

EDITORIAL

A snapshot on HIV/AIDS

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HIV/AIDS epidemic may have started in the mid-1970s, spreading across North & South America, Europe, Africa and Australia by the 1980s [1]. Various interventions have been employed over the years to mitigate the HIV/AIDS epidemic. The World Health Organization (WHO) has emphasized the need for countries to live up to their commitment to end the AIDS epidemic as a public health threat by 2030 considering the unacceptably high new infections and HIV-related deaths, more-so the two FastTrack the 90-90-90. The strategy envisions at least more than 90% people tested and know their HIV status, more than 90% accessing treatment immediately and more than 90% on treatment with undetectable viral load [2]. Although some studies have indicated a low uptake to treatment despite high response to testing [3], there is evidence of improved viral suppression in people receiving treatment early. Zambia's change in treatment policy, adopting the WHO 2013 guidelines that recommends treatment on confirmation of HIV status, has led to 59% of adults on ART achieving viral suppression [6]. We recommend an increase in advocacy for a test and treat approach in order to reduce incidence of HIV and improve the livelihood of those already infected.

General statistics

More than 40 years from the beginning of the epidemic, HIV continues to be a global public health issue with a cumulative total of 35 million deaths as of 2016. At the end of 2016, an estimated 37 million people were living with HIV infection, of whom an estimated 43% were children [4]. The African region is most affected, with 25.6 million people living with HIV infection in 2016, of whom 1.2 million people live in Zambia [5]. According to preliminary findings of the Zambia Population-Based HIV Impact Assessment, conducted between March and August 2016, the prevalence of HIV infection among persons between 15–59 years of age was 12.3%, with more women (14.9%) than men (9.5%) affected [6]. Of the estimated 1.8 million new infections globally each year, Africa accounts for 64% [7]. A 19% decline in prevalence was recorded in Zambia between 2003 and 2015 [8].

New infections

Globally, a reduction of new HIV infections from 2.1 million in 2015 to 1.8 million in 2016 [9] is encouraging. A reduction in new infections in many countries is partly due to various early interventions that initially focussed on preventing sexual transmission of HIV through behaviour change followed by a more comprehensive approach that took into account underlying socio-cultural, economic, political, legal and other contextual factors [10]. Later,

mother-to-child transmission was reduced by programs that provided anti-retroviral therapy (ART) to infected pregnant women. Finally, widespread use of ART reduced transmission by making infected persons less infectious. An 8% decline was also noted between 2010 and 2015 [11] in the general population and a decline of 47% among children, from 300,000 new infections in 2010 to 160,000 in 2016 [9]. WHO also reported a 39% drop in new infections globally between 2000 and 2016 with an estimated 44% of new infections occurring among key populations and their partners [4].

Access to treatment

Although there is no cure for HIV infection, effective antiretroviral (ARV) drugs reduce morbidity and prevent transmission, allowing people with HIV, and those at substantial risk, to enjoy healthy, long and productive lives [4]. Despite the proven benefit of ARV drugs, there are infected persons without access to them. The UNAIDS reported that in mid-2016, more than 18 million people, twice as many as 5 years prior, had access to antiretroviral therapy; about 910 000 of them children. There has been a steady increase in people with HIV accessing ART, with 15 million in 2014 to 18 million plus in 2016 [12] and by 2017, 19.5 million people living with HIV were receiving ART globally. According to WHO, in 2017, there are 54% of adults and 43% of children living with HIV on ART and that global coverage for pregnant and breastfeeding women living with HIV has reached a high at 76% [4]. It is envisaged that if efforts to increase access to treatment are sustained and increased, the world will be on track to achieve the target of 30 million people on treatment by 2020 [12]. In 2016, Zambia reported 1.2 million persons with HIV, among whom 67% of adults and 52% of children were on ART. The adoption of the 2013 WHO treatment guidelines calling for treatment of all persons testing positive for HIV regardless of CD4 count, has led to viral suppression in close to 60% of adults [8].

Known HIV status

According to the WHO, in 2017 only 70% of people with HIV infection know their status. In Zambia, the HIV testing and counselling initiative was implemented and although an increase in uptake of HIV testing was observed, 2015 data showed only a 15% testing rate. The 2013–14 Zambia’s Demographic and Health Survey indicated that among adults, 46% of female and 37% of male respondents reported having had an HIV test [13]. In 2016, slightly over 42% of young people (aged 15-24 years) in Zambia were aware of their HIV status [8]. Recently, the Zambian Government announced an emphasis on routine HIV testing. The Society for Family Health in Zambia, a partner to Population Services International (PSI) in Malawi, Zambia and Zimbabwe, implemented a pilot UNITAID/PSI HIV Self-Testing Africa (STAR) project (2015-2017). They reported that HIV testing had a positive impact on uptake and coverage in self-testing including linkage to post- test services and that it is feasible to implement HIV self-testing in the public sector [14].

Way forward

Zambia has joined many countries in endorsing the 90-90-90 strategy targeted at ending the AIDS epidemic. The strategy stipulates “By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression” [15]. Effectively and consistently implementing this strategy gives hope in ending the AIDS epidemic that has affected people of all ages.

This issue of *The Health Press* includes a perspective entitled ‘The advent of HIV self-testing in Zambia’ based on UNITAID/PSI HIV Self- Testing Africa (STAR) project (2015-2017). Also in the issue is an article entitled ‘Universal health coverage alliance towards equity in health services by 2030 as a means to achieve key sustainable development goals in The Zambian Government is committed to providing equal and equitable health support to the whole

population. We also publish in this issue a report on a study that established the clinical picture and correlates for Sickle Cell Anaemia (SCA) among Zambian children attending Arthur Davison Children's Hospital Sickle Cell Disease Clinic in Zambia.

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