

**A DECLINE IN NEW HIV INFECTIONS IN SOUTH AFRICA**

New findings indicate that HIV incidence is declining and that the impact of antiretroviral treatment is having an effect on the South African epidemic.

A series of repeated national population-based HIV surveys to help in monitoring the response as a nation to the HIV/AIDS epidemic, led by the HSRC, have been conducted in South Africa: the first in 2002, followed by surveys in 2005 and 2008. These surveys not only collected data on HIV status but also information on socio-demographic and behavioural determinants, which greatly enhanced the analysis and interpretation of the observed trends in HIV prevalence and incidence (new infections).

In an article by Thomas Rehle, Timothy Hallett, Olive Shisana et al, published in PLoS ONE on 14 June 2010, the authors present evidence for a shift in the epidemic and a decline in the rate of new HIV infections in South Africa.

Applying a previously published and thoroughly validated mathematical method, prevalence data from the three national HIV surveys were used to derive estimates of HIV incidence. The availability of survey data collected in the three population-based surveys allowed, for the first time, a comparison of incidence estimates for two inter-survey intervals – for the periods 2002–2005 and 2005–2008. Overall, among adults aged 15–49, incidence declined by 35% between the two inter-survey periods. The estimate of the average annual HIV incidence rate – that means the number of new infections occurring each year among 100 susceptible individuals – for the 15–49 years age group was 2.0 % in the period 2002–2005 and declined to 1.3 % in the 2005–2008 period.

The results imply that 1.3% of all uninfected South African adults aged 15–49 years became newly infected in the year 2007. This incidence level in the general population needs to be halved in order to meet the 2011 target of the current National Strategic Plan.

‘The study not only clearly demonstrates how serial measures of HIV prevalence can be used to estimate HIV incidence, but also shows the need to determine whether infected individuals are receiving antiretroviral treatment’, explained Rehle, research director in the HSRC HIV/AIDS, STI and TB programme.

One of the novelties of the 2008 survey was the detection of individuals on antiretroviral treatment (ART) by means of testing HIV-positive samples for the presence of antiretroviral drugs so that the effect of treatment on HIV prevalence could be analysed. Without this information, it would not be possible to fully interpret the prevalence estimates since treatment can lead to increases in HIV prevalence without concomitant changes in incidence. Quantifying the impact of treatment provision on the estimates of HIV, the authors showed that the ‘excess’ prevalence due to antiretroviral treatment was 1.7 percentage points in the 15–49 age group. This means that about 440 000 HIV-infected South African individuals were alive in 2008 because they were on ART and would have been dead otherwise.

Scaling up ART may have the potential to reduce HIV incidence, since effective treatment reduces viral loads and, as a consequence, the infectiousness of infected individuals. However, the authors point out that since access to treatment has only increased significantly in recent years, it is expected that such an effect would take longer to develop and require higher levels of ART coverage for an extended period of time.

**HSRC CEO DR OLIVE SHISANA HAS BEEN REAPPOINTED FOR FIVE YEARS**

The Cabinet has approved the reappointment of Dr Olive Shisana as chief executive officer (CEO) of the Human Sciences Research Council (HSRC) for a second five-year term, taking effect on 1 August 2010–31 July 2015.

The interim chair of the board, Mrs Phumelele Nzimande, described Dr Shisana as ‘effective ... and leading by example through hard work’, wishing her great success for the next five years.

**SOUTH AFRICAN SOCIAL ATTITUDES SURVEY**

**HOW SOUTH AFRICANS RATE THEIR *quality of life***

**An assessment of the quality of life of South Africans serves to provide a useful barometer for the government’s progress in its efforts to provide all South Africans with access to basic services, as well as being useful for gauging the mood in the country. FAIRUZ GAIBIE examines indicators that reveal what makes South Africans happy, satisfied and optimistic; and who those happy, satisfied and optimistic South Africans are.**

**A**part from the economic crisis, South Africa is faced with other challenges, such as high levels of HIV and AIDS infections, renewed xenophobic attacks and racial tensions triggered by the killing of right-wing AWB leader Eugene Terre’blanche, suggesting that South Africans’ quality of life continues to be threatened despite major economic and political advances since 1994.

*Black African respondents were the unhappiest and most dissatisfied with life but at the same time the most optimistic about the future.*

To be able to assess South African’s quality of life, we employed the 2008 South African Social Attitudes Survey (SASAS): a nationally representative survey that sampled 3 321 adult respondents from randomly selected households.

Our investigation focused on three key questions that captured quality of life within South Africa, namely:

- Happiness: ‘Taking all things together, would you say you are: very happy, happy, neither happy nor unhappy, not happy or not at all happy?’, with ‘not at all happy’ represented by 5 and ‘very happy’ by 1.
- Life satisfaction: ‘How satisfied are you with your life as a whole these days?’. Here, ‘very satisfied’ was represented by 1 and ‘very unsatisfied’ by 5.
- Optimism was assessed through asking, ‘Do you think that life will improve, stay the same or get worse in the next 5 years for people like you?’. Here, ‘improve’ was scored 1 while ‘get worse’ was scored 3.

The results of this study revealed that there were intra-national differences among the various race groups, genders, education levels, types of geographic locations and types of living standard measure (LSM) categories and age groups. For example, black African respondents were the unhappiest and most dissatisfied with life but at the same time the most optimistic about the future.

On the other hand, white respondents were the happiest and most satisfied with life but the least optimistic about the future. Interestingly, however, Indians/Asians displayed almost as low levels of optimism as whites, which seems to suggest that race is overridden by economic status as a predictor of optimism in the case of Indians/Asians.

**FIGURE 1: QUALITY OF LIFE BY RACE**

These findings are consistent with past research, as race has consistently predicted the

quality of life of South Africans, with white inhabitants enjoying the best quality of life and black Africans the worst. This study also indicates, however, that economic status is proving to be increasingly more predictive of the state of happiness.

**FIGURE 2: QUALITY OF LIFE BY ECONOMIC STATUS**

Males and females seem to have note-worthy differences in quality of life (QOL), with males reporting a higher quality of life than females. This finding suggested that, despite numerous efforts by government such as the provision of social grants to address the difficulties faced by vulnerable groups, economic deprivation remains a reality.

**FIGURE 3: QUALITY OF LIFE BY GENDER**

Age significantly predicted optimism, with younger respondents more optimistic about the future than the older respondents. However, age did not significantly predict differences with regards to life satisfaction and happiness.

**FIGURE 4: QUALITY OF LIFE BY AGE**

This survey reveals that although roughly half of South African citizens have a good quality of life, those who are more privileged are predominantly the ones who are happy, satisfied with their lives and optimistic about the future. While it is a step in the right direction for so many citizens to report a good quality of life, it is the other half of the country's citizens that are the real concern. These results could further emphasise that worrying levels of social division and inequality still exist and only a minority of South African citizens' lives are improving through redress strategies.

*Note that in this study, the living standard measure is being used as a proxy for economic status. It is, however, acknowledged that the living standard measure only measures some components of economic status.*

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Figure 1: Quality of life by race

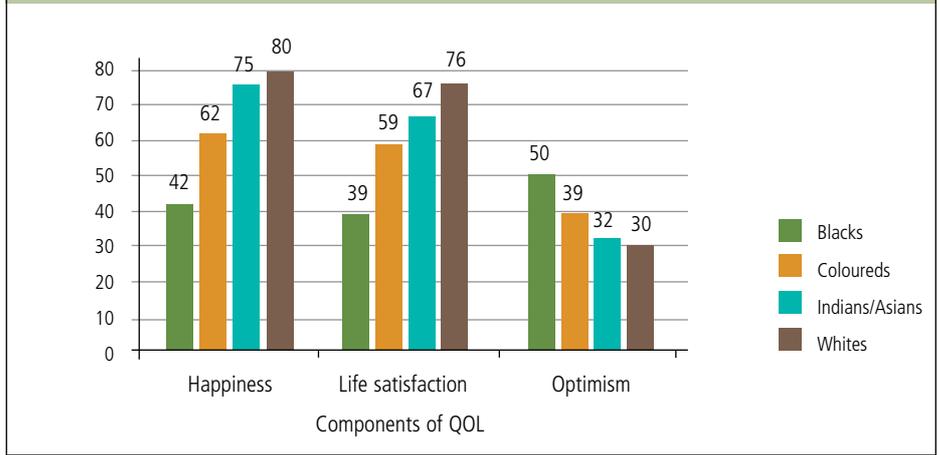


Figure 2: Quality of life by economic status

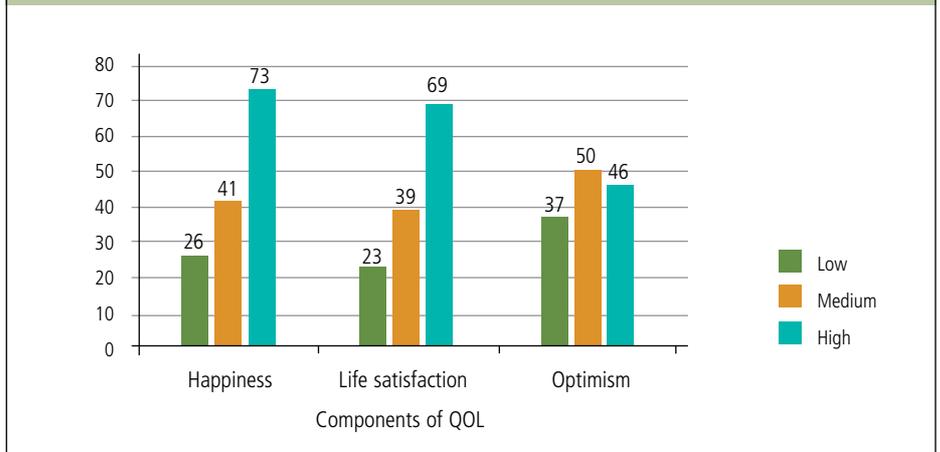


Figure 3: Quality of life by gender

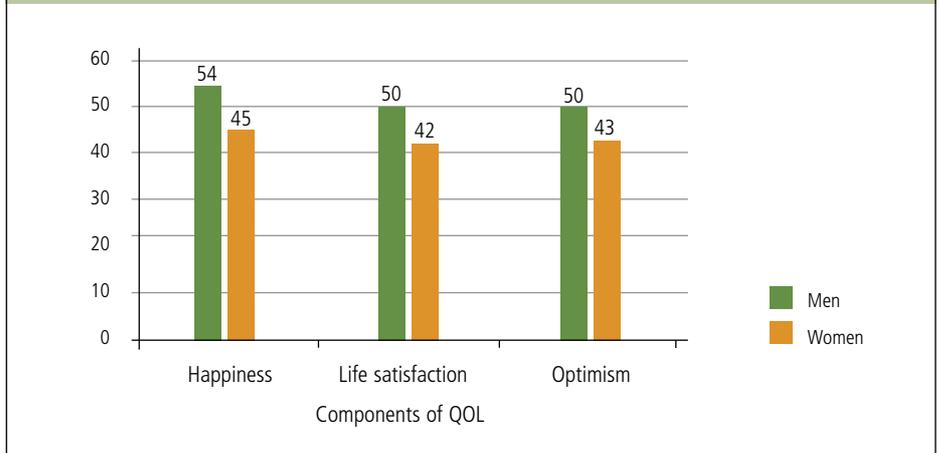


Figure 4: Quality of life by age

