

Summary of Health Issues in South Africa

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The entire content of this day's publication is HIV/AIDS related and as such my synopsis will for the sake of brevity only highlight the most significant issues arising.

Donations to fight the HIV/AIDS epidemic have fallen to their lowest levels since 2010. New infections are increasing in many regions of the world, resulting in attention being drawn to that of prevention. Treatment should be targeted at who are those most susceptible to the virus in South Africa, such as all the traditional "key" populations which include sex workers, prisoners, transgender people and those who inject drugs.

An alternative method of prevention is for an individual to be administered a daily antiretroviral pill designed for prevention of the infection, instead of the treatment thereof. This is known as "pre-exposure prophylaxis" (PrEP). Barring the United States, the access to PrEP, is subject to availability. SA and Kenya are the two lower middle income countries to make use of it. As long as the medication is taken as intended the drug is said to be 90% effective in halting new infections. It must be taken strictly on a daily basis at the same time of day. South African statistics are indicating that we are not yet seeing the benefits of this, but soon it will reach a level of success.

The lifespan of an individual infected with the virus was approximately twelve years, twenty years ago. This has changed dramatically and an infected individual can expect to have close to a near normal lifespan with uninterrupted treatment. A programme known as the 90-90-90 is being implemented with the goal of ending the epidemic by 2030. By 2020, 90% of infected people should be diagnosed and will be on antiretroviral treatment. 90% of those being treated should be virally suppressed. This means the amount of the virus in the individuals blood is brought down to an undetectable level. This being reliant on universal testing and treatment. Early detection is the key to the success of this, thus stopping further transmission. A variety of statistics are quoted to support this programme. This is the way forward to an HIV free population. This is all very well on paper, but in reality finances matter and such idealistic goals would depend largely on funding. Another factor is to take the testing out of the clinics and into the inaccessible rural communities. Along with this, individuals need to begin antiretroviral treatment as soon as possible after diagnosis.

Despite the difficulties, Botswana is near to reaching the 90-90-90 programme as well as certain Northern European countries as well as Australia. Those battling to reach this goal are usually countries with difficult to reach populations.

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