

COMBINATION OF NEW APPROACHES NEEDED

Closing gaps in HIV/Aids

ABOUT 38 million people across the world are living with HIV. About 70% of them live in Africa. This shows that there is no solution to the HIV/Aids pandemic without a solution in Africa.

In 2021, there were 1.5 million new cases of HIV – just over 4 000 cases a day across the world. At the same time, close to 700 000 people died.

The big challenge is to address the dual realities of people dying from HIV in large numbers, and the large numbers of new infections. The upside is that there is a clear plan with clear goals on how to address this.

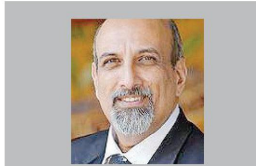
In 2016, countries came together at the UN to agree on what the world's strategy should be. The goal is to end Aids as a public health threat by 2030. Leading scientist Professor Salim Abdool Karim speaks about how to close the gaps:

It's not like we're doing something wrong, but we can always do better than what we do now. Most new infections are coming from two groups. The first is key populations. The largest number of new infections is occurring in men who have sex with men. Especially young men – often young black men. The infections occur largely in Eastern Europe and in Russia.

The second high priority is the large number of new infections in young women in Africa. If we don't address the two groups, we won't solve the problem. But to address the two groups is not easy.

The challenges in much of Eastern Europe and Russia relate to their marginalisation and discrimination as much as they are about services for key populations.

In Africa, we have not been able to stem the number of new infections in young women to the extent we hoped.



SALIM ABDOOL KARIM

Director of the Centre for the Aids Program of Research in SA

The problem is the way in which society has supported or entrenched age-disparate sex, where teenage girls are having sex with men about eight to 10 years older than them.

And the means we have to slow the rate of new infections in young women is not well suited to the need. It's not feasible for a young woman who is not thinking about HIV and aware of her risk regularly to take a tablet every day or even to get an injection. So we have to develop new technologies.

We need a combination of new approaches in our society to reduce age-disparate sex. And we need new technologies to protect young women. And we need to get more young men and more men in their twenties and thirties into health services so they test and go on to treatment before they infect girls.

There are three things we have to think about. The first is we must appreciate that each of us is mutually interdependent: each person's risk affects the risk faced by others. Hence, we need solutions that involve everyone working towards a common purpose. We saw that clearly in Covid-19.

Omicron was first described in South Africa in November 2021 – within a week, the variant was detected



WE NEED to get more young men and more men in their twenties and thirties into health services so that they test for HIV and go on to treatment before they infect girls, the writer says. | African News Agency (ANA) archives

in 16 countries. Within two weeks, omicron was in several countries on all continents. This shows we are all interconnected and dependent on one another. We have a shared responsibility to deal with the problem.

We can't take the attitude that it's somebody else's problem. In many ways, in HIV, the response has taken our interdependence into consideration.

For example, wealthy countries put resources into the Global Fund to Fight Aids, TB and Malaria for poor countries to benefit. It's a shared responsibility

Second is we have to mobilise the resources to at least get treatment up to the levels we have set in our targets. That means we have to get 95% of people knowing their HIV status, 95% of people with HIV on treatment, and 95% of them virally suppressed.

This is the global target for 2025. We need to help one another get to the target.

We're going to need to do bet-

ter with prevention. That's the third point. That means we're going to need to continue our efforts in circumcision and condom promotion, and to do better with pre-exposure prophylaxis.

We need to build on the momentum from the Covid-19 pandemic. The introduction of new technologies such as mRNA is a good example. This is technology we can tap to improve the research on vaccines against TB and malaria, particularly in HIV. We don't have a vaccine for HIV yet, but there are now new candidates being made with mRNA.

At least we can do better with existing TB vaccines and existing malaria vaccines with a new platform such as using mRNA technology. It is also an important platform for HIV vaccines in the pipeline.

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