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THE CHALLENGE AND PERSPECTIVE OF HIV/AIDS IN AFRICA

1. INTRODUCTION

The impact of HIV/AIDS in the countries of the sub-Saharan Africa in terms of human and economic welfare, life expectancy, education and national security is likely to be immense as this area, with about 10% of the world's population, accounts for 20.8 million infected cases - almost 70% of the global total. When this number is considered in the African context, with a conservative estimate of seven persons per household, the impact is likely to be felt by more than 145 million people across the spectrum. Thus, the HIV/AIDS epidemic has already negatively affected a great deal of Africa's social, economic and political life.

2. MAGNITUDE OF HIV/AIDS PROBLEM

HIV/AIDS is bound to reverse the health gains made during the last 3-4 decades in the areas of life expectancy and infant and child mortality. In addition to causing death mostly among economically and socially active and productive youth and adults aged between 15 and 49 years, HIV/AIDS is responsible for an unprecedented number of orphans as it kills both parents. The most significant achievement of many African countries during the past 40 years had been the increase in life expectancy by about 16 years - from 39 in 1950 to 55 years in 1990. However, in countries such as Kenya, Burkina Faso, Cote d'Ivoire, Botswana and Uganda, AIDS has nullified most of these gains. It is projected that if the current trend of the HIV epidemic continues at its current accelerated rate, by the year 2015, there will be more than 20% increase in infant mortality, with a corresponding increase of about 50% in under-five mortality.

As the HIV/AIDS epidemic unfolds, the challenges posed by it go beyond the confines of the health sector. It encompasses the entire spectrum of human existence. The only means of containment is through prevention based on modifying the human behaviour, which is a complex problem due to social, economic, cultural and political diversities of the societies that comprise the sub-Saharan Africa.

3. SITUATION OF HIV/AIDS IN SOUTHERN AFRICA

The situation of HIV/AIDS in the southern African sub-region is rather frightening as the infection is spreading rapidly. In the high-risk groups, the prevalence rate ranges between 9% -55 %. (Nine of the most severely affected countries in the sub-Saharan Africa form part of this sub-region). This indicates that the epidemic is still at a relatively early stage and the rate of increase is likely to rise for some more years.

There is a consensus about the fact that the HIV/AIDS/STI situation in Southern Africa constitutes an emergency and should be treated as such.

4. NATIONAL RESPONSE TO HIV/AIDS

Health systems in the past have effectively responded to endemic problems such as the target diseases of the expanded programme on immunization, leprosy, tuberculosis and some others. Similarly, there is also evidence that the HIV/AIDS epidemic has stabilized in at least one of the most affected countries (Uganda). In other countries, despite the establishment of National AIDS Control Programmes, national response to the epidemic has yielded only limited results. The problem with HIV/AIDS is that the infection has not yet been adequately identified in all its manifold facets.

Therefore, as a first step to meet the challenge of HIV/AIDS, governments should provide the critically-needed leadership to initiate preventive steps as an integral part of national development planning process. They should allocate adequate resources for implementation of the prevention and control activities. Others such as WHO, bilateral and multilateral agencies and NGOs should provide technical, material and financial support to supplement national effort.

More specifically, government efforts should include:

- Direction to various sectors to cooperate and collaborate in combating the HIV/AIDS epidemic as a multi-sectoral problem and to respond to it as an integral part of national development policy.
- Setting up of an effective surveillance system to monitor the spread of the epidemic and improve medical services for the affected people.
- Monitoring of the behavioural patterns of high-risk population groups and introduction of appropriate health education interventions to contain the spread of HIV/AIDS.
- Formulation of national HIV/AIDS prevention and control guidelines, supported by a sustained political and policy commitment, to respond to initiatives against HIV/AIDS.

In addition to the above, there are some interventions that the health sector can initiate to prevent the spread of HIV/AIDS. These include:

- (i) Improved programme management to make existing health systems more responsive to the HIV/AIDS epidemic.
- (ii) An improved monitoring and surveillance system to make it more sensitive and responsive to HIV/AIDS trends and interventions.
- (iii) Provision of care to those with HIV/AIDS, including antiretroviral (ARV), with priority for maternal-to-child transmission (MTCT), and linking clinical care with counselling services.
- (iv) Identification of specific indicators within the health information system (HIS) which can be used as the ones impacting on HIV-incidence reduction.
- (v) Social mobilization, i.e. condom distribution, and linking the intervention with reproductive health/family planning.

- (vi) Investing some of the funds allocated for HIV/AIDS prevention to strengthen existing health system and making it more responsive to the HIV/AIDS epidemic.

5. REGIONAL RESPONSE

5.1 New Regional Strategy

Subsequent to the restructuring of the Global Programme on AIDS and establishment of UNAIDS as an independent agency, WHO has played a limited role in HIV/AIDS prevention endeavours. However, WHO/AFRO has for long realized the significance of the problem and has continued to work in close collaboration with Member States. A resolution of the WHO Regional Committee for Africa (AFR/RC45/R.1) in September 1995 had recognized HIV/AIDS and STI as important public health problems in the Region. The resolution also recognized WHO's leadership role in providing technical support and other facilities in matters pertaining to health. At its next session in 1996, the Regional Committee adopted a new regional strategy for HIV/AIDS which provided a broader framework to the Member States and identified areas of coordination and collaboration, both at the regional and national levels, to control the epidemic and minimize its impact. The operational priorities of the strategy include integration, decentralization and empowerment of the National AIDS Control Programmes depending on the capacity of each Member State and the resources available.

5.2 Southern Africa Initiative on HIV/AIDS/STI

WHO/AFRO and other partners such as UNICEF, UNAIDS and SIDA are introducing a new Southern Africa Initiative on HIV/AIDS, with the main thrust of energizing and mobilizing the countries of the sub-region to come up with an expanded response, recognizing the special role the health sector has in HIV/AIDS prevention and control activities. WHO/AFRO is committed to take the new Initiative directly to the southern African Heads of State to urge them to recognize the strategic importance of HIV/AIDS and its likely impact on their populations. To spearhead the Initiative, WHO/AFRO has proposed new HIV/AIDS interventions, which are:

- (i) Remobilization of Africa's political leadership in the anti-AIDS campaign;
- (ii) Institution of more effective interventions and strategies; and
- (iii) Strengthening of cooperation and collaboration among various partners to make maximum use of available resources and mobilizing additional inputs in order to make a greater impact on the HIV/AIDS containment effort.

6. GLOBAL RESPONSE

The WHO Director-General, Dr G.H. Brundtland, is preparing a global initiative which will provide a strategic framework for WHO and Member States to strengthen the response of the health systems to HIV/AIDS/STI.

7. CONCLUSION

HIV/AIDS poses a threat of unprecedented magnitude to Africa's economic, social and political future. Thus, it is the responsibility of the continent's government and political leadership to mobilize internal and external resources to the maximum to respond to the HIV/AIDS epidemic both at national and regional levels.

The Regional Committee had, in 1996, approved the new regional strategy which is still relevant and constitutes the regional framework for strengthening country response to HIV/AIDS/STI. A new Initiative on HIV/AIDS/STI is being prepared by WHO and its partners, more specifically for the Southern African countries.

The WHO Director-General is preparing a global initiative, for which the role of WHO vis-a-vis UNAIDS and other partners will be defined.

The Regional Committee is requested to examine this document, take note of the information contained herein, and provide its orientation and decision.