



DID WE REALLY HELP BREAK THE HIV PREVALENCE WAVE?

Professor Olive Shisana, chief of HIV/AIDS research at the Human Sciences Research Council (HSRC) has again moved center-stage in the ongoing scientific debate over what is behind the apparent 'peaking and levelling off' of the AIDS pandemic in South Africa.

Her latest findings are that the epidemic peaked last year with about 4.69 million infected people and that it has started to level off.

Other respected studies (Dorrington *et al.*) put the figure of infected South Africans at six million and agree that the pandemic has begun to level off — but are skeptical about what Shisana believes is behind it.

Shisana, who served as the ANC government's first Director General of Health, says that the HIV incidence rate in the sexually active 15 - 49 age group decreased from 4.2% in 1997 to 1.7% this year. She attributes this to 'major interventions like condom distribution and unbelievable behaviour change'.

Shisana, who served as the ANC government's first Director General of Health, says that the HIV incidence rate in the sexually active 15 - 49 age group decreased from 4.2% in 1997 to 1.7% this year.

Her findings are based on data from the Department of Health's HIV prevalence surveys of pregnant women from 1990 to 2001 and data from the Nelson Mandela-HSRC HIV/AIDS household survey, which she published last year.

David Bourne, a consultant with the Burden of Disease Research Unit at the Medical Research Council (MRC) believes that Shisana is 'reading too much into what is, in any case, the natural course of the epidemic'.

Bourne, who with UCT's Rob Dorrington and former MRC chief, William Makgoba, was at the centre of the HIV and mortality findings dispute with government last year, says Shisana's survey has 'wide confidence intervals'.

He urges caution in attributing causality to the 'natural levelling off' of prevalence but concedes: 'There does seem to be a greater drop in the incidence of HIV among teenagers than we expected. This gives us great hope for the future — the message does seem to be getting through to the 15 - 19-year-olds'.

Bourne warns however of the 'terrible inertia in this (pandemic)'. He says 'The vast majority of South Africans don't know they're infected and the full effects of the pandemic will only be felt a decade or more down the line.'

The expected roll-out of antiretrovirals, according to current policy, would only prolong life for those people in the end stage of AIDS. While this was significant for thousands of people, particularly children dependent on HIV-positive parents (who would otherwise be orphaned much sooner), it would not really change the course of the pandemic.

Bourne said that there was a lot of history, 'around the suppression and/or manipulation of AIDS findings in the politico-scientific realm. There's been quite a bit of bad blood and now is the time to get a reasoned scientific debate underway,' he said.

Professor Robert Shell, associate professor of Statistics at the University of the Western Cape, said most AIDS demographers, epidemiologists and statisticians, used Dorrington's ASSA model, which he (Shell) believed was 'too conservative'.

'Dorrington's assumption that 40% of the population will never have unsafe sex is, I think, glorious and heroic. It's

not as if we have a Kinsey Report of South African sexual behaviour,' Shell added.



Professor Robert Shell, Associate Professor of Statistics, University of the Western Cape.

Shisana's scenario has the annual number of deaths due to AIDS projected to peak at 487 320 in 2008. The modelling suggests that by 2020 the total population will be 23% smaller than it would be without AIDS although a negative population growth rate is not expected over this period.

Bourne laid down a challenge to Shisana to 'present evidence of causality' — which she immediately accepted.

'This is not rocket science — we've seen a massive introduction of prevention programmes, starting from around 1997 onward. If you look at condom distribution in 1994 it was 5 million and by 1997 it was more than 150 million. In a 2002 survey it was found that 90% of South Africans could get access to condoms when they needed them.'

Shisana cited several findings from her research to counter Shell's reservations about the paucity of data around behaviour change. Agreeing that it was a 'fascinating debate', she said her argument was that 'you have to



find out when the incidence was going to peak and going to start reducing'.

'Look at when the reduction started and then look within that time frame to see what really happened — where was the behaviour then and now? What are the indicators? What programmes existed then that coincided with those changes?'

Shisana said she was not talking about 'an experiment'. 'We're talking about a triangulation of behaviours, programmes and incidence — unfortunately a lot of people look at one curve and not all the other things that are supposed to go together,' she added.

These are some of the findings she cited:

- Those respondents aged 15 - 19 who said they had not had a sexual partner in the past 12 months leapt from 59.7% in 1999 to 70.3% in 2002.

- The percentage among the same age group who reported using a condom at last sexual intercourse jumped from 19.8% in 1998 to 48.9% in 2002.
- Among women in the same age group, those who said they could become infected by a person with HIV jumped from 74.5% in 1998 to 91% in 2002.
- 65% of respondents of all ages said they knew someone who had died of AIDS.
- 66% said they had changed their behaviour because of TV programmes.
- 52% said they had done so because of radio HIV/AIDS programmes.
- 40% said reading or hearing about HIV/AIDS statistics alone changed their behaviour.
- 66% of males said that they'd changed to a single partner and 32% of males now reported using a condom.
- 17% of males said they now abstained from sex.
- Among 12 - 14-year-olds, 86% said they got their information from school versus 40% who said it came from their parents or guardians.

Shisana's co-author of the study is Thomas M Rehle, an independent consultant in international health and disease control based in Washington DC and a pioneer of highly respected evaluation tools and data collection methods. These are now part of key policy and technical UNAIDS/WHO guidelines for Second Generation HIV Surveillance programmes.

Chris Bateman

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The conference is composed of two components:

On Monday the 26th and Tues 27th of January

the topics will be focussed on Psychiatry,
and on Wednesday the 28th and Thurs 29th, the conference will
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There will be a total of 45 different topics, including two ethics topics,
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