

# Men in Africa need treatment to eliminate HIV here

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About 38 million people worldwide are living with HIV. About 70% of them live in Africa.

In 2021, there were 1.5 million new cases of HIV – over 4 000 cases per day worldwide. At the same time, 700 000 people died.

The big challenge is to address the people dying from HIV in large numbers and the large numbers of new infections.

There is a clear plan with clear goals on how to address this. In 2016, countries came together at the United Nations to agree on that the goal is to end Aids as a public health threat by 2030.

Most new infections are coming from two groups. The largest number of new infections is in men who have sex with men, especially young black men. These infections occur largely in Eastern Europe and in Russia.

The second high priority is the large numbers of new infections in young women in Africa. But to address those two groups is not easy. The challenges in Eastern Europe and Russia relate to their marginalisation and discrimination and services for key populations.

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

The problem is the way society supports or entrenches age disparate sex, where teenage girls are having sex with men about eight to 10 years older than them.

The means to slow the rate of new infections in young women is not working.

It's not feasible for a young woman who is not thinking about HIV and aware of her risk to take a tablet every day or get an injection. So we have to develop new technologies.

We need new approaches in society to reduce age disparate sex.

We need new technologies to protect young women.

And we need to get more young men and men in their 20s and 30s into health services so that they test and go onto treatment before they infect young girls.

There are three things we have to think about.

First, we must appreciate that we are 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.

Omicron was first described in South Africa in November 2021 – within a week it was detected in 16 countries. Within two weeks omicron was in several countries

on all continents. This shows that we are all interconnected and dependent on each other. We have a shared responsibility.

In HIV, the response has taken our interdependence into consideration. Wealthy countries put resources into the Global Fund to Fight Aids, TB and Malaria for poor countries to benefit. The countries are saying, "We understand that if we don't get HIV under control in Africa, it affects the whole world."

Second is that we have to mobilise the resources to get treatment up to the levels that 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 do better with prevention. That's the third point. Treatment on its own is not going to enable us to reach the 2030 target. We need to improve prevention. That means we need to continue our efforts in circumcision and condom promotion and do better with pre-exposure prophylaxis.

We need to build on the momentum from the Covid pandemic. The introduction of technologies such as mRNA is a good example. We can do better with existing TB vaccines and existing malaria vaccines using mRNA technology. – *The Conversation*

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