

HIV/AIDS, population approach for universal health coverage

The earliest known infection of an identified human being dates back to 1959, found in a plasma sample taken from an adult male living in the Belgian Congo (later Zaire and now the Democratic Republic of the Congo). The HIV-1 virus is almost identical to a simian virus found in chimpanzees. Various theories such as Sex with chimp, human eating a chimp, and suggestion that it may have occurred iatrogenically when chimps were used in developing a polio vaccine for humans. It might be difficult to say who actually the first to catch it, in fact there may have been several simultaneous cases. www.avert.org/origins.htm.

This article is not to review the fundamentals of HIV/AIDS. However, basic facts are summarised as a reminder for us all:

- HIV is the virus that causes HIV infection. AIDS is the most advanced stage of HIV infection.
- HIV is spread through contact with the blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, or breast milk of a person with HIV.
- Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines every day.
- ART is recommended for everyone who has HIV. ART can't cure HIV infection, but HIV medicines help people with HIV live longer, healthier lives. HIV medicines can also reduce the risk of HIV transmission.
- HIV testing is reliable and shows whether a person has HIV.
- Risk factors for HIV include having vaginal or anal sex with someone who is HIV positive or whose HIV status you don't know; having sex with many partners; and injecting drugs and sharing needles, syringes, or other drug equipment with others.
- It is recommended that everyone 13 to 64 years old get tested for HIV at least once as part of routine health care and that people at higher risk for HIV get tested more often.
- It is also recommended that all pregnant women get tested for HIV so that they can begin taking HIV medicines if they are HIV positive.

Over the past several decades, researchers have learned a lot about the human immunodeficiency virus (HIV) and the disease it causes, acquired immunodeficiency syndrome (AIDS). Every day the information to understand HIV/AIDS is forthcoming and the disease is being understood better, continuously increasing its chances for better control.

According to UNAIDS, in 2017 an estimated 36.9 million people were living with HIV (including 1.8 million children) – with a global HIV prevalence of just under one percent (0.8%) among adults. Around 25% of these same people do not know that they have the virus. Since the start of the epidemic, an estimated 77.3 million people have become infected with HIV and 35.4 million people have died of AIDS-related illnesses. In 2017, 940,000 people died of AIDS-related illnesses. This number has reduced by more than 51% (1.9 million) since the peak in 2004 and 1.4 million in 2010.

The vast majority of people living with HIV are located in low- and middle-income countries, with an estimated 66% living in sub-Saharan Africa. Among this group 19.6 million are living in East and Southern Africa which saw 800,000 new HIV infections in 2017. People living with HIV are more likely than others to become sick with tuberculosis (TB). This is because HIV weakens the immune system, which makes it harder for the body to fight TB germs.

Although there has been substantial progress in controlling the HIV epidemic in sub-Saharan Africa, HIV prevalence and incidence among adolescent girls and young women (AGYW) remains unacceptably high. It is clear that adolescents and young people are a high-priority group if the HIV epidemic is to be controlled. To do this HIV programmes need not only to focus on AGYW and in people transmitting HIV to them but also to understand and address the socio-ecological factors that underpin the HIV epidemic.[\[1\]](#)

While there has been progress towards UNAIDS' 90-90-90 targets for prevention and treatment, this appears to be stalling and at current rates the targets will not be achieved by the 2020 deadline.

- *The First 90:* In 2017, three out of four people living with HIV (75%) knew their status.
- *The Second 90:* Among people who knew their status, four out of five (79%) were accessing treatment.
- *The Third 90:* And among people accessing treatment, four out of five (81%) were virally suppressed.

The tools to end the HIV pandemic have existed for several years. But in 2019, the HIV pandemic is not over and, indeed, it is still growing and will likely do so for many years. Under the overall universal coverage it makes sense to seriously consider the 2015 WHO released ART guidelines that began the treat-all era. This normative guidance simultaneously emphasised differentiated service delivery (DSD) to boost client satisfaction, improve health outcomes, decrease the burden on strained health systems, reduce costs incurred by clients and health facilities, and sustain HIV programmes. This evidence base for DSD has grown, illustrating that clinically stable pregnant and breastfeeding women and children benefit from DSD. Authors conclude that given the evidence that is already available, time to include entire family units in sustainable.[\[2\]](#) This seamlessly moves into the well designed and executed population-level treatment as prevention, which has answered key questions regarding the population-level prevention benefits of universal HIV treatment.[\[3\]](#)

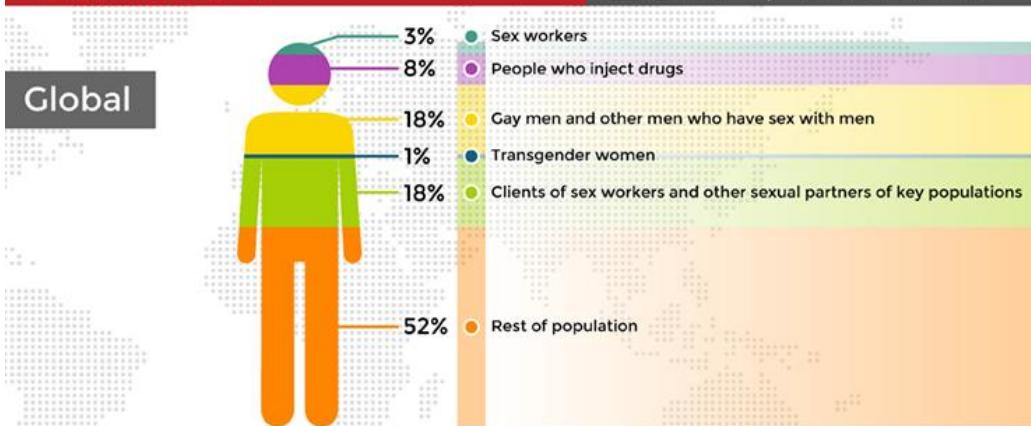
References:

- [1] Rashida A Ferrand. [**Men, migration, mothers, and HIV risk in adolescent girls**](#). Lancet HIV 2019. 14 August 2019.
- [2] Meena Srivastava et al. [**Families matter**](#): differentiated service delivery for HIV. Comment. Lancet HIV 2019. 24 Aug 2019.
- [3] Stefan Baral et al. [**The disconnect between individual-level and population-level HIV prevention**](#) benefits of antiretroviral treatment. Lancet HIV 2019. Online 19 July 2019.

DISTRIBUTION OF NEW HIV INFECTIONS AMONG POPULATION GROUPS

2017

Source: UNAIDS
special analysis, 2018



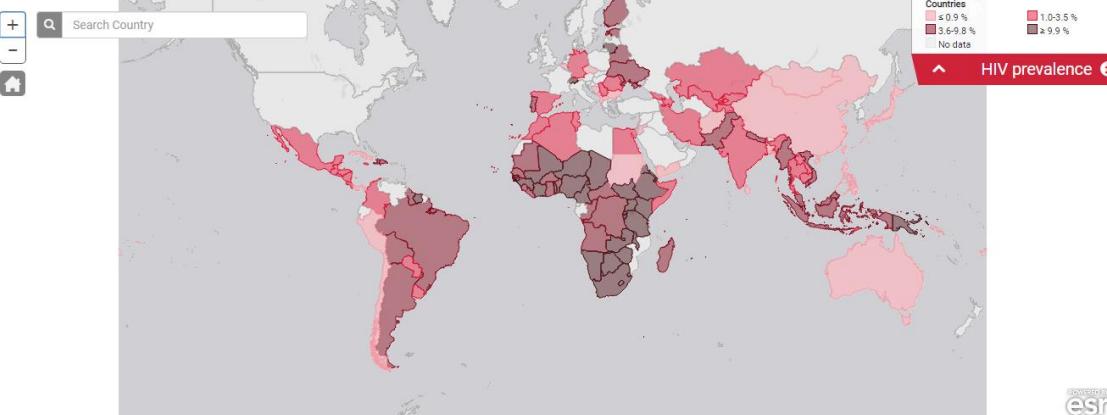
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UNAIDS - KEY POPULATIONS ATLAS aidsinfoonline.org/kpatlas/#/home

KEY POPULATIONS ATLAS



Sex workers ▾ Men who have sex with men ▾ People who inject drugs ▾ Transgender people ▾ Prisoners ▾ People living with HIV ▾ Leave Feedback Options ▾



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