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Provide ARV treatment to three million untreated South Africans living with HIV

As the world commemorates World Aids Day today, a call has been made on health workers to locate the three million unaccounted for and untreated South Africans living with HIV and initiating antiretroviral treatment (ART). This is critical for their well-being and will reveal the true benefit of ART, said Professor Linda-Gail Bekker, director of the Desmond Tutu HIV Centre at the University of Cape Town's (UCT) Institute of Infectious Disease and Molecular Medicine.

Bekker, who is the immediate past president of the International AIDS Society, said: "As we get closer to the last mile, the harder it will be to locate these folks because they either aren't aware of their HIV status or they fear this diagnosis and prefer not to be found." As it stands, approximately 7.8 million South Africans are living with HIV – five million are on ART and a further three million remain unaccounted for.

To shift gear, Bekker suggested that programme managers and healthcare workers adopt more "unusual" approaches to locating people living with HIV in order to fast-track treatment plans. This, she explained, requires a collective effort from healthcare providers who work in communities around the country. And it's a two-pronged process – creating ongoing awareness on HIV and ART is step one and working towards eliminating the stigma and discrimination associated with the epidemic is step two – and removing all barriers for people to easily test and efficiently access their treatment is key.

Following the peak of AIDS-related deaths in the country in 2006, Bekker said that South Africa has come a long way in the manner in which it manages the epidemic. According to Statistics South Africa's 2020 mid-year population estimates, which surveys a range of statistics, the number of AIDS-related deaths dipped by half, from 30.6% in 2002 to 15% in 2020. Another achievement, Bekker added, is the country's "incredible" ART programme – the largest of its kind in the world. "This is a major feat for our country," she said.

However, the key to reducing the number of AIDS-related deaths even further lies in enforcing an effective treatment plan in which people not only access care but remain in care and adhere to their ART continually.

While health professionals have scaled up treatment programmes and strategies to get more patients on board, Bekker said that too many people living with HIV are either not receiving the care they need or have abandoned their treatment plan, making it impossible to suppress the virus.

“We need to find these people and diagnose them, we need to help them start their ART. Finally, for the best outcomes, we need them to continue on ART into their old age. This is necessary to restore longevity and reduce infectiousness,” she said. She stressed the “miraculous effect” of ART – not only at individual level, but at population level as well. “Without a doubt, ART works.”

South Africa continues to demonstrate a dedicated response to HIV and AIDS as an ongoing national health crisis and follows the United States and the United Kingdom as the third biggest producer of relevant research in the field. Bekker said that over the past 20 years the country has also become “more proactive, and in many cases a leader” in its approach to the epidemic, and it continues to adopt new innovations in its fight against the virus.

“We have been willing to try new things. We lead the way in task shifting and community-based innovation. We lead the way in lay people testing for HIV and nurses offering ART,” she said. But primary prevention to reduce the incidence of transmission still remains critical to stave off the spread of the virus. Instead of just being dependent on “abstinence, be faithful and condomise”, she said that researchers are now also beginning to look at ways in which ART can be repurposed as prevention.

“We’ve entered a time of post- and pre-exposure prophylaxis because we need to complement treatment with primary prevention to help us change course and bring the ultimate goal of epidemic control home.”

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