Joint United Nations Programme on HIV/AIDS
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Accelerating Action against AIDS in Africa

Executive summary

AIDS has finally reached the top of the African agenda. More and more of the continent's political leaders, civil society and groups of people living with HIV are ringing the alarm bells against AIDS, taking concrete action themselves and demanding more action from others. Africa is rising to the challenge. The international community is also responding with greater technical and financial resources.

Such developments are welcome, but far from sufficient. The effects of AIDS in Africa are eroding decades of development efforts. In high-HIV-prevalence countries, families are unravelling, economies are slowing down, and social services are deteriorating. In Southern Africa, where HIV prevalence is higher than anywhere else in the world, AIDS has exacerbated food insecurity, demonstrating how the epidemic and humanitarian crises intertwine. These impacts have been particularly strong for African women and young people, especially those who have lost one or both parents to AIDS.

But the situation is far from desperate. There is a growing number of effective efforts to reverse the course of the epidemic. UNAIDS' latest publication, *Accelerating Action against AIDS in Africa*, highlights successful initiatives in Africa that have inspired confidence that the continent can one day free itself of the virus, with or without a vaccine or medical cure. These examples prove that AIDS is a problem with a solution: human intervention works, even under the most difficult circumstances. The report also summarizes the challenges facing Africa and the wider international community as new resources are channelled into more effective efforts to confront HIV/AIDS on the continent. Three major challenges receive detailed attention:

1. **The need to scale up access to antiretroviral treatment as a key component of the response**. Prevention and treatment must be seen as two sides of the same coin—one cannot be separated from the other. Antiretroviral treatment improves and lengthens lives, buying time for prevention strategies to take root.
2. **The increasing impact of the epidemic on African women**. Because women are disproportionately affected by HIV/AIDS, there must be additional focus on women within the African response.
3. **The humanitarian crisis in Southern Africa**, which has brought into sharp relief the need to integrate the HIV/AIDS response into broader development and humanitarian initiatives. Especially in high-prevalence countries, where the impact of HIV/AIDS is extensive, the response must be equally so.

Africa's AIDS challenge

- AIDS has had a direct impact on at least 60 million Africans: 30 million are living with the deadly virus, more than 15 million have died from AIDS, and more than 11 million children have lost at least one parent to the epidemic.
- Antenatal clinic surveys in urban areas of several countries—Cameroon, Mozambique and Namibia—show increasing HIV prevalence, and data from South Africa suggest that perceived gains against the epidemic may not be as significant as previously believed.
- Southern Africa has the highest HIV rates in the world, and none of the 10 countries in the subregion shows clear signs of declining epidemics. WHO's Regional Office for Africa reports that more than one in five pregnant women in Southern Africa tested in 2002 were infected with HIV—an especially alarming statistic considering that, at the end of 2001, only 1% of women in sub-Saharan Africa had access to antiretroviral drugs to prevent mother-to-child transmission of HIV.
- In 2001, 31% of the AIDS deaths in the world occurred in the 10 countries of Southern Africa—a region that was also struggling to cope with almost one-fifth of those children orphaned by AIDS worldwide.
- HIV/AIDS is fueling a food crisis in Southern Africa. Vulnerability assessments conducted during the past year show that households affected by adult illness and death suffer greatly from reductions in agricultural production and reduced income. In Zambia, a 2002-2003 vulnerability assessment found that farming families with a chronically ill head of household planted 53% fewer crops than households without a chronically ill person.
- In East Africa, overall HIV prevalence is slowly declining, according to WHO's Regional Office for Africa. This view is reinforced by a UNAIDS analysis, which suggests that prevalence rates in urban antenatal clinics of Ethiopia, Rwanda and Uganda are decreasing.
- More than 11 million African children have lost at least one parent to AIDS. By 2010, that figure is expected to grow to 20 million. In 12 countries on the continent, projections show that, by 2010, an estimated 15% of children under the age of 15 will be orphaned as a result of AIDS.

Gaps in Africa's AIDS response

After two hard, painful decades of experience and accumulated knowledge—much of it gained in Africa—African governments and the international community are beginning to understand what is required to turn back the epidemic. They now need to apply this experience and knowledge more extensively. There are key gaps in most African national responses that deserve special attention as action against AIDS in Africa is brought to scale.

Resource gap

- International spending on HIV/AIDS in Africa has risen well above the approximate figure of US$550 million documented in 2000—the most recent year UNAIDS calculated regional spending figures. But, even with recent increases in AIDS spending, the mismatch between need and funding continues to be one of the

biggest obstacles in the struggle to control the epidemic. For example, in 2001, sub-Saharan Africa's estimated resource need was already US$1.45 billion and, in 2007, it will grow to US$5.5 billion—10 times the amount spent in 2000.

- National spending is also on the rise. The UNAIDS Secretariat documented expenditures of about US$250 million on AIDS by sub-Saharan African governments in 2002—roughly 13% of the region's estimated AIDS funding needs for that year. The addition of undocumented spending may bring this amount closer to UNAIDS' recommended African spending share of 20% of total projected programming capacity for the region.
- Much of the spending on HIV/AIDS in Africa comes not from governments or donors, but from individuals. Ninety per cent of medicines in Africa are paid for by individuals, not government programmes. This out-of-pocket spending disproportionately affects the poor. Illness and death within the family often mean that households lose vital income just when they incur increased expenses.

Prevention gap

- Providing young people with the skills, information, tools and services to protect themselves from HIV infection is a critical factor in halting its spread.
- According to data collected over the past few years, more than 60% of teenage girls (aged 15-19) in 21 African countries have at least one major misconception about AIDS or have never heard of AIDS.
- Less than half of young women (aged 15-24) in 10 sub-Saharan countries are aware that the risk of HIV can be reduced by using condoms.
- Among men, the practice of basic prevention methods varies considerably among countries. Condom use among young males (aged 15-24) during their last sexual encounter with a non-regular partner has been measured at 88% in Botswana, but less than 33% (one-third) in Cameroon, Ethiopia, Guinea and the United Republic of Tanzania.
- Voluntary counselling and testing (VCT) is woefully unavailable in many parts of Africa. Knowing one's HIV status is a prerequisite for making informed decisions. In this respect, VCT facilitates both prevention and treatment. Knowledge of serostatus can be a motivating force for both HIV-positive and HIV-negative people to practise safer sexual behaviour. Expectant mothers who discover they are HIV-positive can seek measures to prevent the transmission of the virus to their children. HIV-positive men and women can learn how antiretroviral treatment can ward off AIDS. Counselling of HIV-positive and HIV-negative individuals also helps dispel the stigma and discrimination surrounding AIDS.
- If an HIV-infected woman becomes pregnant in Africa, short-course antiretroviral treatment could reduce the risk of HIV transmission to her newborn by up to 50%. At the end of 2001, only 1% of African women in need had access to such treatment. However, some countries are making strides—especially Botswana, which has provided short-course antiretroviral treatment to 34% of those in need.

Treatment gap

- Since 1996, the use of antiretroviral medicines has dramatically reduced AIDS-related illness and death in countries where these drugs are widely accessible. Yet, at the end of 2002, only an estimated 50,000 people in sub-Saharan Africa (or about 1% of the 4.1 million people in need) had access to such treatment.
- In North Africa and the Middle East, 3,000 people are receiving antiretroviral treatment—43% of the 7,000 in need.
- Antiretroviral treatment prolongs lives and reduces human suffering, and it is also a practical investment for society. It enables people living with HIV to continue contributing to the well-being of themselves, their families and their communities.
- When care is well integrated into prevention efforts, the two elements of the response mutually reinforce each other. Prevention efforts reduce the number of people in need of care and reduce the demands on already strained health systems. Access to care also provides a powerful incentive for people to determine their HIV status and avail themselves of prevention services.
- According to recent surveys, the African countries with the largest percentages of people in need receiving antiretrovirals are Botswana, Equatorial Guinea, Gambia, Morocco and Uganda. In Southern African countries hit by recent food crises (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe), antiretroviral treatment coverage remains very limited.

Gender gap

- Today, women constitute 58% of infected people in sub-Saharan Africa. In almost every country in the region, prevalence rates are higher among women than men.
- This gender imbalance of infections appears greatest among Africa's young women—the continent's future. Adolescent girls in sub-Saharan Africa are three-to-four times more likely to be infected than boys.
- The vulnerability of African women and girls to HIV infection is integrally linked to underlying gender inequalities, societal norms and discrimination. Reducing this vulnerability will require fundamental shifts in the relationships between men and women, and in the way societies view women and value their work and contributions.

Capacity gap

- Currently, one of the greatest barriers to expanding high-impact, cost-effective HIV interventions is the limited human and technical capacity of some developing nations. Along with providing additional financial resources for programmes, donors must also support the establishment of systems, incentives and mechanisms needed to manage a robust AIDS response.
- A fundamental aspect of an expanded AIDS response is the ability to understand the progress of the epidemic and evaluate the impact of efforts to combat it. There is currently little consistency across countries in what epidemiological data and other strategic information are collected and how they are stored and retrieved for use. The result is limited national expertise to produce strategic information and convert it into a stronger national AIDS response.

Examples of effective AIDS initiatives in Africa

- **Leadership:** In Kenya, the recently elected government led by President Mwai Kibaki has declared a new focus on fighting AIDS, and has backed up its pledges with action. The President has appointed an HIV/AIDS Cabinet Committee of nine members, which he personally chairs, and has expressed determination to drive Kenya's infection rate down from its current 15%.

- **Broadening the response:** Uganda's progress against AIDS has been built on determination, innovation and the highest political leadership. This strong formula is manifest in the Uganda HIV/AIDS Partnership, which brings together a variety of stakeholders working at different levels in the area of HIV/AIDS.

- **AIDS in the workplace:** In West Africa, Côte d'Ivoire's privately managed electricity utility, CIE, has set up workplace anti-AIDS programmes that include condom distribution and AIDS education for communities near its offices, especially in areas where there is a high level of prostitution. The company also provides health facilities and confidential medical care to its 13,000 workers and their families. Antiretroviral treatment for HIV-positive workers is provided through a company fund that is partly subsidized by employee contributions. Managers say the company's policy is showing clear signs of success, with rates of sexually transmitted diseases among workers falling by 65% since the beginning of the programme.

- **People living with HIV/AIDS:** The Network of African People Living with HIV/AIDS (NAP+), founded in Dakar, Senegal, in 1993, unites people living with HIV/AIDS across the continent. It trains and reinforces associations of people living with HIV/AIDS and serves as a forum for the exchange of ideas, experiences and resources.

- **Combating stigma and discrimination:** As part of its broad efforts to confront AIDS in Africa, the Anglican Church has made fighting stigma and discrimination a priority. In Uganda, a special effort is made to ensure that people living with HIV/AIDS are welcomed into the church. In Nigeria, the church uses up-to-date information on HIV/AIDS to counter local myths and profiteering. In Burundi, the church has included HIV/AIDS education as part of its post-conflict resettlement activities.

- **Public treatment programmes:**
  - In August 1998, Senegal launched the Senegalese Initiative on Antiretroviral Therapy and, since then, has continued to expand antiretroviral treatment services within the country. The programme, which utilizes both branded and generic medicines, includes flexible fees that provide low-income patients with access either free of charge or for a nominal fee. The government has reported 80% adherence to treatment regimens programme-wide.
  - In Cameroon, the government has used debt relief funds from the World Bank/IMF Highly Indebted Poor Countries Initiative to subsidize the provision of generic antiretroviral drugs through public health facilities. The

programme, which has brought the monthly cost of treatment down to US$20, has led to a rapid increase in treatment—from a few hundred people, to more than 7,000.

- Botswana's antiretroviral treatment programme, known as 'Masa', a Setswana word meaning 'new dawn', was developed by the Ministry of Health, in partnership with the African Comprehensive HIV/AIDS Partnership (set up jointly with the Bill and Melinda Gates Foundation, the Merck Company Foundation, and the management consulting firm McKinsey & Company). By July 2003, 10,415 patients had enrolled in the programme, and 6,791 were on antiretrovirals.

- **Women and AIDS:**
  - An increasing number of agencies involved in home care (including TASO in Uganda and the Catholic Diocese of the Copperbelt in Zambia) are taking an integrated approach by providing welfare support, paying school fees and providing micro-credit to widows.
  - Rwanda has recently passed a law allowing women to inherit land.
  - In Zambia, community-based home-care programmes have entered into a partnership with the Zambian police's Victims Support Unit that informs women about their inheritance rights and provides legal protection and assistance to victims of gender violence.

AIDS is now recognized as one of the developing world's largest impediments to achieving the Millennium Development Goals. Failure to meet these goals in Africa would be a failure on the part of the entire international community. The growing number of effective prevention and treatment efforts in Africa proves that a massive expansion of the epidemic need not be inevitable. AIDS is not unstoppable in Africa. A reversal of the spread of HIV by 2015 can still be achieved by a concerted and determined effort. The extent to which HIV/AIDS affects all of our futures will depend on the actions we take today.

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