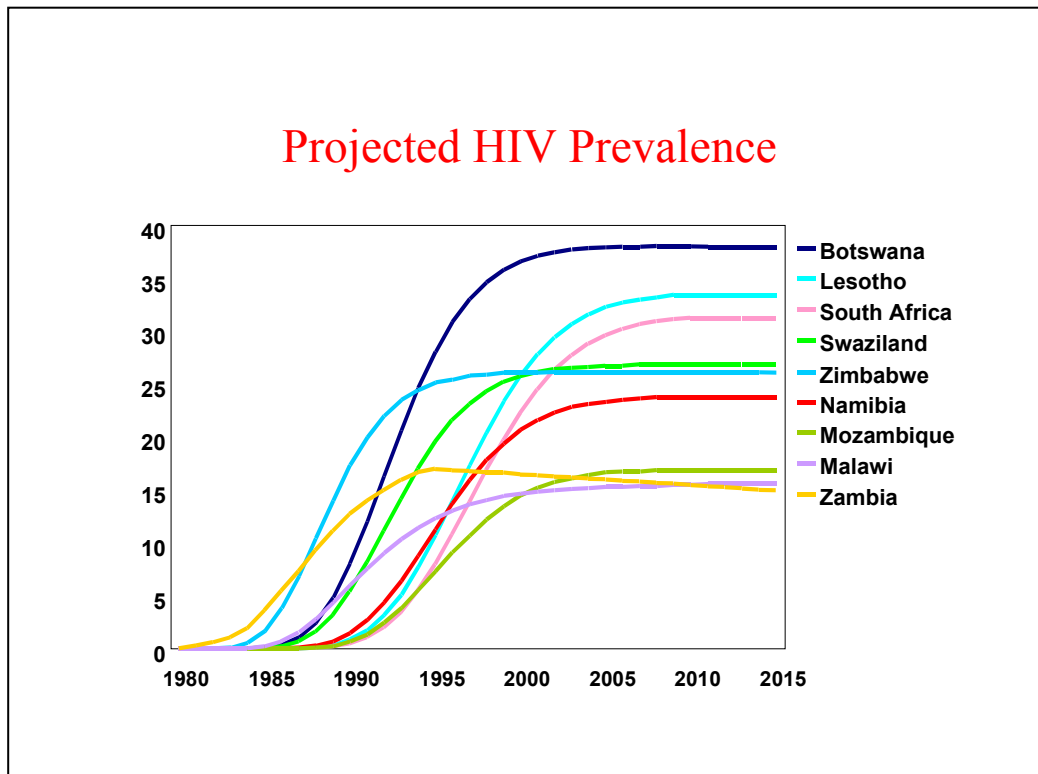


*HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions  
Talking Points*



**1. The whole southern African region has experienced explosive growth of the AIDS epidemic during the past ten years.**

HIV prevalence among the adult population is 20 percent for the region overall in 1999, and is increasing most rapidly in South Africa and Namibia. Over three-quarters of AIDS cases are found in adults between the ages of 20 and 40, the most economically productive segment of the population. The epidemic is projected to increase to reach over 15 million adults by 2015. By then, AIDS will account for 4 of every 5 deaths in the group aged 15-49. Leaders in the region need to collaborate and develop effective responses to this terrible epidemic. All need to recognize that the AIDS epidemic is a long-term problem that will require sustained attention.\*



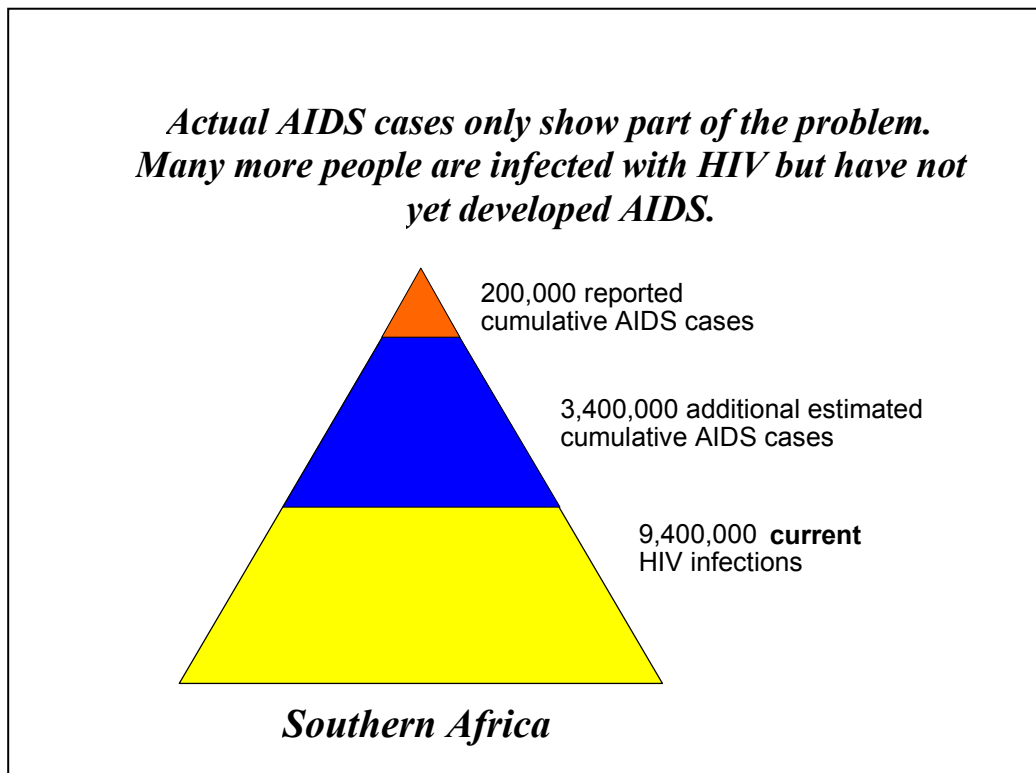
\* For further details, see pages 9, 18-19, and 22 of “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions.”

## 2. The epidemic in Africa is still silent.

The lengthy incubation period is one reason that HIV/AIDS is often called a “hidden epidemic,” where many people are infected with HIV, and can transmit the virus, but have not yet developed AIDS. Political leaders must provide personal support to raise awareness, make it possible to discuss the problem, and motivate all sectors of society to take responsibility and action.

Raising awareness is vital, as the percentage of survey respondents who say that they feel personally at risk is low. Over 88 percent of the HIV infections in southern Africa were transmitted heterosexually, yet condom use is inconsistent. It is important to remember that there is also an epidemic of other sexually transmitted diseases, and that the presence of another STD is an important factor in facilitating the transmission of HIV. Many people are not aware of this important link.\*

### HIV/AIDS Pyramid



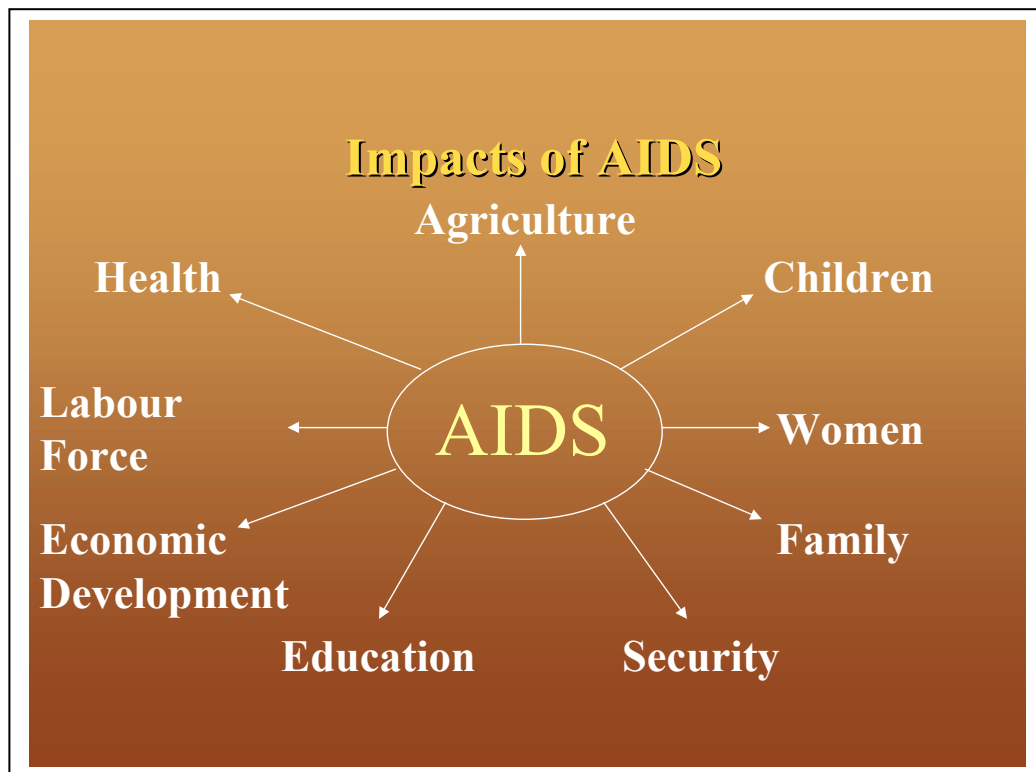
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\* For further details, see pages 5-7 and 13-16 of “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions.”

### **3. AIDS cannot and must not be defined as the "problem" of the Ministry of Health.**

The AIDS epidemic demands a true multi-sectoral approach that involves government, the private sector, NGOs/CBOs, churches, and community groups. AIDS cannot be "someone else's problem" or the problem will continue to grow. Societies and communities must develop their own responses for preventing the spread of HIV, providing care and support for those with AIDS, and mitigating the social and economic impact of AIDS. There are also many important legal and ethical issues around HIV/AIDS, involving issues of confidentiality, reducing stigma and discrimination, and the values, rights and responsibilities of all segments of the society. There are no easy answers, however, and leaders must be involved in the discussion of these important policy issues.

Therefore we need to listen to what leaders are thinking about AIDS. Everyone knows that AIDS is a big problem. But how do they see the issue of AIDS? What do they think can and should be done? Getting people to articulate their ideas also helps to reinforce those ideas.\*

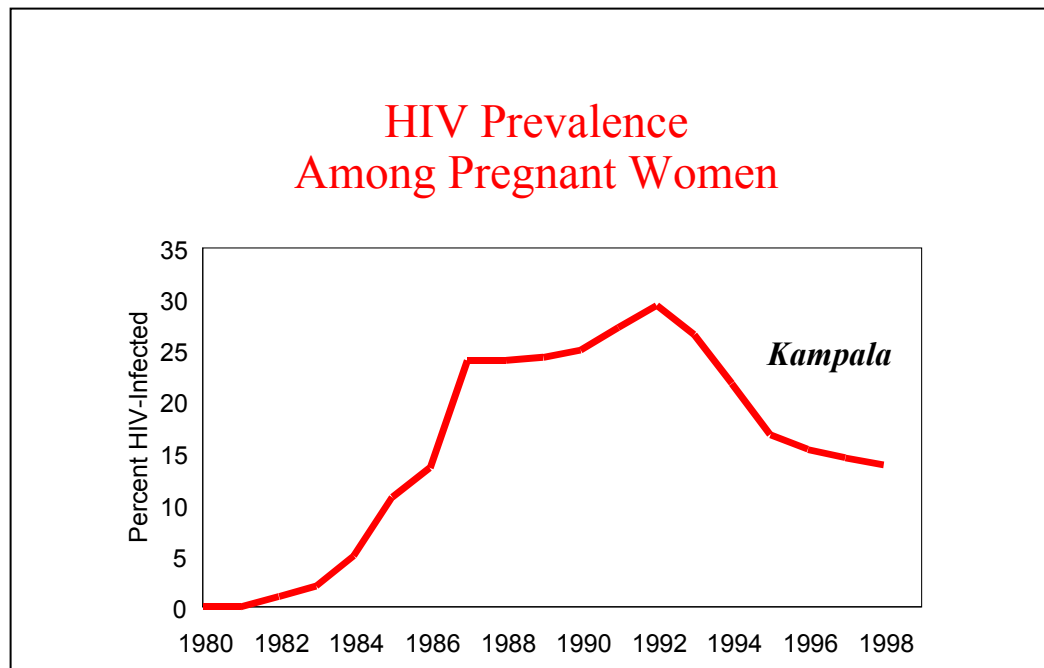


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\* For more information on the social and economic impacts of AIDS, see pages 28-38 of "HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions." For more information on human rights, see pages 41-43 of the same booklet.

**4. There is strong and clear evidence from Uganda, Zambia, and Thailand that prevention works and that BEHAVIOUR IS CHANGING.**

Reports from sentinel surveillance sites and other sources in Uganda indicate a downward trend in HIV prevalence. Of particular note, the evidence indicates that HIV incidence (annual new infections) and prevalence among 15-19 year olds have levelled off in rural areas and are declining in urban areas. Survey results from the early 1990s and mid-1990s suggests that behaviour has been changing within this age group, most notably by a later onset of sexual activity among teens and a decline in the proportion of adolescents with multiple sex partners. There has also been greater use of condoms in high-risk sexual encounters by members of this age group.

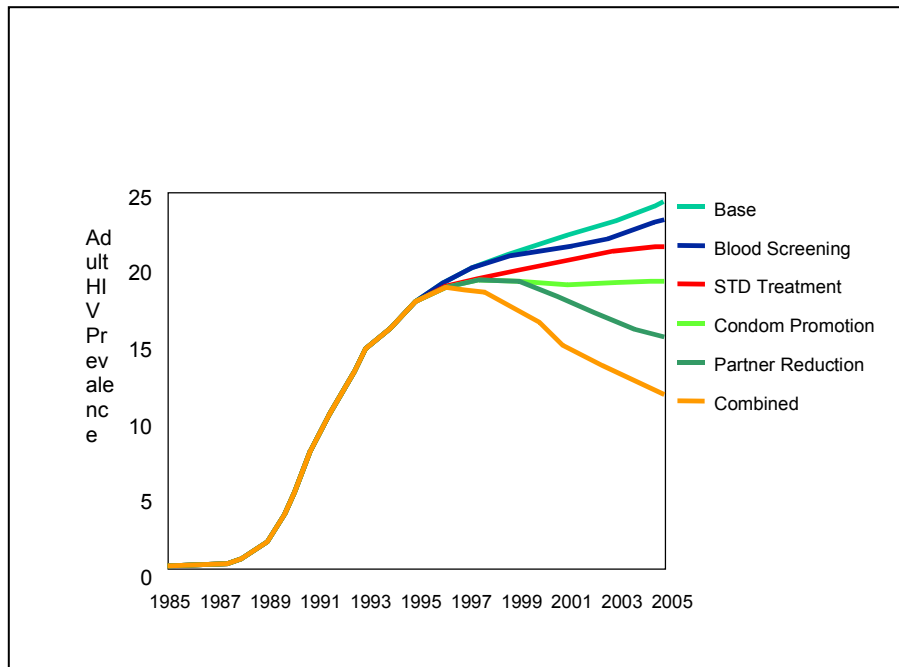


Recent evidence from Zambia indicates that HIV prevalence may be declining among adolescent women. HIV prevalence among pregnant women aged 15-19 in Lusaka has dropped almost one-half in the last six years. Information from studies of sexual behaviour conducted since 1990 indicate that fewer young women were having sex before marriage.

Although there is some evidence of self-reported sexual behavior change in southern Africa, many people seem over-confident in their ability to avoid HIV. According to simulations, prevalence could be 55% lower if a mix of interventions occur as early as possible. Besides interventions to prevent vertical transmission and ensure a safe blood supply, interventions are required to:

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- Encourage voluntary counselling and testing so that people know their status;
- Promote abstinence and faithfulness;
- Reduce the overall number of sexual partners;
- Delay the beginning of sexual activity among adolescents;
- Promote the use and availability of condoms;
- Control other sexually transmitted diseases, the presence of which greatly facilitates the transmission of HIV.\*



\* For further information, see pages 45-53 of “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions.”

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

Many activities are already underway in the public sector, the private sector, and the NGO sector. These activities include home-based care, workplace programs, peer education programs, and orphan care. Much has been learned from the implementation of these activities. While pilot projects and small programs have worked in a number of settings, we need to carefully study these lessons learned in order to scale-up the level of successful activities to have a larger impact. Since resources are scarce, it is important to identify those interventions that we know work and are cost-effective.\*

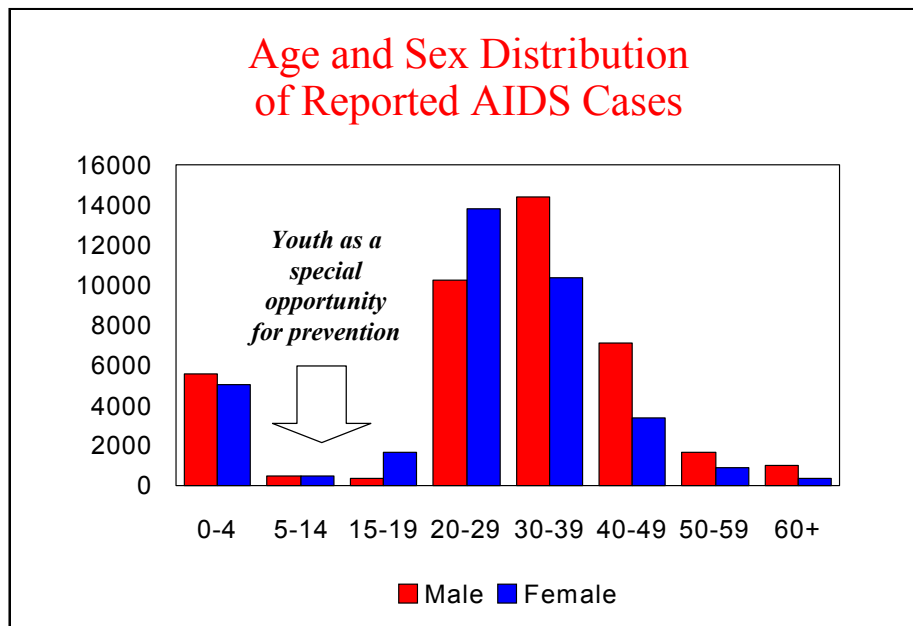
<b>Cost-effectiveness of Interventions</b>	
<b>Intervention</b>	<b>Result</b>
<b>Syndromic STD Control</b>	\$0.39/client served, \$217.62/HIV infection averted, \$10.33/DALY saved in Mwanza, Tanzania  > 13 million DALYs saved over 10 yrs., local running costs < \$1/DALY saved in 7 West African countries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

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\* For further information, see pages 45-53 of “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions.”

## 6. We must pay particular attention to children and adolescents.

Infection rates are negligible among those aged 5-14. A strong emphasis on programs in the schools and among out-of-school youth can help protect the rising generation and change the course of the epidemic. But such programs need to start early, before children become sexually active. In some locations, HIV prevalence among teenage girls is as high as 20 percent for those who have become sexually active within the last two years. While there is a sensitivity of discussing these personal issues with our children, we must overcome this reluctance to talk about sexuality in order to warn them about this disease which was unknown to the previous generation. WE MUST TEACH OUR CHILDREN ABOUT SEX, SEXUALITY, HIV/AIDS, and RESPONSIBLE BEHAVIOR.\*



\* For further information, see pages 10, 28, 29, and 33-34 of “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions.”

**7. We need to give leadership groups a clear indication of the major areas of U.S. assistance in the area of HIV/AIDS.**

Preventing sexual transmission is central to USAID's approach to responding to the AIDS crisis. Other areas of support include programs in policy and information dissemination, social marketing of condoms and other prevention interventions, biomedical and behavioural research, and the care of orphans. Until a vaccine or affordable treatment becomes available, developing and expanding successful HIV/AIDS prevention strategies remain priority missions for USAID. The selected areas of focus are based on solid experience and on the comparative advantage of the U.S. in these focus areas. The United States is an important donor, but is not the only sponsor of HIV/AIDS activities in southern Africa, and works in collaboration with many other donors, national governments, and non-governmental organizations.\*

**Highlights of a Decade of USAID  
HIV/AIDS Prevention Activities  
1987-97**

- Established 540 HIV/AIDS projects in 42 countries
- Improved sexually transmitted infection management in 22 countries
- Provided technical and financial support to more than 600 private voluntary and non-governmental organizations to implement HIV prevention programs
- Reached more than 15 million people with comprehensive HIV prevention education and behaviour change activities – in 1996 alone, activities reached 6 million people
- Trained more than 150,000 people in AIDS interventions as educators, counselors, and clinicians – in 1996, 50,000 received training
- Distributed or sold more than 400 million condoms in developing countries. In 1996, over 275 million condoms were sold through USAID-sponsored social marketing programs in a variety of countries, including Cameroon, Mozambique, Rwanda, South Africa, and Tanzania
- Expanded the HIV-AIDS Surveillance Database to include Latin America, Asia, and the Near East
- Continued research and development on female condoms, microbicides, and STI diagnosis

\* For further information, consult the USAID web site [http://www.usaid.gov/pop\\_health/aids/](http://www.usaid.gov/pop_health/aids/).

**8. False hopes should not be placed on a medical solution to the problem.**

The development of an effective vaccine is many years, if not decades, away. Antiretroviral therapy, which is used to treat infected persons rather than to prevent infection, remains prohibitively expensive and furthermore is not well tolerated. A social and behavioral response is the only and best thing we have.\*



*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.*

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\* For further information, see page 44 of “HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions.”

**9A. What can you do, as a member of the government, to help control the spread of HIV in southern Africa?**

- Discuss HIV/AIDS among constituents, especially information about transmission, fatal consequences, and ways to prevent infection
- Engage in policy dialogue to ensure that the epidemic remains high on the national agenda
- Support the HIV/AIDS programs of NGOs and sectoral ministries
- Support measures to ensure supportive laws and regulations, tax incentives for firms with HIV/AIDS programs, and strong IEC, condom use, STD control, and youth education programs

**9B. What can you do, as a member of an NGO/community/religious group, to help control the spread of HIV in southern Africa?**

- Integrate messages and information about prevention, care, and support into ongoing activities, such as youth and adult education
- Identify and serve as an advocate for vulnerable groups, for example young women and orphaned children subject to sexual exploitation or abuse
- Develop IEC messages and programs that stress the importance of family and moral values in stopping the spread of HIV, for example remaining faithful to one partner or encourage delays in the onset of adolescent sexual activity
- Participate in care and support programs for HIV-infected people
- Participate in strategic planning activities
- Establish links to firms in the private sector

**9C. What can you do, as a member of a firm in the private sector, to help control the spread of HIV in southern Africa?**

- Establish HIV/AIDS workplace programs to educate workers about prevention efforts that can be made
- Establish links with NGOs that could assist in developing HIV/AIDS workplace programs
- Create a private sector forum to share HIV/AIDS prevention “best practices,” and that recognizes firms that adopt them
- Urge governments to provide tax incentives for firms that have HIV/AIDS workplace programs
- Provide ongoing care and support for workers who are ill
- Promote a public image of a business that cares about its employees and the public

**9D. What can you do, as a member of the international community, to help control the spread of HIV/AIDS in southern Africa?**

- Understand that the equivalent in the U.S. would be to have 30 million adults infected with a killer virus, with another 3 million becoming infected with this same virus every year. Average life expectancy will drop to about 40 years in southern Africa by 2015, compared to a life expectancy of over 70 years in the U.S.
- Urge host governments to provide tax incentives to companies and individuals who support local NGO HIV/AIDS initiatives
- Stress to local government officials the importance of free public service announcements
- Provide leadership in the American business community through local business associations
- Help establish links between companies interested in developing HIV/AIDS workplace programs and HIV/AIDS NGOs that can assist
- Publicly recognize businesses that have best practices, and encourage companies to adopt such practices when mergers and acquisitions occur
- Encourage establishment of prevention programs, which have been shown to be effective in causing behavior change.

**10. Yet the final message is one of hope, especially if each and every one of you assumes personal responsibility for your HIV status.**

- Over eighty percent of the adult population in southern Africa remains uninfected, and all of these persons can take active measures to remain free from HIV. You should each ask yourself the following questions:
  - Do I know my HIV status? If you have any doubt at all, you should be tested.
  - If you are HIV-infected, then you must ask yourself, “What can I do in my personal life to keep from infecting others?”
  - If you are not infected, then you must ask yourself, “What can I do to avoid getting infected?” It is your responsibility as a human being to guard jealously your HIV negative status every day for the rest of your life.
  - And, regardless of whether you are HIV positive or negative, you must ask yourself, “How can I help those already infected or otherwise affected by the epidemic?”