HIV/AIDS in Southern Africa

Response to a Regional Crisis

Current Status of HIV/AIDS Programmes and the Need for an Expanded Response
What is HIV?

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV destroys the immune system and the body’s ability to fight off other diseases.
What is AIDS?

We say that a person has AIDS when he or she begins to show symptoms of opportunistic diseases such as pneumonia and tuberculosis.
I. Status of the Epidemic in Southern Africa
Seroprevalence of HIV-1 for Low-Risk Populations in Southern Africa

% of Adults who are Seropositive
- 0.0
- 0.1 - 0.9
- 1.0 - 4.9
- 5.0 - 9.9
- 10 - 19.9
- 20.0 +
Distribution of Number of People Infected with HIV

Total = 12.1 million in 2001

 Country          | Percentage
-----------------|-------------
 South Africa     | 74.4%
 Zimbabwe         | 10.7%
 Botswana         | 4.3%
 Zambia           | 3.9%
 Lesotho          | 2.7%
 Mozambique       | 1.9%
 Swaziland        | 1.6%
 Malawi           | 1.5%
 Namibia          | 0.6%

Total = 12.1 million
HIV Transmission Mechanisms

- Heterosexual Contact: 88%
- Blood: 2%
- Mother-to-child: 10%
Age and Sex Distribution of HIV Infections: Ndola, Zambia

Ratio of female to male infections = 1.4
**HIV Incubation Period (Adults)**

- Not Infected
- Infected
- Infectious
- AIDS
- Death

---

**On Average**

- 2 - 12 YEARS
- 1 - YEAR

(On Average)
Age and Sex Distribution of Reported AIDS Cases

Youth as a special opportunity for prevention
Actual AIDS cases only show part of the problem. Many more people are infected with HIV but have not yet developed AIDS.
II. Demographic Impact of AIDS
HIV Prevalence Among Pregnant Women

- Francistown
- Blantyre
- Soweto
Number of People with HIV/AIDS in Southern Africa

Millions

- 1980: 0
- 1985: 0
- 1990: 1
- 1995: 3
- 2000: 6
- 2005: 10
- 2010: 13
- 2015: 15
Annual New AIDS Cases in Southern Africa

- **1980**: 0.0
- **1985**: 0.0
- **1990**: 0.0
- **1995**: 0.2
- **2000**: 0.4
- **2005**: 0.8
- **2010**: 1.0
- **2015**: 1.2

**Millions**
Annual Deaths to Adults (ages 15-49) in Southern Africa

Deaths with AIDS epidemic

Deaths without AIDS epidemic

Millions
Under 5 Mortality Rate in Southern Africa

Deaths per 1000 live births

With AIDS

No AIDS

Under 5 Mortality Rate in Southern Africa

Deaths per 1000 live births

- With AIDS
- No AIDS
HIV/AIDS Impact on Life Expectancy in Southern Africa

Life expectancy at birth

With AIDS

No AIDS

Total Population in Southern Africa

No AIDS

With AIDS

Millions

0 20 40 60 80 100 120 140 160

Annual Rate of Population Growth

With AIDS

No AIDS

Annual Rate of Population Growth (Percent)

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<tbody>
<tr>
<td>Rate</td>
<td>3.0</td>
<td>2.5</td>
<td>2.0</td>
<td>1.5</td>
<td>1.0</td>
<td>0.5</td>
<td>0.0</td>
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</tbody>
</table>
Need for Family Planning Programmes

- Experts are undecided whether AIDS will cause negative rates of population growth in some countries.
- Even with negative population growth, family planning programmes would still be needed to:
  - Allow couples to plan the number and timing of their children
  - Improve the health of mothers and children
III. Social & Economic Impacts of AIDS
Impacts of AIDS

- Health
- Prisons
- Orphans
- Household
- Agriculture
- Education
- Military
- Women
- Transport
- Macroeconomic
<table>
<thead>
<tr>
<th>Orphans</th>
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<td>Women</td>
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<td>Prisons</td>
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<tr>
<td>Households</td>
<td>Macroeconomic Growth</td>
</tr>
<tr>
<td>Agriculture</td>
<td>Continue</td>
</tr>
</tbody>
</table>
Maternal and Double Orphans as a Result of AIDS in Southern Africa

- Millions

## Annual Costs of Orphan Care (Kagera, Tanzania)

<table>
<thead>
<tr>
<th>Program</th>
<th>Annual Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphanage care</td>
<td>$1063 per child</td>
</tr>
<tr>
<td>Foster care</td>
<td>$185 per child</td>
</tr>
<tr>
<td>Feeding post</td>
<td>$69 per child</td>
</tr>
<tr>
<td>Educational support</td>
<td>$13 per child</td>
</tr>
</tbody>
</table>
Impact of HIV/AIDS on Children

- Loss of family and identity
- Psychosocial distress
- Increased malnutrition
- Loss of health care/immunisation
- Increased demands for labour
- Fewer educational opportunities
- Loss of inheritance
- Forced migration
- Homelessness, vagrancy, starvation
- Crime
- Exposure to HIV infection
Fundamental Priorities

- **Urgency** - the crisis is now! Massive new resources are needed to address the crisis.
- **Realism** - available resources need to be used for feasible interventions.
- **Scale** - governments and donors need to think in terms of national coverage.
- **Appropriate roles** - each organisation and level of government must assume appropriate and cost-effective roles.
Strategies for Intervention

- Mobilise new international and national resources to address the crisis
- Stimulate and strengthen community-based responses. Communities have to be the base for responding to the staggering growth of the orphan population.
- Ensure that governments protect the most vulnerable children and provide essential services
Strategies for Intervention

- Build the capacities of children to support themselves, especially by enabling orphans and other children affected by the epidemic to stay in school and receive vocational training.

- Create an enabling environment for affected children and families and protect property rights of women and children.

- Monitor the impact of HIV/AIDS on children and families.
Strengthen the capacity of families . . .

- Improve infrastructure
- Provide access to credit
- Increase ability to generate income
- Reduce demands on their labour
- Protect property and other legal rights of women and children
- Ensure access to health services
- Respond to psychosocial needs
Stimulate and Strengthen Community-Based Responses

- Respect community decisionmaking
- Enhance the community’s ability to support vulnerable families
- Organise orphan-visiting programmes
- Protect property rights of women and children
- Provide training
- Organise cooperative day care and labour support
Ensure that governments protect the most vulnerable children and provide essential services

- Intervene to protect abused or neglected children
- Build adoption and foster care mechanisms
- Protect property rights of children
Build the capacities of children to support themselves

- Enable children to stay in school
- Expand vocational training
- Reduce labour demands on households
- Protect children from exploitation
Create an enabling environment for affected children and families

- Promote increased understanding and commitment
- Reduce stigma and discrimination
- Advocate and implement laws and policies that protect the safety and rights of affected children and families
- Improve the coordination, effectiveness, and impact of programmes
- Mobilise and allocate appropriate and sufficient financial resources
Monitor the impact of HIV/AIDS on children and families

- Collect and disseminate information
- Enhance mechanisms for collecting data
- Estimate and project number of orphans
- Involve community members in data collection
- Update data regularly
### Social & Economic Impacts of AIDS

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<td>Agriculture</td>
<td>Continue</td>
</tr>
</tbody>
</table>
Women can be especially vulnerable to the HIV/AIDS epidemic...

... subordinate position to males can make it difficult to protect selves against HIV

... certain cultural and economic practices can increase the risk of transmission

... burden of care in AIDS - affected households falls on women and children
Social & Economic Impacts of AIDS

Orphans
Women
Health Care
Education
Households
Agriculture

Labour Costs
Transport
Military
Prisons
Macroeconomic Growth
Continue
AIDS Care Expenditures in Southern Africa

Assumes expenditure of US$2240 per person with AIDS
Public Expenditure for AIDS Care & Total Public Health Expenditure

Millions of US Dollars

Health Expenditures

AIDS Expenditures

HIV and Tuberculosis in Southern Africa

Due to AIDS
Not due to AIDS

Annual number of new TB cases (thousands)
Social & Economic Impacts of AIDS

- Orphans
- Women
- Health Care
- Education
- Households
- Agriculture

- Labour Costs
- Transport
- Military
- Prisons
- Macroeconomic Growth
- Continue
Impact of HIV/AIDS on Education

- Demand for educational services
- Supply of educational services
- Potential clientele for educational services
- Content of education
Demand for Education

- Smaller school-age population
- Fewer children able to afford education
- Fewer children, especially girls, able to complete education
- Reduced family resources for schooling
- More orphans with less access
Zambia: Primary Students, 1994 - 2010

Thousands of Students

- Without AIDS
- With AIDS

Year:
- 1994
- 1998
- 2002
- 2006
- 2010
Zambia: Growth Rate of Primary School Age Population, 2001 – 2010
Change in Annual Household Finances as a Result of the Death of an Adult Member of the Household

Funeral Expenses Increase

Health Care Expenses Increase
Change in Annual Household Finances as a Result of the Death of an Adult Member of the Household

Funds Available for Education Decrease

- No Adult Deaths: 5 T. Shillings (thousands)
- Adult Deaths: 4 T. Shillings (thousands)

Remittances Decrease

- No Adult Deaths: 7 T. Shillings (thousands)
- Adult Deaths: 3 T. Shillings (thousands)
Supply of Education

- Reduction in number of teachers
- Increased teacher absenteeism
- Reduction in number of education officers
Zimbabwe: Primary School Teachers Required, 1990 - 2010

- **Without AIDS**
- **With AIDS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Without AIDS</th>
<th>With AIDS</th>
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</thead>
<tbody>
<tr>
<td>1990</td>
<td>50,000</td>
<td>30,000</td>
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<tr>
<td>1995</td>
<td>60,000</td>
<td>40,000</td>
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<tr>
<td>2000</td>
<td>70,000</td>
<td>50,000</td>
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<tr>
<td>2005</td>
<td>80,000</td>
<td>60,000</td>
</tr>
<tr>
<td>2010</td>
<td>90,000</td>
<td>70,000</td>
</tr>
</tbody>
</table>
Changes in Potential Clientele

- Rapid increase in number of orphans with less access and support and different needs
Zimbabwe: Maternal and Double Orphans as a Result of AIDS, 1990-2010

- Orphans:
  - 1990: 0
  - 1995: 200,000
  - 2000: 600,000
  - 2005: 900,000
  - 2010: 1,200,000
Content of Education

- Need for HIV/AIDS and life skills education to be increasingly integrated in curriculum
- Need for more emphasis on vocational education for orphans and others affected by epidemic
Zambia: Age and Sex Distribution of Estimated HIV Infections, 1999

Youth as a special opportunity
Social & Economic Impacts of AIDS

- Orphans
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- Prisons
- Macroeconomic Growth
- Continue
Economic Effects: Households

- **Loss of income**, if the person who dies is the primary breadwinner
- **Increased expenditures** for health care
- Other household members may **miss school** or work to care for sick member
- Death can result in significant **expenditures for funerals and mourning**
Household Effects

- **Zambia**: Less affluent households report lost earnings of 10,000 kwacha (K) per month, relative to annual incomes of K100,000. Assets such as bicycles and radios were sold to pay expenses.

- **Zimbabwe**: Costs for caring for AIDS patients ranged between Z$185-280/month, while 62% of the population exists below the consumption poverty line of Z$2132.33 per person per year. Funerals can cost as much as Z$4,500.
Social & Economic Impacts of AIDS

- Orphans
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Economic Effects: Agriculture

- **Loss of income**, both from lower labour supply and less remittance income
- **Loss of labour supply** at crucial planting and harvesting times
- **Switching** from labour-intensive export crops to food crops
- **Disruption of agricultural tasks** as AIDS-related conditions need to be cared for
# Tea Production: Malawi, 1995/96

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Cost (£)</th>
<th>Related to HIV</th>
<th>Cost of HIV (£)</th>
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<tbody>
<tr>
<td>Medical services</td>
<td>22,275</td>
<td>25%</td>
<td>5,569</td>
</tr>
<tr>
<td>Funeral costs</td>
<td>928</td>
<td>75%</td>
<td>696</td>
</tr>
<tr>
<td>Death benefits</td>
<td>4,691</td>
<td>100%</td>
<td>4,691</td>
</tr>
<tr>
<td>Absence</td>
<td>14,875</td>
<td>25%</td>
<td>3,719</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42,769</strong></td>
<td><strong>34%</strong></td>
<td><strong>14,675</strong>*</td>
</tr>
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*3.4% of gross profit.
## Social & Economic Impacts of AIDS

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Economic Impact: Firms

- Increased expenditure
  - Health care costs
  - Burial fees
  - Training & recruitment

- Decreased revenue
  - Absenteeism
  - Funeral leave
  - Training
  - Labour turnover
  - Reduced productivity
Increased Labour Costs: Botswana, 1996

- Sick Leave: 55%
- Medical Costs: 13%
- Lost Productivity: 13%
- Training/Recruitment: 10%
- Benefits: 8%
- Funerals: 1%
Impact on Employee Benefits: South Africa, 1995 estimate

- 1995: 6% Lump sum at death, 4% Disability pension
- 2000: 8% Lump sum at death, 4% Disability pension, 4% Spouse's pension
- 2005: 16% Lump sum at death, 8% Disability pension, 2% Spouse's pension
Social & Economic Impacts of AIDS

- Orphans
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- Continue
HIV/AIDS & the Transport Sector
Transport workers more often in high-risk sexual environment

- Far more men than women
- Away from home for extended periods
- Easy access to commercial sex
Special Needs Along Transport Routes

- IEC materials
- Voluntary Counselling and Testing Services
- STD diagnosis and treatment services
- Condom availability
Sectoral Policies

- Can extended absences from home be shortened?
- Can lengthy delays at international border crossings be reduced?
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HIV/AIDS & the Military
Military personnel have a high risk of exposure to HIV and other STDs

- Disproportionate numbers of young men, often in difficult environments
- Postings away from home, often for extended periods
- Risk-taking ethos
- Easy access to commercial sex
High rates of HIV infection in the military will affect civilian rates...

- Contact with spouses and sexual partners
- Contact with sex workers and other civilian populations while in military
- Contact with others after return to civilian life
But opportunities exist as well for HIV/AIDS education and prevention ...

- Military personnel used to responding to high-risk situations in a disciplined, organised manner
- Programmes can be addressed to large and “captive” audiences
- Recruits often screened for HIV so objective and opportunity is prevention of new infections among military personnel
Programmes addressing risk behaviour

- Expanded or improved prevention education for military personnel including medical staff
- Provision of voluntary and confidential counselling and testing services
- Condom education and availability
- Expanded STD diagnosis and treatment services
Zambia

- Recruits screened for HIV and only those testing negative accepted for military service
- Continuous prevention education programme stressing theme … “Jealously guarding your HIV negative status”
Military Policies

- Changes to posting practices, emphasising maintenance of family life
- Training military personnel in codes of conduct when in contact with vulnerable civilian populations
- Training personnel not to transfer the risk-taking ethos of military training to sexual relationships
Social & Economic Impacts of AIDS

- Orphans
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- Continue
HIV/AIDS & Prisons
HIV infection rates are high in many prison settings in Africa

- Overcrowding
- Climate of violence, tension and fear
- Lack of information about HIV
- Lack of adequate health care
- Unprotected sex between men
- Drug injection with shared, unsterilised needles
High rates of HIV infection in the prisons can affect community rates...

- Constant release of short and mid-term prisoners back into the community
- Daily contact with visitors and staff
Responses to HIV/AIDS in the Prisons

- Recognition of the reality of the problem
- Voluntary Counselling and Testing
- HIV/AIDS education on risks and prevention for both prisoners and staff
- Condom availability
- Demand reduction for drug-using prisoners
- Improvements in general climate of prisons
Zimbabwe: National HIV/AIDS Policy

- Provision of voluntary counselling/testing services on admission for all prisoners/detainees
- Provision of information to prisoners on HIV/AIDS risks and prevention
- Provision of HIV/AIDS information and training for staff
- Explanation of risks of HIV/STD transmission for all kinds of sexual activity
- Development of peer education programmes
- Reduction of opportunities for sexual abuse within prisons
- Allocation of additional resources to improve prison services
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</table>
Economic Effects: Macro

- AIDS deaths
  - reduction in number of workers
  - replacement workers are less experienced

- Reduced labour supply
  - higher wages and cost of business
  - reduced international competitiveness

- Drop in savings and capital accumulation

- Reduced savings may lead to fewer jobs in the modern sector
Percent Reduction in Future GDP Due to AIDS

- Malawi - 2010
- Zimbabwe - 2000
- Zambia - 2000
- Kenya - 2005
- Tanzania - 2010
Zimbabwe: National HIV/AIDS Policy

- Provision of voluntary counselling/testing services on admission for all prisoners/detainees
- Provision of information to prisoners on HIV/AIDS risks and prevention
- Provision of HIV/AIDS information and training for staff
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Social & Economic Impacts of AIDS

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- Continue
IV.  Interventions to Slow the Spread of AIDS
## Knowledge of AIDS & Perception of Risk

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<tbody>
<tr>
<td><strong>Ever heard of AIDS</strong></td>
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</tr>
<tr>
<td>Women</td>
<td>96.7%</td>
<td>99.6%</td>
<td>98.7%</td>
<td>82.2%</td>
</tr>
<tr>
<td>Men</td>
<td>99.4%</td>
<td>99.5%</td>
<td>99.6%</td>
<td>93.9%</td>
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<tr>
<td><strong>Perceived risk of getting AIDS is small or none</strong></td>
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<tr>
<td>Women</td>
<td>53.1%</td>
<td>69.5%</td>
<td>76.5%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Men</td>
<td>83.4%</td>
<td>86.8%</td>
<td>87.5%</td>
<td>68.6%</td>
</tr>
<tr>
<td><strong>Percentage who reported making a change in behavior in order to avoid AIDS</strong></td>
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</tr>
<tr>
<td>Women</td>
<td>92.1%</td>
<td>80.1%</td>
<td>21.1%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Men</td>
<td>97.9%</td>
<td>94.1%</td>
<td>62.4%</td>
<td>78.7%</td>
</tr>
</tbody>
</table>
Factors Contributing to the Spread of HIV

- Prevalence of other STDs
- Multiple sexual relationships
- Low use of condoms
- Lack of male circumcision
- Poverty and poor overall health
- Low status of women
- Urbanisation and mobility
- Early sexual activity
- Cultural practices
What Can Be Done?

- Prevent new infections
  - Heterosexual transmission
  - Vertical transmission
  - Voluntary Counselling & Testing
  - Blood supply
- Design major development projects appropriately
- Implement programmes to address specific problems
- Mitigate the effects of AIDS on poverty
What Can Be Done?

- Prevent new infections
  - Heterosexual transmission
  - Vertical transmission
  - Voluntary Counselling & Testing
  - Blood supply
Interventions to limit transmission through heterosexual contact ...

... Reducing the overall number of sexual partners

... Delaying the onset of sexual activity among adolescents

... Promoting the use and availability of condoms, including female condoms

... Controlling other sexually transmitted diseases

... Encouraging voluntary counselling and testing and ensuring availability of services
Benefits and Costs of a Programme to Prevent Mother-to-Child Transmission

*Illustrative analysis of costs and benefits of using Nevirapine, replacement feeding and Cesarean delivery in South Africa.*
### Self-reported Condom Use

<table>
<thead>
<tr>
<th></th>
<th>Before VCT</th>
<th>After VCT</th>
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</thead>
<tbody>
<tr>
<td><strong>HIV +</strong></td>
<td>10%</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>HIV - male</td>
<td>16%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>34%</td>
<td>93%</td>
</tr>
<tr>
<td>HIV - female</td>
<td>15%</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>14%</td>
<td>94%</td>
</tr>
</tbody>
</table>

- With steady partner
- With nonsteady partner
What Can Be Done?

- Prevent new infections
  - Heterosexual transmission
  - Vertical transmission
  - Voluntary Counselling & Testing
  - Blood supply
What Can Be Done?

- Prevent new infections
  - Heterosexual transmission
  - Vertical transmission
  - Voluntary Counselling & Testing
  - Blood supply

- Design major development projects appropriately
What Can Be Done?

- Prevent new infections
  - Heterosexual transmission
  - Vertical transmission
  - Voluntary Counselling & Testing
  - Blood supply

- Design major development projects appropriately

- Implement programmes to address specific problems
## Cost-effectiveness of Interventions

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<thead>
<tr>
<th>Intervention</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Syndromic STD Control</strong></td>
<td>$0.39/client served, $217.62/HIV infection averted, $10.33/DALY saved in Mwanza, Tanzania</td>
</tr>
<tr>
<td></td>
<td>$172/HIV infection averted in Uganda</td>
</tr>
<tr>
<td></td>
<td>&gt; 13 million DALYs saved over 10 yrs., local running costs &lt; $1/DALY saved in 7 West African countries</td>
</tr>
<tr>
<td><strong>Safe blood supply</strong></td>
<td>$172/HIV infection averted in Uganda</td>
</tr>
<tr>
<td><strong>Voluntary counselling &amp; testing</strong></td>
<td>$27/client, $241/HIV infection averted in Kenya</td>
</tr>
<tr>
<td></td>
<td>$29/client, $303/HIV infection averted in Tanzania</td>
</tr>
<tr>
<td></td>
<td>Cost per client was $13.39, broken down into $5.46 of variable cost, $7.93 of fixed in Uganda</td>
</tr>
<tr>
<td><strong>Condom social marketing</strong></td>
<td>$0.11-$1.82/condom sold in Southern Africa</td>
</tr>
<tr>
<td><strong>Peer education/Condoms for CSWs</strong></td>
<td>$0.10/condom distributed, $0.47/client in Bulawayo, Zimbabwe</td>
</tr>
<tr>
<td><strong>Home care visits</strong></td>
<td>Decrease from $20 to $1/visit due to scaling up from 1993-98 in Zimbabwe</td>
</tr>
</tbody>
</table>
Cost-Effectiveness of Interventions

- VCT
- STD control
- Safe blood
- Condom social marketing
Effects of Intervention

- Base
- Blood Screening
- STD Treatment
- Condom Promotion
- Partner Reduction
- Combined
Neither drugs nor vaccines will likely reduce the heterosexual spread of HIV in Southern Africa in the next several years. Increased knowledge about the disease and behavior change are needed.
V. Policy Issues
Guiding Principals of the National Response

Place people in the center of the solution

Develop integrated strategic management teams

Identify catalytic projects

Integration of cultural norms and practices

Establish vulnerable group & geographic area priorities
Human Rights

1. Stigma
2. Information
3. Testing
4. Gender
5. Employment
Legal And Regulatory Issues

- Employer-employee rights
  - Establish sanctions for those who knowingly infect others
  - Regulations for drugs & drug trials
- Guidelines for insurance companies
  - Codes for voluntary counselling & testing
VI. Expanding the Multi-sectoral Response
HIV Transmission Mechanisms and Interventions

**Transfusion**
- Test donated blood and defer some donors
- Screen donors
- Avoid unnecessary transfusions
- Encourage autologous transfusions for elective surgery

**Perinatal**
- Counselling for infected couples
- Anti-retroviral therapy
- Female-targeted prevention programmes
- Delivery by Cesarean section

**Sexual transmission**
- Abstain from sex altogether
- Reduce the number of casual partners
- Delay onset of sexual activity
- Use condoms
- Control STDs
HIV Prevalence Among Pregnant Women

Kampala
HIV Prevalence Among Pregnant Women 15-19 Years Old in Lusaka, Zambia

![Bar chart showing HIV prevalence among pregnant women 15-19 years old in Lusaka, Zambia, for Chelstone, Chilenje, Kalingalina, and Matero in 1993, 1994, and 1998.](chart.png)
National Policies

- Strong political commitment
- Adopt multi-sectoral approach
- Establish effective national coordinating body
- Strengthen STD treatment
- Introduce AIDS education into schools
- Substantially increase funding from all sources
AIDS Control Programmes

- Prevention of sexual transmission
- Prevention of transmission through blood and blood products
- Prevention of perinatal transmission
- Mitigation of socio-economic impact
- Epidemiological surveillance
- Coordination of research
Regional Response

- Address border crossing delays that create environments of high risk for transmission of HIV
- Promote use of public service media campaigns throughout the region
- Develop regional protocols for drugs and test kits
VII. Key Messages
The response to the AIDS epidemic cannot be externally driven.

It is important to build on the base of existing activities.

We need to give leadership groups in Southern Africa a clear indication of the major areas of U.S. assistance in the area of HIV/AIDS.
The whole southern African region has experienced explosive growth of the AIDS epidemic during the past ten years. There is strong and clear evidence (Uganda, Thailand) that prevention works and that BEHAVIOR IS CHANGING. The epidemic in Africa is still silent. AIDS can not and must not be defined as the "problem" of the Ministry of Health.
Key Messages for Political Leadership Audiences

- Do not maintain false hope for a vaccine.
- We must pay particular attention to children and adolescents.
- Each leader must deal with AIDS at a personal level, and must use their platform to warn youth about the scourge of AIDS.