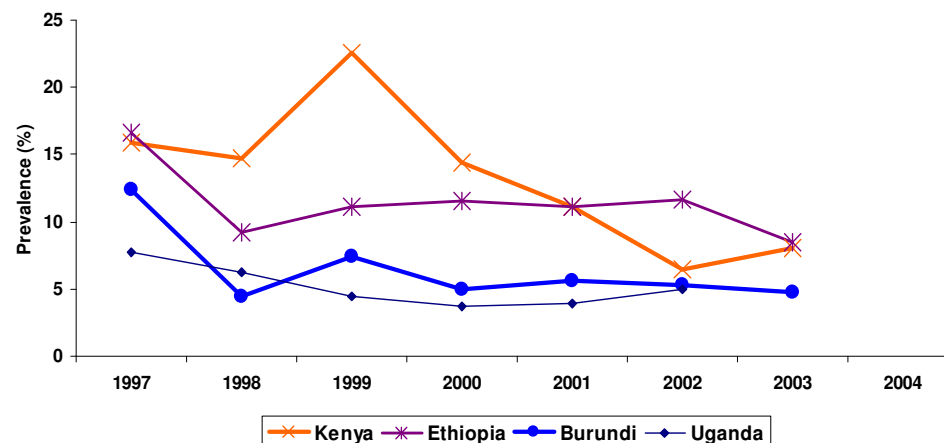
UNAIDS' *Social science that makes AIDS difference* (2006)

HIV prevalence among pregnant women attending ANC by sub-region: 1997 - 2004

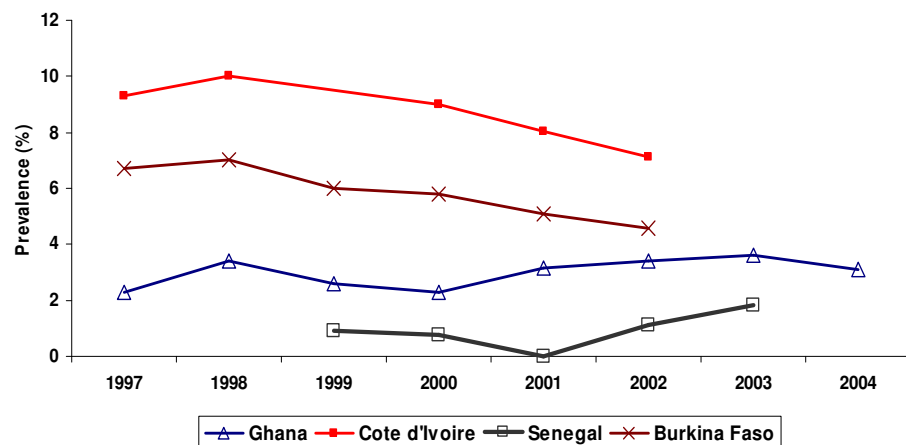
Southern Africa



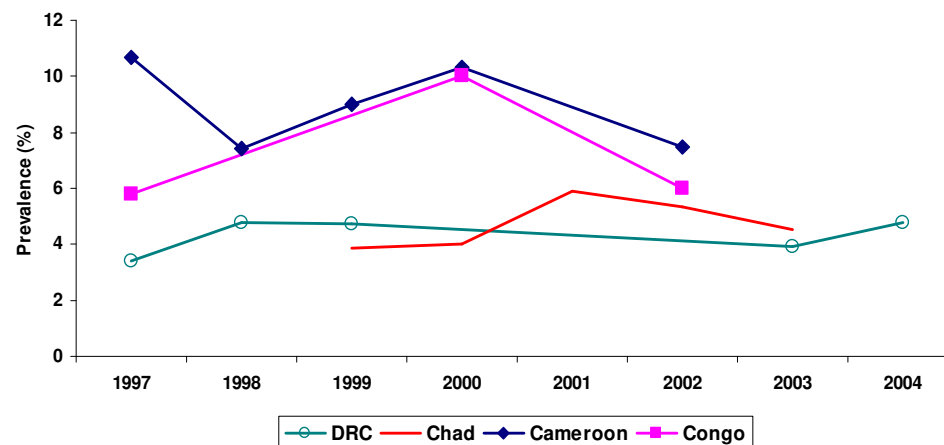
East Africa



West Africa



Central Africa



Scale of the epidemic

Next generation- children

- 12 million orphans in sub-Saharan Africa alone.
- Globally, only half of countries have a policy to address the needs of OVC.
- In sub-Saharan Africa 25-29 have a national policy in place to address the needs of OVC, but they still lag behind non-orphans in rates of school attendance.

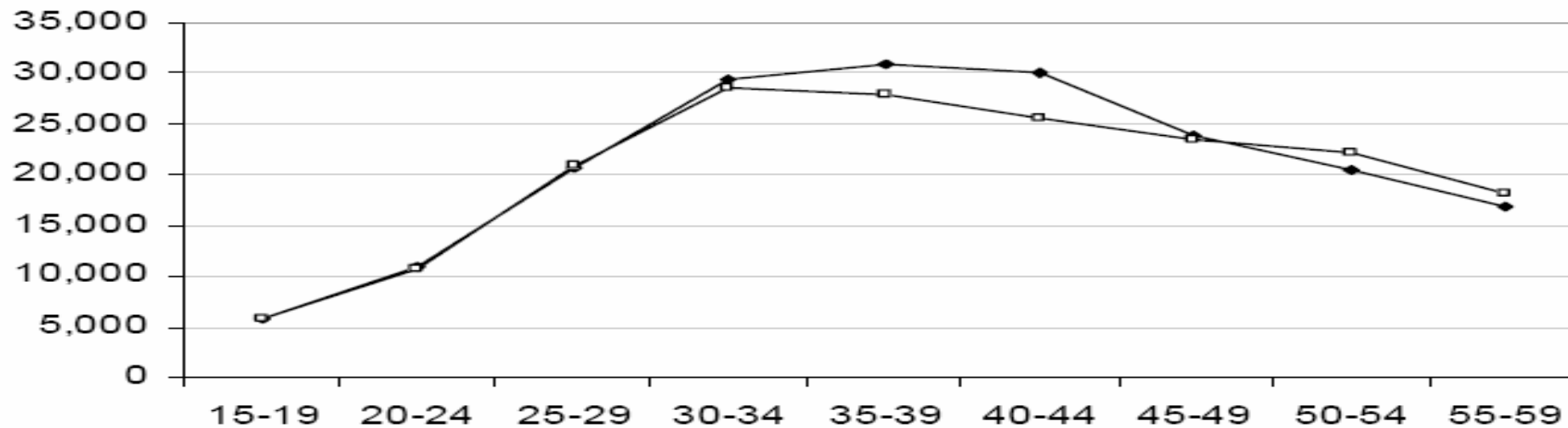


Women in sub-Saharan Africa

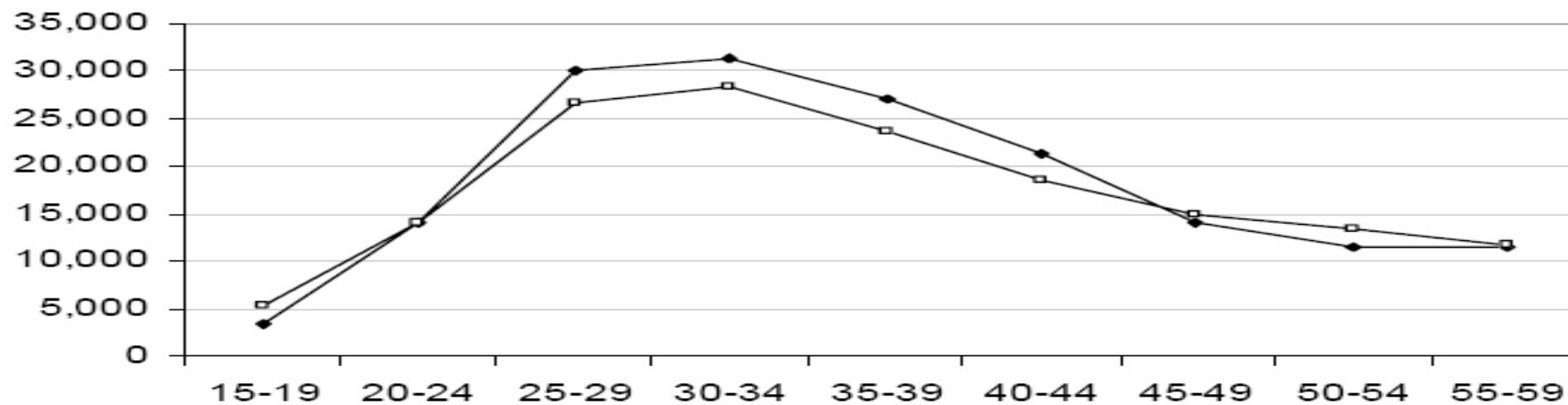
- Young women affected more often and earlier than men.
- Women aged 15-24 are between two to six times more likely to be HIV+ than men the same age.

Demographic Impact

Estimates of male and female deaths in 2002/2003



(a) Male deaths



(b) Female deaths

Source: Johnson & Dorrington, 2006

Social science that makes a difference

Impact on Life Expectancy

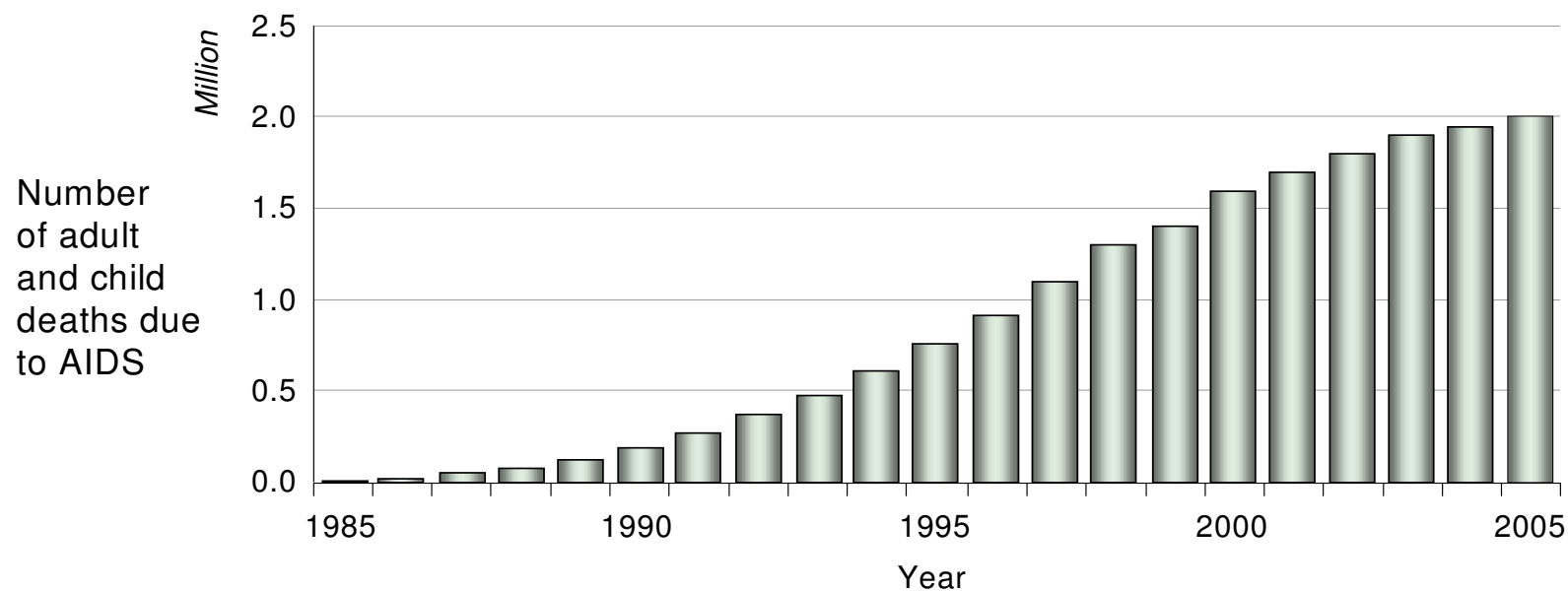
- The overall life expectancy in sub-Saharan Africa has dropped precipitously over the past 10 years, mostly because of the AIDS epidemic.
- Life expectancy dropped for female babies from 51.1 years to 46.3 years.
- For male babies, the level dropped from 47.3 years to 44.8 years.



AIDS impact on mortality



Estimated number of adult and child (all ages) deaths due to AIDS in sub-Saharan Africa, 1985–2005



Progress in implementing the UN 2001 declaration, 2005

Country	% of pregnant women on PMTCT program	% Receiving ARVs	% Know how to prevent HIV (age 15 – 24)		% Used condoms at last sex with casual partner	
			Women	Men	Women	Men
Target	80%	50%	90%			
Angola	2.3%	6%	35.2%	42.7%	55.2%	63.6%
Botswana	-	85%	40%	33%	-	-
DRC	-	4%	-	-	-	-
Lesotho	5.1%	14%	-	-	50%	48%
Madagascar	0%	-	19%	16%	5%	12%
Malawi	2.3% ¹	20%	23.5%	36%	35%	47%
Mozambique	3.4%	9%	20%	33%	29%	33%
Namibia	25%	35%	-	-	-	-
South Africa	14.6%	21%	65%	69%	42%	64%
Swaziland	11.9%	31%	-	-	-	-
Tanzania	-	7%	44%	49%	42%	47%
Zambia	4%	27%	31%	33%	35%	40%
Zimbabwe	4.4%	8%	54.1%	56.3%	42.6%	56.5%

Progress in preventing, treating and caring for the affected

- The epidemic is galloping at higher speed than the response
- Half of sub-Saharan countries reporting to UNAIDS have failed to reach the target of reducing HIV prevalence by 25% among people aged 15-24 years
- Only 9% receive PMTCT services.
- HIV/AIDS affects women's fertility, reducing it from 40 - 25%.



Progress with Antiretroviral therapy coverage in SubSaharan Africa, Dec 2005

Geographical Region	Number of people receiving ARV therapy	Estimated need	Coverage
Sub-Saharan Africa	810 000	4 700 000	17%
Latin America and the Caribbean	315 000	465 000	68%
East, South and South-East Asia	180 000	1 100 000	16%
Europe and Central Asia	21 000	160 000	13%
North Africa and the Middle East	4 000	75 000	5%
Total	1 330 000	6.5 million	20%



Source: WHO, 3X5 initiative, 15 Sept 2006

2. We know what works to prevent HIV infections (Evidence)

- Behavioural interventions:
 - prevent new STI
 - increase use of safe sex strategies
- Systematic reviews have provided evidence of effectiveness of interventions targeted at:
 - Heterosexual men and women,
 - Men who have sex with men (MSM),
 - Youth,
 - People living with HIV (PLWH), and
 - Low income populations



Source: CDC, 2007

Social science that makes a difference

We know what works

- **Male circumcision:** South Africa (Auvert, et al., 2005), Kenya (Bailey, et al, 2007) and Uganda (Gray, et al, 2007)
- **Prevent mother to child transmission of HIV** (Ditrame ANRS 049 Study group, 1999, Guay, et al, 1999)
- **ARV** reduce premature mortality (Chen, Hoy & Lewin, 2007)



Barriers to adopting evidence-based solutions

- Unaffordable interventions
- Inadequate human infrastructure
- Inadequate supply of diagnostic and medical equipment
- Lack of mutual trust between researchers and policy makers
- Failure to consult policy makers when initiating a new research project, and
- Failure of policy makers to grasp the potential impact of implementing the new evidence-based intervention.



3. Commitments made by African governments

- In Abuja, African leaders declared that “AIDS is a state of emergency in the continent”:
 - Top priority, April 2001
 - Personal leadership
 - Invest more resources
 - 15% of budget devoted to health
- UNGASS HIV/AIDS, 2001, New York



Commitment to social science that informs policy

“We thus state our conviction that better use of rigorous social science can lead to more effective policies and outcomes. Such use requires strengthening linkages between the social sciences and policies for social and economic development. For the knowledge that the social sciences seeks is precisely the knowledge that policy needs. The world needs new forms of interaction between social scientists and policy actors – and innovative spaces to make them possible.”

--Buenos Aires Declaration, Feb 2006



4. Can scientists influence policy?

- Research creates a culture of accountability
- Scientists provide evidence for rationality in decision-making (Donald, 2001)
- Scientists have influenced policy on HIV-related issues such as:
 - PMTCT
 - HAART
 - Post-exposure prophylaxis
 - Condom use
 - Treatment of STI
 - Male circumcision



Reasons scientists use conferences to communicate research evidence

- Critical mass of people who understand the scientific findings
- They want to see governments implement evidence-based interventions
- Captive audience
- Fertile ground for absorption of new knowledge



Scientists need to be strategic

- Recognize that there are other options that can be considered
- Acknowledge the current policies and provide an analysis of why the current policies are inadequate
- Target not only policy makers, but also the broader community of service users, media, civil servants and NGO's.
- The proposed intervention must be feasible and affordable.



Scientists need to be strategic

- Communicate in a language that the audience can understand.
- Be persuasive and communicate in a professional manner
- Be focused
- Problematize the current knowledge in order to create a positive climate for “soft landing” a new policy option.



Scientists may fail to influence policy because:

- Mismatch between goals of policy makers and those of scientists - (elections)
- “Background noise”
- Lack of consensus on the new evidence
- Environment may be considered not conducive to adopting new policies (Black 2001)



Conclusion

- Half of sub-Saharan countries have failed to reach the target of reducing HIV prevalence. As a result, the HIV/AIDS epidemic continues to have a major impact of sub-Saharan Africa.
- There is evidence of HIV prevention interventions that work.
- Conferences provide an opportunity to close the gap between research and policy.
- Scientists should not miss the opportunity to inform policy. To do so, they need to be strategic.



Thank you
Ke a leboga
Baaie dankie



Social science that makes a difference