NEW REPORT PRESENTS THREE SCENARIOS FOR AIDS IN AFRICA BY 2025

Scenarios look at how AIDS could shape Africa’s future

Addis Ababa, 4 March 2005 – By 2025, Africa and the world could face three very different scenarios for AIDS. And depending on the actions taken today, up to 43 million HIV infections could be averted over the next 20 years.

These findings are from AIDS in Africa: Three scenarios to 2025. The new report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) presents three possible case studies for how the AIDS epidemic in Africa could evolve over the next 20 years based on policy decisions taken today by African leaders and the rest of the world.

“The scenarios are not predictions. They are plausible stories about the future,” said Dr Peter Piot, UNAIDS Executive Director, at the press launch of the report. “The scenarios highlight the various choices that are likely to confront African countries in the coming decades. Millions of new infections can be prevented if Africa and the rest of the world decide to tackle AIDS as an exceptional crisis that has the potential to devastate entire societies and economies.”

More than 150 people, mostly Africans, gave their time and expertise to build the scenarios. This project was initiated by UNAIDS in February 2003 in collaboration with the African Union, African Development Bank, UN Economic Commission for Africa, United Nations Development Programme, and the World Bank. Royal Dutch/Shell Group shared their scenario development expertise with the project.

“The scenarios provide us with glimpses into the future, so that we can make good decisions today,” said Ethiopian President Girma Woldegiorgis. “At a time when there is increased willingness to tackle AIDS in Africa, we must galvanise all resources -- human and financial -- and use them effectively for sustainable change.”

The scenarios set out to answer one central question: ‘Over the next 20 years, what factors will drive Africa’s and the world’s responses to the AIDS epidemic, and what kind of future will there be for the next generation?’ The scenarios project was based on two key assumptions: 1) AIDS is not a short-term problem; AIDS will affect Africa 20 years from now. What is uncertain is in what ways and to what extent AIDS will shape Africa’s future. 2) Decisions taken now will shape the future of the continent.

The scenarios also address the factors fuelling Africa’s AIDS epidemics, including poverty, gender inequality, and underdevelopment. “The scenarios highlight the driving forces that are influencing the evolution of the epidemic,” said President Olusegun Obasanjo of Nigeria, in a message read out at the launch. “They help to improve the ways we engage with the challenges that are posed, they stimulate debates, and clarify policy and programme decisions for the continent.”
Three scenarios

‘Tough choices’ tells a story in which African leaders choose to take tough measures that reduce the spread of HIV in the long term. This scenario shows how, with scarce resources, governments and civil society are forced to confront tough choices in improving Africa’s future and tackling underdevelopment.

In ‘Tough choices’, antiretroviral therapy is scaled up, from less than 5% treated at the start of the scenario to just over one third by 2025. The roll-out of antiretroviral therapy increases steadily, reflecting the continued investment in health systems and training, as well as drugs manufacturing capacity within Africa. Compared to ‘Traps and legacies’, an estimated 24 million HIV infections are averted over the next 20 years. Initiatives to support children orphaned by AIDS also increase, but the number of children orphaned by AIDS almost doubles by 2025.

‘Traps and legacies’ is a scenario where AIDS depletes resources and weakens infrastructure. As a result, AIDS deepens the traps of poverty, underdevelopment, and inequality. In this scenario, the HIV prevalence across the continent by 2025 remains at around 5% of the adult population, with some countries above or below this level. Life expectancy drops across many countries, and the number of people living with HIV in Africa increases considerably.

HIV prevention efforts are not effectively scaled up. Efforts to roll out antiretroviral therapy continue (over 20% of people who need ARV therapy have access to it), but huge obstacles remain, including a combination of underdeveloped and overwhelmed systems, and escalating costs.

In ‘Times of transition’, AIDS is seen as an exceptional crisis requiring an exceptional response. AIDS is viewed in its broader development context. A series of transitions occur in the ways Africa and the rest of the world approach health, development, trade, and security. External aid increases considerably and there is sustained social and infrastructural investment.

In this scenario, Africa’s adult HIV prevalence rate drops considerably, external aid to Africa doubles, and ARV coverage is approximately 70% by 2025. Compared to ‘Traps and legacies’, an estimated 43 million HIV infections are averted by 2025.

Potential outcomes
Overall, ‘Traps and legacies’ shows what might happen if there are inefficient domestic AIDS policies in Africa and volatile or declining external aid, ‘Tough choices’ shows what is possible when there are efficient domestic policies but stagnant external aid; and ‘Times of transition’ shows what might happen if there are more efficient domestic policies and increased and high quality external aid.

“Not only is strong leadership vital, strong health systems and development are also necessary in our quest to control the AIDS epidemic,” said Dr Kenneth Kaunda, former President of Zambia, who delivered the keynote address today. “AIDS is going to be around for a long time and needs consistent policy responses over several terms of government. Investing in children as a resource for the future, and keeping their parents uninfected and alive, will make a huge difference.”

The scenarios suggest that, while the worst of the epidemic’s impact is still to come, there is still a great deal that can be done to change the longer-term trajectory of the epidemic and to minimize its impact.

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