

HIV and AIDS in South Africa

KEY POINTS:

- South Africa has the biggest HIV epidemic in the world, with 7.1 million people living with HIV. HIV prevalence is high among the general population at 18.9%.
- Men who have sex with men, transgender women, sex workers and people who inject drugs experience even higher HIV prevalence rates.
- South Africa has made huge improvements in getting people to test for HIV in recent years and is now almost meeting the first of the 90-90-90 targets, with 86% of people aware of their status.
- The country has the largest ART programme in the world, which has undergone even more expansion in recent years with the implementation of ‘test and treat’ guidelines.
- South Africa was the first country in sub-Saharan Africa to fully approve PrEP, which is now being made available to people at high risk of infection

Explore this page to find out more about groups most affected by HIV in South Africa, HIV testing and counselling programmes, HIV prevention programmes, antiretroviral treatment availability, civil society’s role, HIV and TB in South Africa, funding for HIV, and the way forward for South Africa.

South Africa has the biggest and most high profile HIV epidemic in the world, with an estimated 7.1 million people living with HIV in 2016. South Africa accounts for a third of all new HIV infections in southern Africa.¹

In 2016, there were 270,000 new HIV infections and 110,000 South Africans died from AIDS-related illnesses.²

South Africa has the largest antiretroviral treatment (ART) programme in the world and these efforts have been largely financed from its own domestic resources. In 2015, the country was investing more than \$1.34 billion annually to run its HIV programmes.³

The success of this ART programme is evident in the increases in national life expectancy, rising from 61.2 years in 2010 to 67.7 years in 2015.⁴

HIV prevalence remains high (18.9%) among the general population, although it varies markedly between regions.⁵ For example, HIV prevalence is almost 12.2% in Kwazulu Natal ⁶ compared with 6.8 and 5.6% in Northern Cape and Western Cape, respectively.^{7 8}

HIV funding in South Africa

South Africa largely funds its HIV programmes domestically, only receiving 13% of its HIV funding from external sources.¹²²

The new National Strategic Plan of the South African National AIDS Council is predicted to cost 207 billion rand over the next five years. In light of this the South African government has increased its budget allocation for HIV and AIDS in 2017, despite general budget reductions across the health sector.¹²³

Still the South African National AIDS Council predicts that there will be some funding gaps, however at these early stages it is unclear how severe these will be, especially since there is a level of uncertainty around the availability of international funding for HIV and AIDS in the coming years, particularly from US funding bodies with the new Trump administration.¹²⁴

Treatment and care make up the biggest proportion of the costs, outlined in the National Strategic Plan (NSP). In recent years South Africa has been working hard to negotiate better prices for ARVs, having previously been paying more than most other low and middle income countries despite having the world's largest procurement programme. ¹²⁵ In September 2017, UNAIDS announced a breakthrough pricing agreement, which will allow the single pill regime of Dolutegravir to be sold at around \$75 per person per year, in south Africa and 90 other low and middle income countries.¹²⁶

The NSP outlines plans to roll-out Dolutegravir. It is thought that the introduction of these medicines will help reduce some of the treatment costs, having been proved to be safer and more effective than the regimens currently being used.¹²⁷

The future of HIV and AIDS in South Africa

South Africa has made great strides in tackling its HIV epidemic in recent years and now has the biggest HIV treatment programme in the world. Moreover, these efforts are now largely funded from South Africa's own resources.

HIV prevention initiatives are having a significant impact on mother-to-child transmission rates in particular, which are falling dramatically. New HIV infections overall have fallen by half in the last decade, however, there are still too many.

While the short term financing of South Africa's HIV epidemic is secure, in the longer term, the government needs to explore other strategies in order to sustain and expand its progress.

Source:www.avert.org