Half the world's HIV cases in Africa, say experts

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MORE THAN HALF of the world's HIV cases are to be found in Africa. This was disclosed by a team of United States experts on world-wide Aids and HIV trends, who visited South Africa recently.

Six million people in sub-Saharan Africa, 8.7 percent of the region's population, are estimated to be infected with the virus, which means they are susceptible to contracting Aids and are capable of transmitting the virus.

Compared with Europe and North America, relatively few of Africa's HIV cases are presently suffering from Aids. Dr Helène Gayle of the Centre for Disease Control (CDC) in Atlanta, said that this reflected the different stages reached by the development of the epidemic in the two regions.

In Europe and North America HIV had been at epidemic level for a longer period of time, which meant that the HIV virus had had time to develop into Aids in a greater number of cases. In Africa, conversely, the vast majority of HIV cases have yet to develop into Aids.

Heterosexual contact is by far the greatest cause of HIV transmission in Africa, with the result that HIV carriers on this continent are evenly split along gender lines.

A South African Aids expert has subsequently said that in South Africa, which previously followed a first-world model of Aids transmission, the more typically African pattern of transmission is now dominant. Dr Ruben Sher, head of the Aids Centre, said that while Aids in South Africa used to be spread primarily by male homosexual contact and by intravenous drug users, it is now spread chiefly through heterosexual contact.

The American delegation also indicated that the child mortality rate in Africa, which has shown a downward trend recently, is expected to rise again as a result of Aids being transmitted from mother to child during pregnancy.

There is now increasing evidence of the prevalence of the virus in western and southern Africa, in contrast to earlier data which emphasised its presence in central and eastern Africa.

The spread of Aids is governed by social factors such as the frequency of sexual partner change, and political-economic factors such as the presence of war and the size of a country's health budget. Equally important are demographic variables such as the proportion of sexually active age groups, rapid urbanisation and the existence of major roads.

Dr Gayle said that South Africa's well-developed road system could hasten the spread of the virus from urban to rural areas. The movement of Aids into South Africa's rural areas would have far-reaching effects on population dynamics and the economy, Gayle said.

Dr Malinda Moore, also of the CDC, emphasised the importance of what she called the programmatic context of disease prevention work. While individual research and intervention in the field of Aids prevention were of some value, what was crucial was to build an integrated strategy.

Developing a health programme required the three stages of policy development, programme planning and programme implementation, she said. Each stage necessitated research, training and evaluation.

Emphasising the value of a multi-disciplinary approach to Aids strategy she recalled an example from Zaire. Here church leaders altered their message in consultation with health planners: originally they would not take into account any kind of sexual activity outside of marriage, but changed their position to accommodate the reality of the situation, saying that if celibacy could not be sustained, then they advocated the use of condoms. □ JUSTIN PEARCE