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South Africa Delegation Briefing Paper
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South Africa 2006: Population and HIV/AIDS

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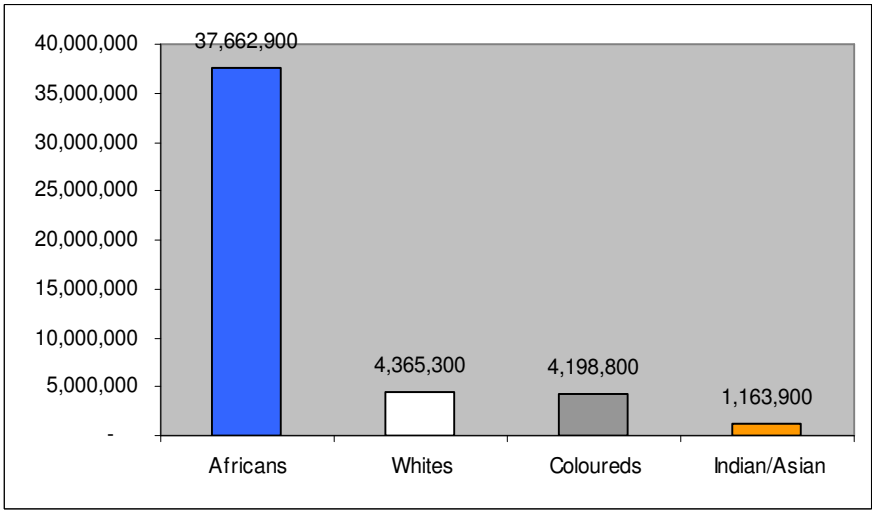
Population

Population of South Africa – Mid 2006



Population: 47.4 million
Percent Women: 51%

African: 79.5%
White: 9.2%
Coloured: 8.9%
Indian/Asian: 2.5%

Provinces with the most population:
KwaZulu-Natal: 21%
Gauteng: 20%

Life Expectancy: 50.7 years
- **Men:** 49 years
- **Women:** 53 years

Statistics South Africa

Estimated Annual Population Growth Rate, 2001-2006				
2001-2001	2002-2003	2003-2004	2004-2005	2005-2006
1.25	1.22	1.19	1.17	1.06

Statistics South Africa

As of mid-year 2006, South Africa had a population of 47.4 million. Approximately 32% are children (aged 0-14 years), 63% are working age (15-64) and 5% are older persons (65 and older).[1] Due largely to AIDS, South Africa's population growth rate has been declining and it death rate has been rising.[*]

[*] "Statistics South Africa continues to classify people by population group, in order to monitor progress in moving away from the apartheid-based discrimination of the past. However membership of a population group is now based on self-perception and self-classification, not on a legal definition." – **Statistics South Africa**

HIV/AIDS

Impact of HIV/AIDS

An estimated 320,000 people died of AIDS in South Africa in 2005 according to UNAIDS; 900 every day. The HIV-prevalence rate for adults (aged 15-49) is 18.2%.[†] An estimated 5.5 million people are HIV-positive and 1,000 new infections occur daily.[2]

Adult HIV-prevalence Rates (%)					
2001	2002	2003	2004	2005	2006
14.7	15.4	16.1	16.9	17.5	18.2

Statistics South Africa

Young Adult (15-34) HIV-prevalence Rate by Gender 2005 (%)	
Women	14.8
Men	4.5

UNAIDS

A report on **adult mortality** (age 15-64) between 1997 and 2004 by Statistics South Africa, based on death certificates, shows a dramatic increase in the death rate, largely due to AIDS-related deaths.

Young adults, especially women, have been particularly affected by HIV/AIDS. Between 1997 and 2004 the death rate for women age 20-39 more than tripled and for men 30-44 more than doubled. The death rate peaks at 30-34 for women and 35-39 for men. This parallels UNAIDS's estimate that women make up 58% of the adult population (15 and over) who are HIV-positive in South Africa.

> *"For the first time ever, in 2003, people aged 30 to 34 were dying in larger numbers than people in their 60s."*
>
> **Zackie Achmat**, Treatment Action Campaign, June 21, 2006[3]

The number of deaths registered as due to HIV increased sharply between 1997 and 2004. But the report concludes that many other deaths were due to HIV even though they are registered as due to another underlying cause. "A large part of this increase can be attributed to HIV, where death rates have a distinctive age pattern in which there is an increase to a given age and then a rapid decline at older ages," notes Pali Lehohla, Statistician-General of Statistics South Africa.[4] The report notes that the percentage of pregnant women at public antenatal clinics who were HIV-positive was 1% in 1990, 17% in 1997 and 30% in 2004 and concludes that "it seems likely that HIV deaths will continue to increase in South Africa for some years."[5]

> *"HIV death rates have a distinctive pattern by age in which there is an increase to a given age and then a rapid decline at older ages. This peak occurs at 30-34 for females and at 35-39 for males. Many HIV deaths are registered as being due to some other cause of death… Based on the age pattern of death rates by sex, it is likely that a high proportion of deaths registered as due to parasitic diseases, parasitic opportunistic infections, certain disorders of the immune mechanism and maternal conditions (females only) are actually caused by HIV."*
> *"It is known that among those who have tuberculosis and then become HIV-positive, the speed of progression from HIV to AIDS and from AIDS to death is more rapid…and the death rates from tuberculosis are also increased... Moreover, being HIV-positive increases the chance of acquiring tuberculosis due to a weakened immunologic system."*
>
> **Statistics South Africa**

South African Death Rates per 100,000 by Sex & Age 1997-2004										
	Overall					Registered as due to HIV				
Age	20-44	25-29	30-34	35-39	40-44	20-24	25-29	30-34	35-39	40-44
Male 1997	381	625	817	916	1136	7.4	29.4	49.1	49.8	47.2
Male 2004	555	1081	2118	2498	2765	10.8	45.0	105.2	132.4	90.0
Female 1997	331	452	489	526	615	30.6	47.9	47.2	35.7	19.5
Female 2004	1085	1985	2267	1890	1548	59.0	114.2	129.0	101.4	45.3

Statistics South Africa

[†] The adult (15-19) HIV prevalence rate is estimated by UNAIDS to be somewhat higher, 18.8%.

Criticism of the Government

The South African government has been criticized both domestically and internationally for its slow response to the HIV/AIDS pandemic, especially for its reluctance to provide antiretroviral (often abbreviated as ARV) drug treatment. The South African government only began providing antiretroviral treatment in 2004, Brazil started in 1996.[6]

Much of the criticism has been directed at Minister of Health Dr. Manto Tshabalala-Msimang who has been nicknamed "Dr. Beetroot" because of her focus on promoting the nutritional value of beetroot, garlic and lemon in the diet of people living with AIDS to the exclusion of a broad spectrum of action.[7]

> *"Manto Tshabalala-Msimang's failure to manage the treatment of AIDS is well known. She has promoted pseudoscientific remedies and undermined the antiretroviral (ARV) rollout. SA is not even in the top 10 in Africa for the proportion of people in need of ARVs who actually receive them - that is if we are to believe government's treatment statistics. The programme is so poorly monitored that no one knows with any confidence how many people receive treatment… The cabinet has emphasised prevention as the cornerstone of government's AIDS policy. Yet, the mother-to-child transmission prevention programme is implemented poorly. It has been inadequately monitored and evaluated, so we have little understanding of how effective it is."*
>
> **Nathan Geffen**, Treatment Action Campaign

The Treatment Action Campaign (TAC), founded in 1998 to advocate for the rights of people living with HIV/AIDS, has campaigned for years for the government to provide free antiretroviral drugs. TAC has called the number of deaths "intolerable" and called on President Mbeki to convene a national crisis meeting and for Tshabalala-Msimang to be fired.[8]

South Africa has been criticized internationally. Stephen Lewis, Special Envoy of the Secretary-General for HIV/AIDS in Africa, in his August address to the XVI International Aids Conference in Canada said South Africa "is the only country in Africa whose government continues to propound theories more worthy of a lunatic fringe than of a concerned and compassionate state."[9]

HIV/AIDS in Prisons in South Africa

- There are 158,000 inmates in 240 facilities. As of October 2006, only 4 are accredited prison-based antiretroviral treatment sites.
- About 800 inmates are receiving antiretroviral treatment and 1,200 are in pretreatment and counseling as of October 2006.
- The Department of Correctional Services estimates 5.84% of the 110,000 sentenced-prisoners, or 6,400 prisoners, are HIV positive. No estimate is made for the 48,000 awaiting-trial prisoners.
- Critics claim that the percentage of HIV positive prisoners is much higher. In October 2006 Corrections Services initiated a survey of 10% of sentenced prisoners that is expected to show the HIV prevalence rate is much higher.[10]

Lawsuits have been used by AIDS advocates. In 2002 South Africa's Constitutional Court, in a case initiated by TAC, ordered the Government to make the drug nevirapine available to pregnant women to help prevent the transmission of HIV to their babies.

Legal action has also been taken regarding the growing number of AIDS-related deaths in prisons – according to TAC the death rate in prison has increased from 1.65 deaths per 1,000 in 1996 to 9.2 per 1,000 in 2005. On June 22, 2006, the AIDS Law Project, representing 15 inmates at Westville Correctional Centre, was granted an order directing the government to provide access to antiretroviral treatment to the prisoners. Initially because the government appealed the case, execution of the order was suspended until final determination of the appeal. But on July 25, at the request of the Aids Law Project, the Court ordered the government to comply with the earlier ruling while the appeal was pending.[11] On September 21 the

Department of Health announced that Westville Correction Centre had been accredited to provide antiretroviral treatment and noted that three other correctional facilities had also been accredited.[12] Some prisoners at Westville Correctional Centre are now receiving antiretroviral treatment. While the case is limited to Westville Correctional Centre, it is seen as having implications for all prisons.

Zackie Achmat
Chairperson, Treatment Action Campaign

Zackie Achmat has won international acclaim for his pivotal role in efforts to get the South African government to provide universal access to antiretroviral treatment. Achmat, himself HIV positive, was a founder of the National Coalition for Gay and Lesbian Equality in 1994. In 1998, with ten other activists, he founded the Treatment Action Campaign. To pressure the government he refused to take antiretroviral drugs, only starting in Sept 2003 when the government announced to plan to do so. He was active in the struggle against apartheid. At 14 when he was a leader of the 1976 school boycotts in Cape Town. He promoted the ANC at the mass level and was arrested and detained at least five times. He remains a member of the ANC. Calling for the resignation of Health Minister Manto Tshabalala-Msimang, Achmat said: "All of us have had enough. The rate of deaths, the rate of new infections and the AIDS denialism continues unabated… undermining the really good policies of government."[13]

The Congress of South African Trade Unions (COSATU) has also pushed the government to do more. "There is a clear need to drastically speed up the roll-out of ARVs, the only proven treatment to prolong the lives of people living with HIV/Aids, until they are freely available to all those who need them," said COSATU spokesman Patrick Craven on September 8. He said COSATU agreed with a letter from 81 scientists and academics to President Mbeki who wrote "good nutrition is important for all people, including people with HIV, but that garlic, lemons and potatoes are not alternatives to effective medications to treat a specific viral infection and its consequences on the human immune system."[14]

In what was seen by many as a response to the criticisms, at the September 7, 2006 cabinet meeting, Deputy President Phumzile Mlambo-Ngcuka was assigned to oversee a new Inter-Ministerial Committee (IMC) on HIV and AIDS of cabinet ministers "to strengthen the implementation of the comprehensive HIV/AIDS programme, improve co-ordination and communication, and to monitor the implementation."[16] But the government has confirmed that the Minister of Health "will continue to lead implementation of the government's comprehensive plan on HIV and AIDS."[17] And Tshabalala-Msimang has insisted that she is committed to both antiretroviral treatment and nutrition. Critics will be watching to see if implementation improves.

"Our government has failed us. We must speak the truth. We are willing to work with you [government] any time. You have ignored our letters. You have not spoken to us but we are ready to talk."
Zackie Achmat, Treatment Action Campaign, addressing the COSATU 9th National Conference, September 2006[15]

Government's HIV/AIDS Program

Despite its slow start, the government is now providing antiretroviral treatment to an increasing number of people. Antiretroviral treatment was first provided in public facilities in early 2004. The number of people receiving antiretroviral treatment in the public sector has grown from 42,000 in March 2005 to over 178,635 at the end of June 2006.[18] In addition an estimated 100,000 people receive antiretroviral treatment in the private sector, bringing the total number of people receiving the treatment in both the public and private sectors to about 210,000.[19] As of 2005, UNAIDS estimates that 983,000 people in South Africa need antiretroviral treatment and the number is projected

to grow significantly.[20] Currently only about 20% of those who need antiretroviral treatment receive it.[‡]

> *"With approximately 190 000 people receiving antiretroviral treatment by the end of 2005, South Africa accounts for a large share of the treatment scale-up in sub-Saharan Africa overall this decade."*
> **2006 Report on the Global AIDS Epidemic**, UNAIDS

This growth in the number of people receiving antiretroviral treatment is a result of the **Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa** adopted by the government in November 2003. The program's goal is to provide all South Africans with AIDS antiretroviral treatment by 2009. The program also includes prevention, counseling, good nutrition and healthy lifestyles, treatment of opportunistic infections, and traditional medicine.[21]

> *"South Africa has committed US$1 billion over the next three years to scaling up antiretroviral treatment, by far the largest budget allocation of any low- or middle-income country"*
> **Progress Report on Global Access to HIV Antiretroviral Therapy**, UNAIDS/World Health Organization, June 2005

Critics note that the rollout of antiretroviral treatment has not met the targets of the Operational Plan. The June level is less than half of the original target of Original Plan which was for 381,000 people to be receiving antiretroviral treatment by 2005/06. The target for 2006/07 is more than 1 million and by the end of the decade to all those who need.[22]

The Operational Plan estimated that more than half of total expenditures would go toward strengthening the national health system, emphasizing prevention and promoting healthy lifestyles.

Strengthening the national health system has been necessary in order to build the infrastructure required for treatment. At least one service point for HIV and AIDS-related services, including antiretroviral treatment, has been established in each of the 53 health districts in the country and 250 laboratories have been certified to provide support for the program. A major challenge is the shortage of health personnel in the public health sector including doctors, nurses and pharmacists. The government is working to recruit and retain health professionals. More than 1,060 have been recruited to support the program and more than 9,000 have been trained in the management, care and treatment of HIV/AIDS.

Children and AIDS in South Africa

- **AIDS Orphans:** There are an estimated 1,200,000 children (aged 0 – 17) orphaned due to AIDS in South Africa. The government provides counseling and child support grants to AIDS orphans.
- **Children living with HIV:** 240,000
- **Nutrition support:** The *2006 Report on the Global AIDS Epidemic* notes that worldwide nutrition interventions have often not been well integrated into national treatment plans and gives a South African example: *"At the Harriet Shezi Clinic of Chris Hani Baragwanath Hospital in South Africa, for example, only 6% of children on antiretroviral drugs have access to nutritional support, such as fortified maize meal and milk formula, and there are insufficient staff to advise patients on nutritional issues."*
  UNAIDS

The government's program also emphasizes prevention. Prevention of mother-to-child transmission includes counseling, formula milk and nevirapine in public sector facilities. The government estimates that 78.7% of

[‡] People are considered to have AIDS and need antiretroviral treatment if they have a CD4+ count of less than 200 or WHO Stage IV disease irrespective of CD4+ count. Although the length of time can vary widely between individuals, the majority of people infected with HIV becoming ill with AIDS in 8 to15 years.

pregnant HIV-positive women received nevirapine in public sector facilities in 2004.[23] As the percentage of pregnant women at public antenatal clinics who are HIV-positive rises, the provision of nevirapine will grow.

Prevention also includes the distribution of some 386 million male and 1.3 million female condoms in 2005/06.

> *"The minister has created the illusion that she is addressing nutrition. But telling people to eat garlic, lemons and African potatoes to ward off disease is pseudoscience, not nutrition…Ensuring that unemployed people have access to healthy food, either through social grants or food parcels, is far more important than prescribing the contents of their salads. A Joint Civil Society Monitoring Forum report from 2005 demonstrated the inadequacy of the health department's nutrition interventions…Between the minister's rhetoric and implementation there is a huge gulf."*
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> **Nathan Geffen**, Treatment Action Campaign[24]

Education is another feature of the prevention effort. The Khomanani, the government's flagship prevention campaign, aims to reduce new HIV infections, especially among young people, by promoting sexually responsible behavior, voluntary counseling and testing, promoting knowledge among the public and stimulating action by developing greater support for orphans and vulnerable children. There have been some questions about the effectiveness of Khomanai and its future although the government has said it will continue.[25]

Nutritional supplements have been supplied to 480,000 qualifying tuberculosis and HIV-positive patients "as a complement to the appropriate forms of treatment" since April 2004.[26]

Government expenditure on HIV/AIDS has grown from R30 million in 1994 to R3 billion in 2005/2006. The government has stressed the need for its program to be sustainable, including financially. While the reduction in drug costs in recent years has helped, people receiving antiretroviral treatment will need drugs and testing for the rest of their lives. With growing numbers of people being treated, the costs will increase for the foreseeable future.

Conclusion

> *"Africa remains the global epicentre of the AIDS pandemic. South Africa's AIDS epidemic-one of the worst in the world-shows no evidence of decline."*
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> **2006 Report on the Global AIDS Epidemic**, UNAIDS

With 900 AIDS-related deaths every day, HIV/AIDS is taking an extraordinary toll on young adults, especially among young women. Despite a late start, the number of people receiving antiretroviral treatment is now growing significantly. In addition to the Department of Health, many other government bodies are now addressing issues related to HIV/AIDS. Pressure inside South Africa and internationally has had an impact. But the number of people who are HIV-positive and those who have developed AIDS and need antiretroviral treatment continues to grow. South Africa faces a daunting challenge to meet its goal of universal treatment by the end of the decade.

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Sources: Much of the information here comes from national and provincial government web sites including those of the Statistics South Africa (Statistics SA), the South African Government Communication and Information System (GCIS) and various national departments (www.gov.za). Also used are websites of a number of organizations and newspapers including the Treatment Action Campaign (www.tac.org.za), the AIDS Law Project (www.alp.org.za), Business Day (www.businessday.co.za), the Mail & Guardian (www.mg.co.za) and those cited in the footnotes. I have occasionally used sentences or phases without footing each or placing them in quotes, especially those based on government web sites.

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[1] **Mid-year population estimates, South Africa 2006** (Statistics South Africa, August 2006)
[2] **2006 Report on the Global Aids Epidemic** (UNAIDS, 2006) available at www.unaids.org. Figures for the HIV-prevalence rate are from Statistics South Africa, except for the young adult rate (15-34) which is from the UNAIDS. Statistics South Africa does not provide the HIV-prevalence rate for young men (15-49) but estimates the figure for women in this age group is 19.3% for 2005 and 20.0% for 2006, which is higher than the UNAIDS estimate.
[3] "Achmat: HIV/Aids is an emergency", Mail & Guardian, June 21, 2006
[4] "Knowing cases of death is crucial for planning" by Pali Lehohla, originally published in the Business Report, September 14, 2006 available at www.statssa.gov.za accessed September 26, 2006
[5] **Adult mortality (age 15-64) based on death notification data in South Africa: 1997-2004** , Report no. 03-09-06 (2006) (*Statistic South Africa,* 2006).
[6] "The Price of Political Inaction – and What Needs To Be Done To End It" paper presented by Mark Heywood, Treatment Action Campaign and AIDS Law Project, South Africa to the XVI International AIDS Conference, Toronto, Canada, August 17, 2006
[7] "Manto on Aids: Fruit, veggies not an alternative to medicine", Mail & Guardian, September 26, 2006
[8] See the Treatment Access Campaign website www.tac.org.za.
[9] "U.N. Official Assails South Africa on Its Response to AIDS" by Lawrence K. Altman, New York Times, August 19, 2006.
[10] Sources for this box are: "South Africa: Prisons AIDS survey draws mixed reaction", October 4, 2006, Integrated Regional Information Networks/PlusNews at http://www.plusnews.org; "AIDS testing encouraged among inmates" by Penelope Kgohloane, Mail & Guardian, October 2, 2006; "HIV/AIDS tests for prisoners, warders" by Ernest Mabuza, Business Day, October 3, 2006.
[11] "Victory in Westville Prison case" press release, AIDS Law Project at www.alp.org.za accessed September 25, 2006.
[12] "Westville Prison accredited to provide ARVs" press release issued by the Department of Health, September 21, 2006
[13] "Activists, opposition call on health minister to quit" by Tamar Kahn, Business Day, August 25, 2006; "Biography of Adurrazack (Zackie) Achmat", First Run Icarus Films at www.frif.com accessed October 5, 2006;
[14] "COSATU Demands More Push In Aids Fight", Sapa, September 8, 2006; "Eighty Scientists Condemn South Africa's AIDS Policies" by Terry Leonard, Associated Press in the Washington Post, September 7, 2006. The text of the letter is available at http://www.aidstruth.org/letter-to-mbeki.php
[15] "Congress cheers call for removal of Manto", Mail & Guardian, September 19, 2006
[16] Statement on Cabinet meeting, September 7, 2006
[17] Statement on Cabinet meeting, September 20, 2006
[18] "HIV/AIDS fact sheet" at www.info.gov.za/faq/aids.htm accessed September 20, 2006; **Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa**, op. cit.
[19] Both the government and the AIDS Law Project agree on this number, although it is an estimate as there is no required reporting. "Roll-out, what roll-out?" by Fatima Hassan, AIDS Law Project in the Mail & Guardian, September 21, 2006
[20] **Progress on Global Access to HIV Antiretroviral Therapy – A Report on "3 by 5" and Beyond** (World Health Organization and UNAIDS, March 2006)
[21] **Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa** (Government of South Africa, November 19, 2003)
[22] 'Let The Eat Cake' – A Short Assessment of Provision of Treatment and Care in 18 Months After Adoption of the Operational Plan (AIDS Law Project and Treatment Action Campaign, June 2005)
[23] **Republic of South Africa: Progress Report on Declaration of Commitment on HIV and AIDS prepared for: United Nations General Assembly Special Session on HIV and AIDS**, February 2006
[24] "How the health minister hurts SA" by Nathan Geffen, Business Day, September 27, 2006
[25] "Health department adamant AIDS media drive will go on" by Tamar Kahn, Business Day, July 26, 2006
[26] "HIV/AIDS fact sheet", op. cit.