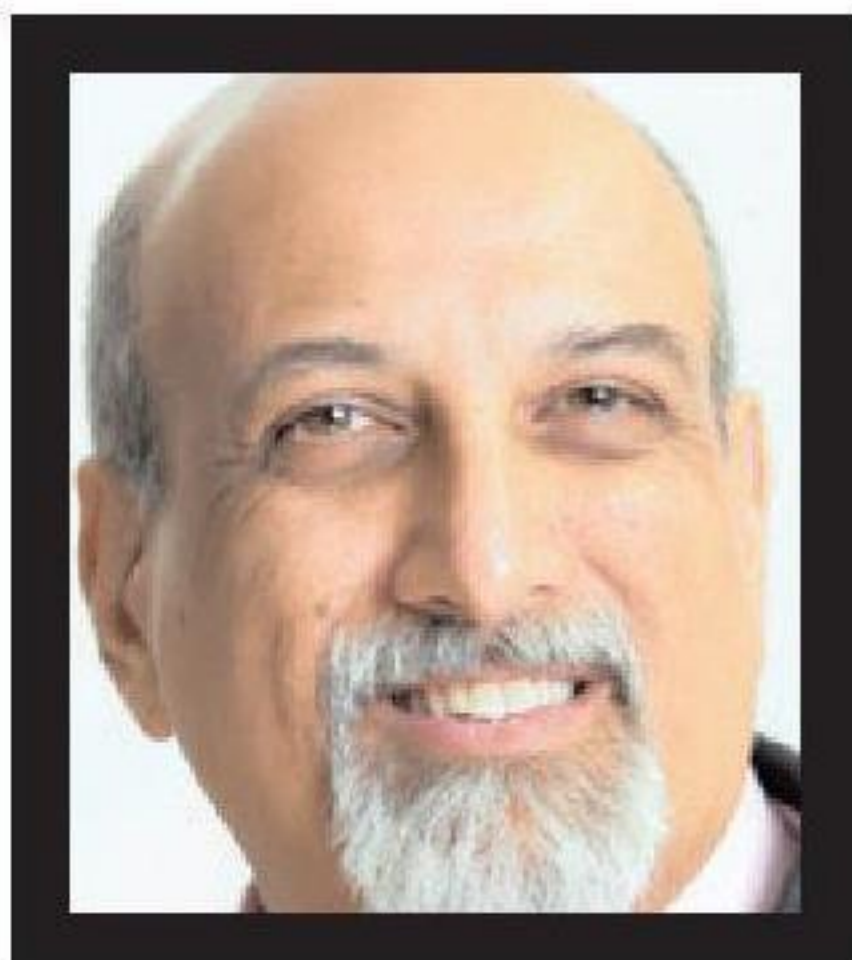


# Call for community action for increased HIV prevention

*There is a need to counter growing global complacency and tackle the disease head-on*

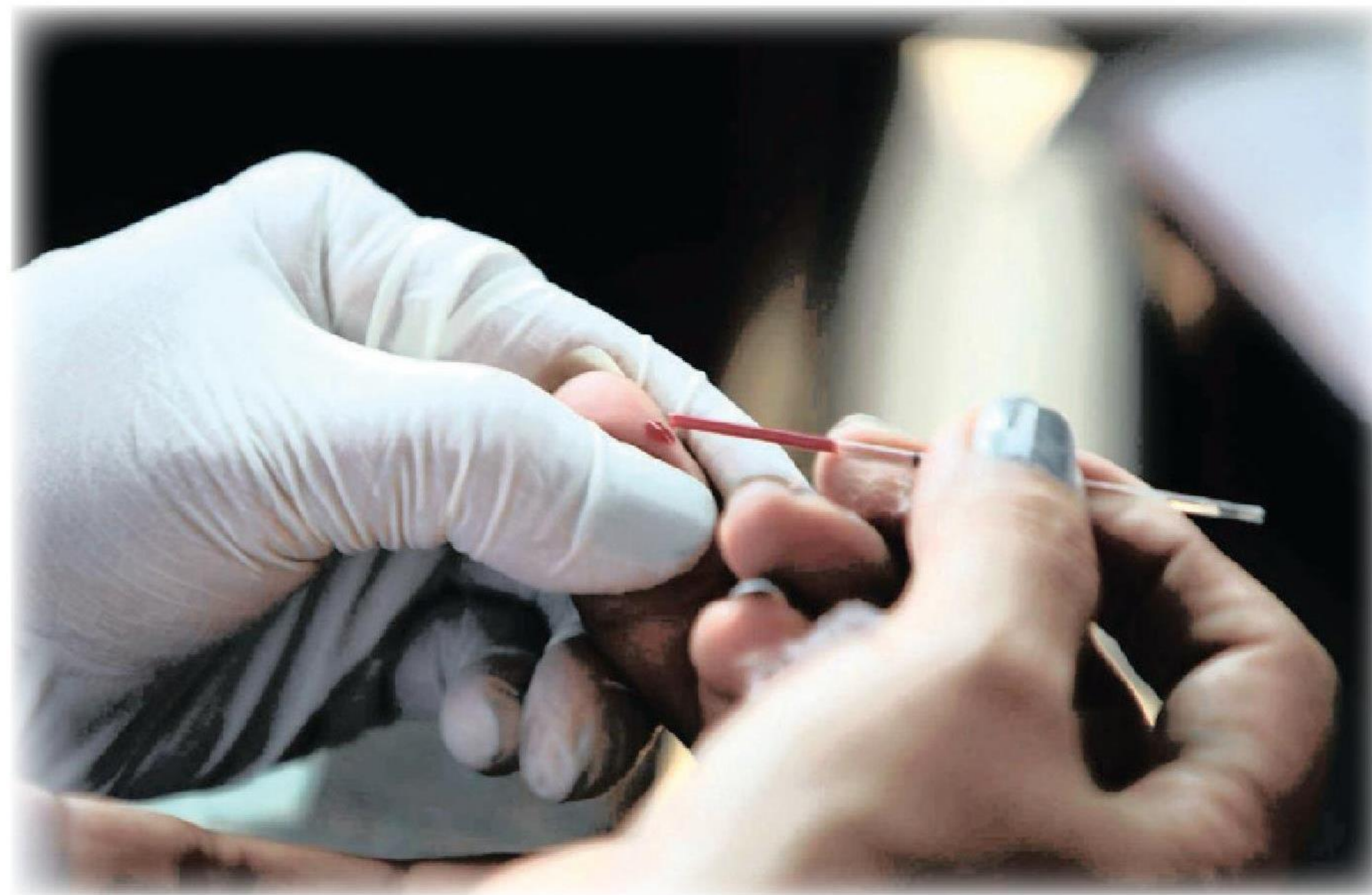
## COMMENT



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A HEALTH worker takes a blood sample for an Aids test. There is no room for complacency when so much more remains to be done for HIV prevention and treatment, say the writers.  
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IN LINE with its 2019 World Aids Day theme of “Communities make the difference”, UNAids makes a clarion call to the global community to counter growing complacency and tackle the challenge of HIV head-on.

While the global HIV epidemic is widely viewed as a triumph over tragedy, the estimated 37.9 million people living with HIV, 770 000 Aids-related deaths, and 1.7 million new infections (4 500 new cases of HIV infection occurring each day) last year are a reminder that HIV remains a serious global health challenge.

Unlike the first two decades of the epidemic since the first reported cases of Aids in the early 1980s, when Aids was synonymous with fear, pain and death, there has been unprecedented progress on the treatment of Aids and the prevention of mother-to-child transmission of HIV.

Highly effective treatment, through an array of about 30 different anti-retroviral drugs, has given people living with HIV an almost normal lifespan and instilled hope in high-burden communities.

Despite these successes, millions of people need support for lifelong treatment, and millions more still need to start antiretroviral treatment – many of

them do not even know their HIV status. Although knowledge of HIV status is the first step for accessing prevention and treatment services, large numbers of people remain unaware of their HIV status, and new HIV infections continue unabated.

South Africa has one out of every five people living with HIV in the world – it’s the country with the highest number of people living with HIV (about 7.9 million).

Here teenage girls bear the brunt of the HIV epidemic. About 1 500 adolescent girls and young women are infected with HIV every week in South Africa. These girls are twice as likely to be living with HIV as young men of the same age.

There are several social, behavioural and biological reasons for a young woman’s vulnerability for acquiring HIV.

The main reason is the “cycle of HIV transmission” that is created by a large number of new HIV infections in young women from men about 10 years older, usually in their late twenties and early thirties.

When these young women reach their thirties, they in turn are the main source of HIV in men in their thirties, who then transmit the virus to the next generation of young women, especially teenage girls, to perpetuate this cycle. Young women are also seldom able to negotiate safer sex and often have to run the gauntlet of gender-based violence, rape and gender-power disadvantages, which exacerbates their vulnerability.

Universal test-and-treat strategies have not succeeded in breaking the cycle of HIV transmission.

Men in their late twenties and early thirties often transmit the virus to

young women before they know their HIV status.

This situation with the ongoing high rate of HIV in young women is a major obstacle to achieving the UN Sustainable Development Goal of “ending Aids as a public health threat” by the year 2030. Reducing HIV in young women in Africa is essential to change the course of the epidemic and to reverse current poor global progress in HIV prevention on the continent.

There is no room for complacency when so much more remains to be done for HIV prevention and treatment.

The task of community involvement and mobilisation needs greater commitment and impetus.

The cycle of HIV transmission needs to be broken by community voices speaking up and claiming: “No more!”, for it is only community action that can take on this challenge and win.

Now is the time for social activism and community advocacy. Communities are central to the response and have the knowledge and influence to address complex community dynamics.

There is a need to invest more in communities and create an enabling environment underpinned by mutual respect among communities, government, researchers and civil societies to reduce the incidence of HIV.

This community action approach could change the course of the HIV epidemic in young women, an essential initial step to set South Africa on the path to the UN’s 2030 goal of ending Aids as a public health threat.

*Quarraisha Abdool Karim is the UNAids Ambassador for Adolescents and HIV; Professor Salim Abdool Karim is a world-renowned South African Aids researcher and scientist*