

HIV/AIDS IN THE CITY OF JOBURG: WHAT THE DATA TELLS US IN 2019

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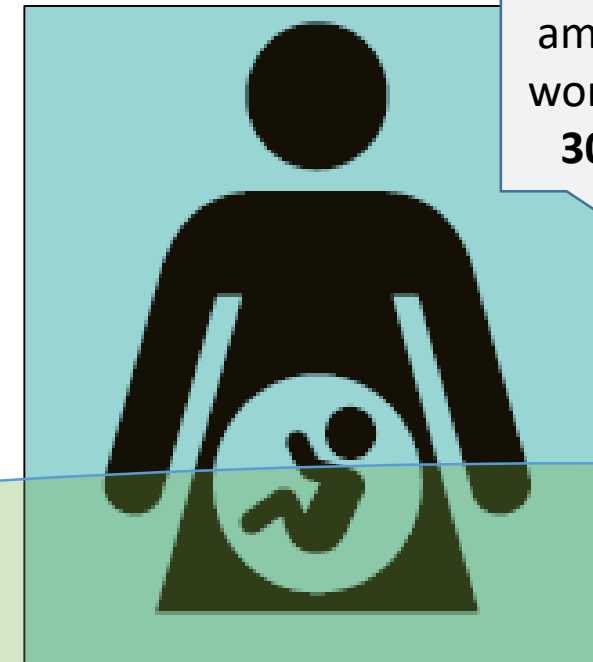
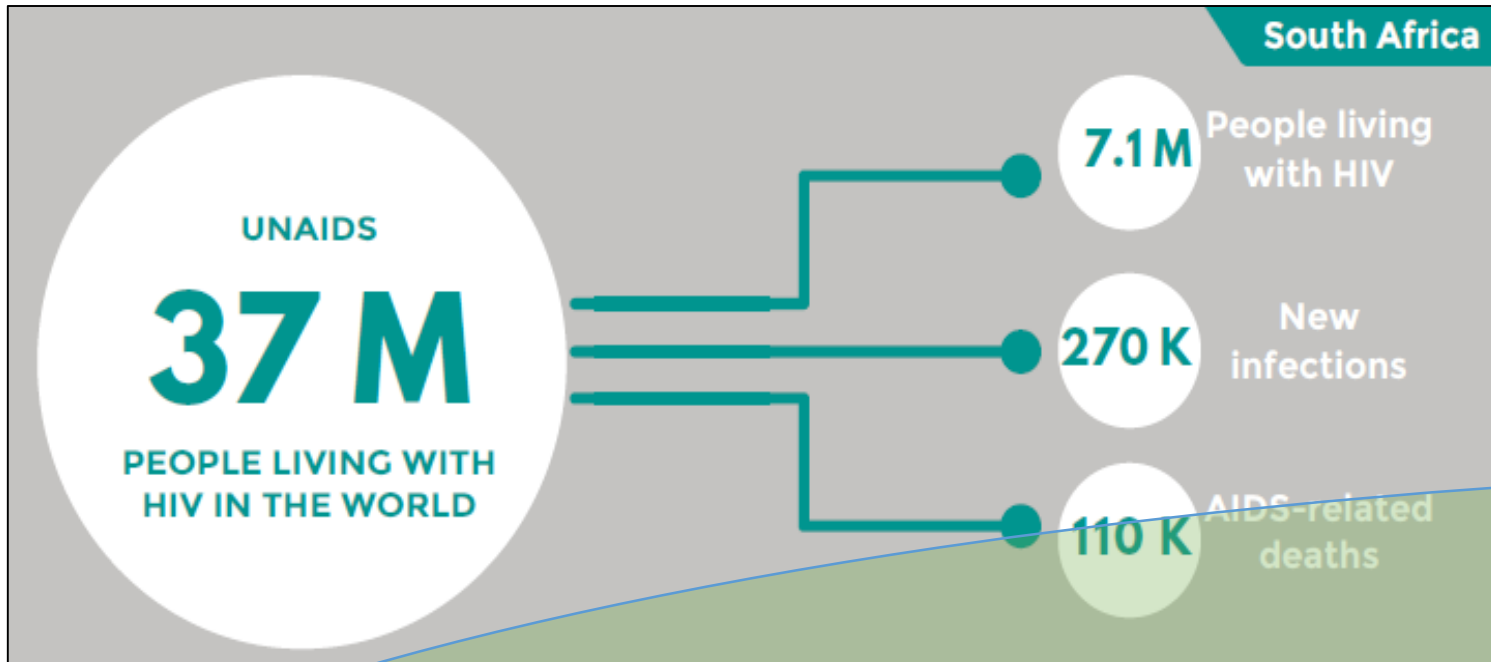
HIV FACTS

- ARV treatment can prolong the lifespan of people that are HIV positive. In the absence of any treatment, people diagnosed with HIV live for approximately 10 years before reaching the final stage of the disease (AIDS) (*IHS Markit Regional eXplorer version 1692*).
- 35% of HIV positive people in South Africa are NOT on antiretroviral therapy (ART) (SA Health review, 2018).
- The programmes to prevent mother-to-child (PMTCT) HIV transmission have been largely successful. In SA, mother-to-child transmission of HIV decreased from 10.9% in 2009/10 to 0.9% in 2018 (SA Health review, 2018).
- A core national indicator used to assess the progress and performance of the PMTCT programme is antenatal care (ANC) first visit before 20 weeks rate. In the City of Joburg, there has been a marked increase in the ANC rate in the past 5 years, from 46.1% in 2014/15 to 59.1% in 2017/18 (District Health Barometer)

Pic: Africa Check

HIV POSITIVE ESTIMATES: South Africa

According to UNAIDS, in 2018, there were 37 million people living with HIV in the world, of which 19.2% are in South Africa (SA Health review, 2018).



HIV prevalence among pregnant women in SA was **30.8%** in 2018

HIV POSITIVE ESTIMATES: City of Joburg

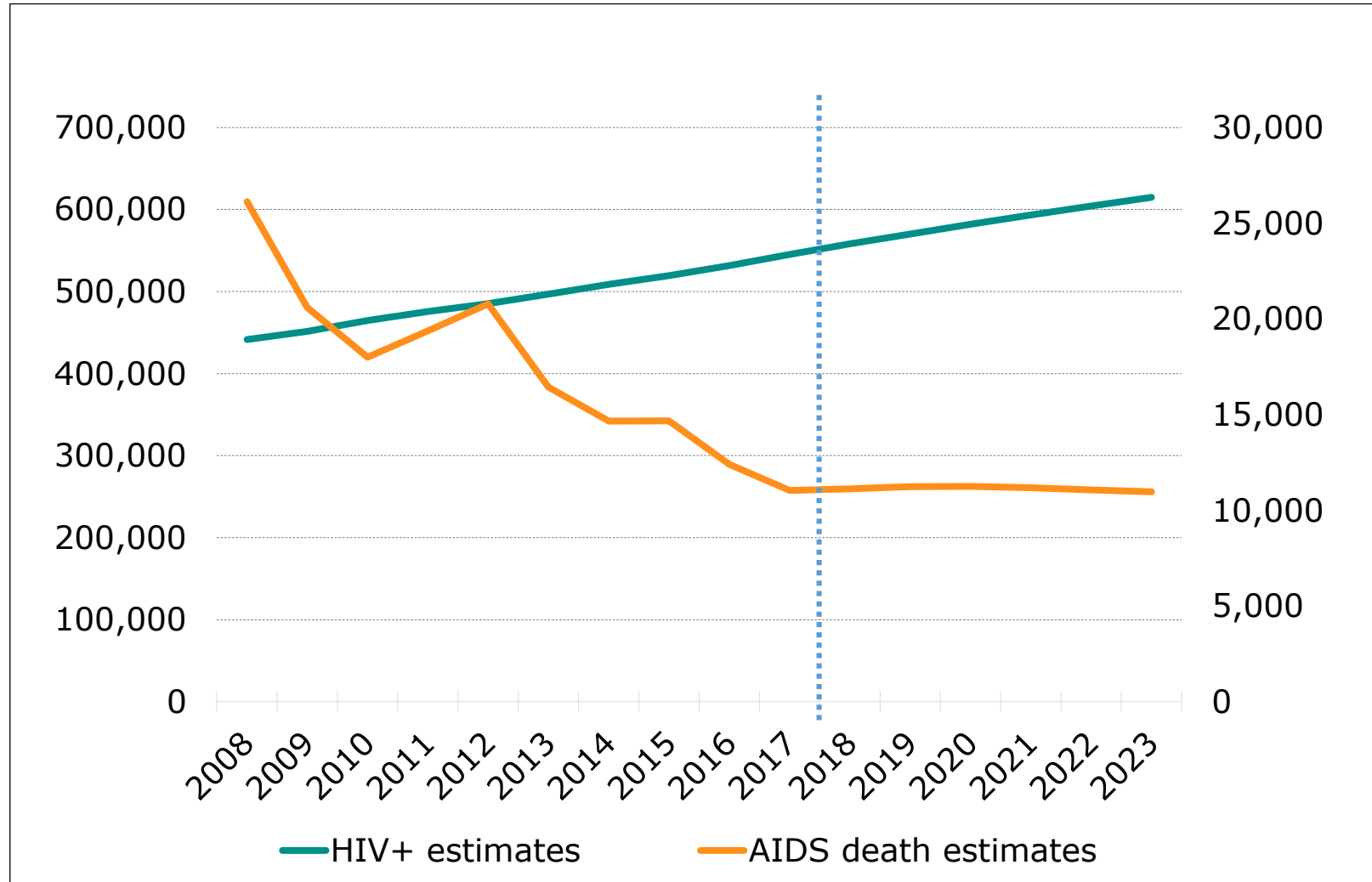
HIV and AIDS can have a substantial impact on the growth of a particular population. In Joburg, the number people living with HIV has been increasing proportionally over the past 10 years, *albeit* at a decreasing rate.

	City of Johannesburg	HIV infections as % of total city population
2008	441,000	11.40%
2009	451,000	11.28%
2010	465,000	11.23%
2011	476,000	11.10%
2012	485,000	10.95%
2013	497,000	10.88%
2014	509,000	10.83%
2015	519,000	10.79%
2016	532,000	10.79%
2017	545,000	10.81%
2018	558,000	10.84%
Average Annual growth		
2008-2018	2.37%	

This table shows the increase in the number of HIV infections overtime:

- In **2018**, there were **558 000** people living with HIV in the city, compared to **441 000** in **2008**.
- This reflects an increase at an average annual rate of 2.37% since 2008
- In **2018**, HIV positive people represented **10.84%** of the city's total population.
- HIV infections as a percentage of the total city population has been declining steadily over the past 10 years

HIV+ ESTIMATES AND AIDS DEATH ESTIMATES, 2008-2023



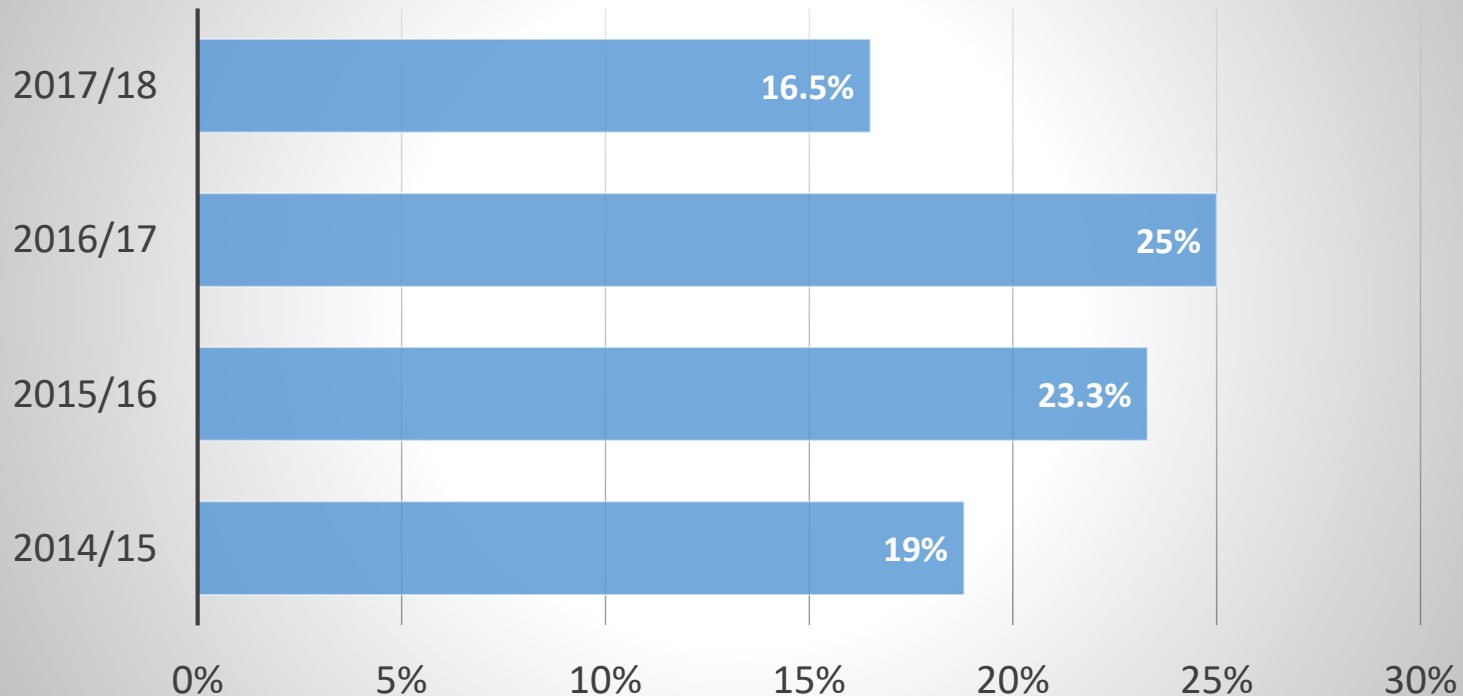
This graph presents the number of HIV positive people against the number of AIDS related deaths in the City of Joburg:

- In **2018**, there were **11100** deaths attributed to AIDS in the city, down from **26100** in **2008**.
- This number denotes a decrease from 2008 to 2018 with an average annual rate of -8.18% (or -15000 people) over this period.
- For the year 2018, people with AIDS represented 0.22% of the total population of the city

HIV TESTING COVERAGE (INCLUDING ANC)

- HIV testing coverage measures all people aged from 15 to 49 years who were tested for HIV within public health facilities and those in non-medical sites during the year as a proportion of the total population in this age group.
- In 2017/18 the definition was expanded to include children aged 19 months and older who were tested for HIV as a proportion of the population in this age group. This is considered a new indicator in the District Health Barometer, and thus, the data may not be directly comparable to previous years.

HIV testing coverage (including ANC), CoJ



This graph depicts the trend in HIV testing coverage for the City of Joburg between 2014/15-2017/18:

- HIV testing coverage **increased** steadily from **19%** in 2014/15 to **25%** in 2016/17%
- In 2017/18, only **16.5%** of people aged 19 months and older were tested for HIV

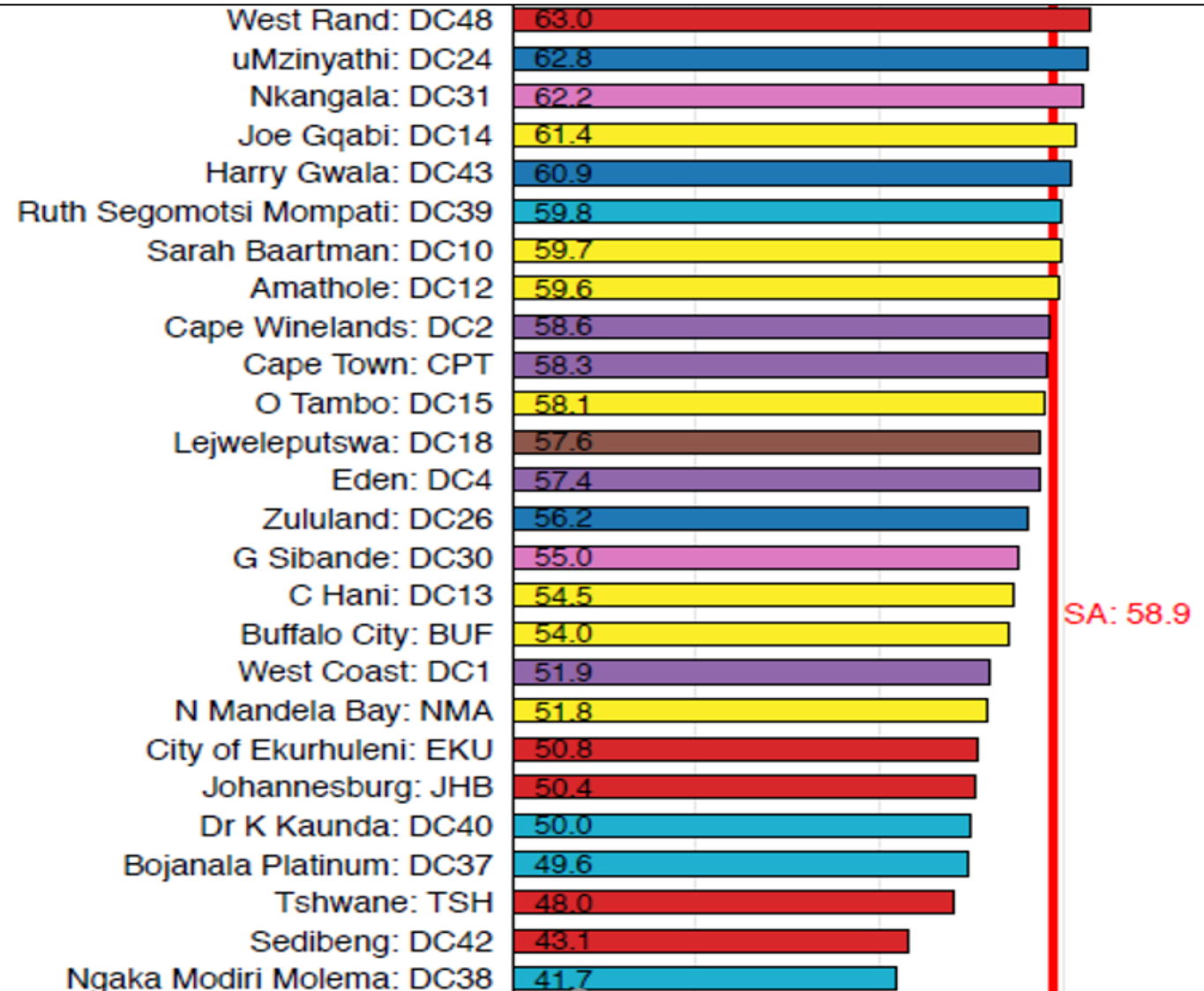
PATIENTS REMAINING ON ANTIRETROVIRAL THERAPY (ART) RATE

The patients remaining on ART rate indicator monitors the total number of patients started on life-long ART during a specific period. It includes the sum of all patients on treatment including newly initiated patients and patients already on treatment

- At a national level, patients remaining on ART rate in **2017/18** was **58.9%** an increase from **55%** in **2016/17**
- In **2017/18**, the City of Johannesburg ranked amongst the municipalities with the least number patients remaining on ART rate (**50.4%**)

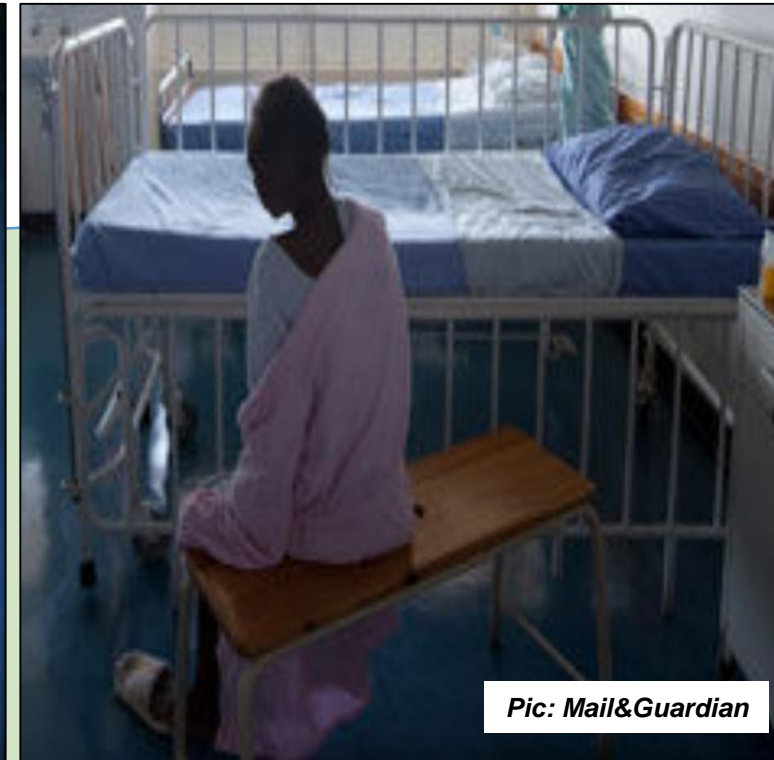
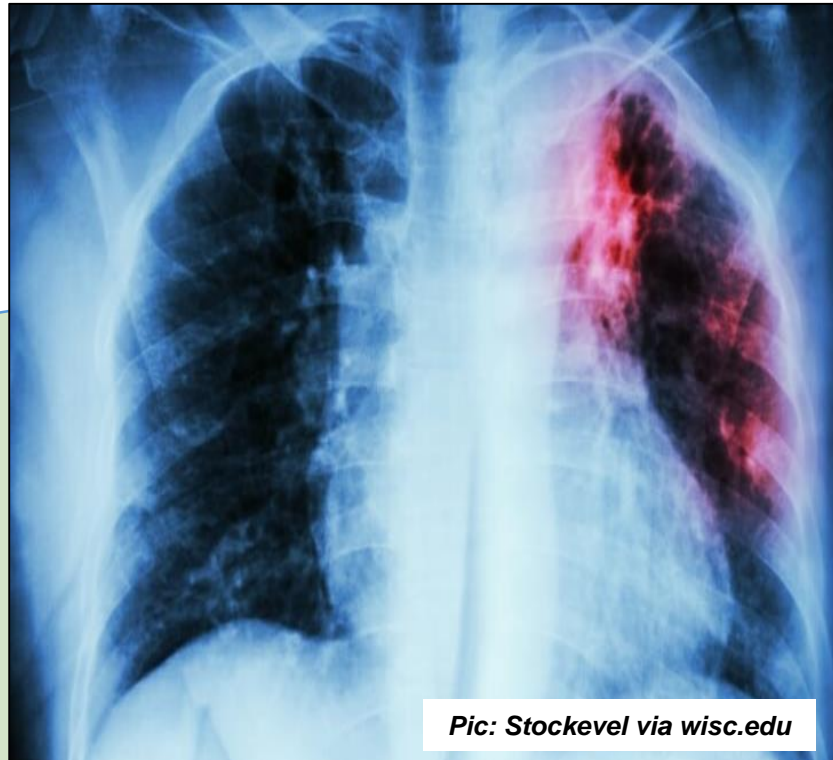
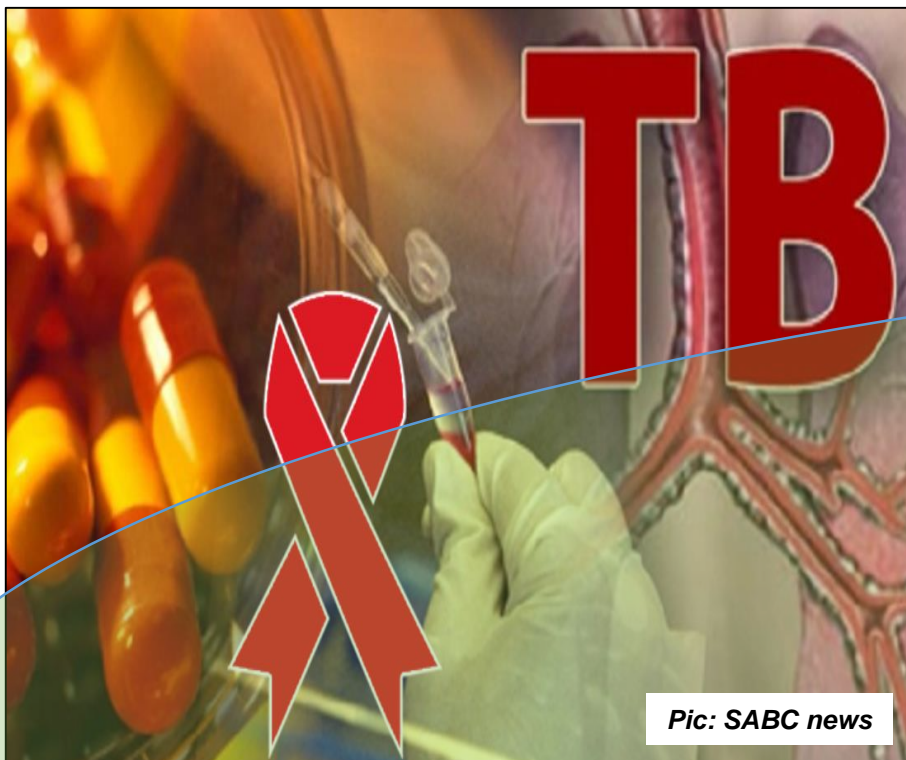


Source: SA district health barometer 2017/18

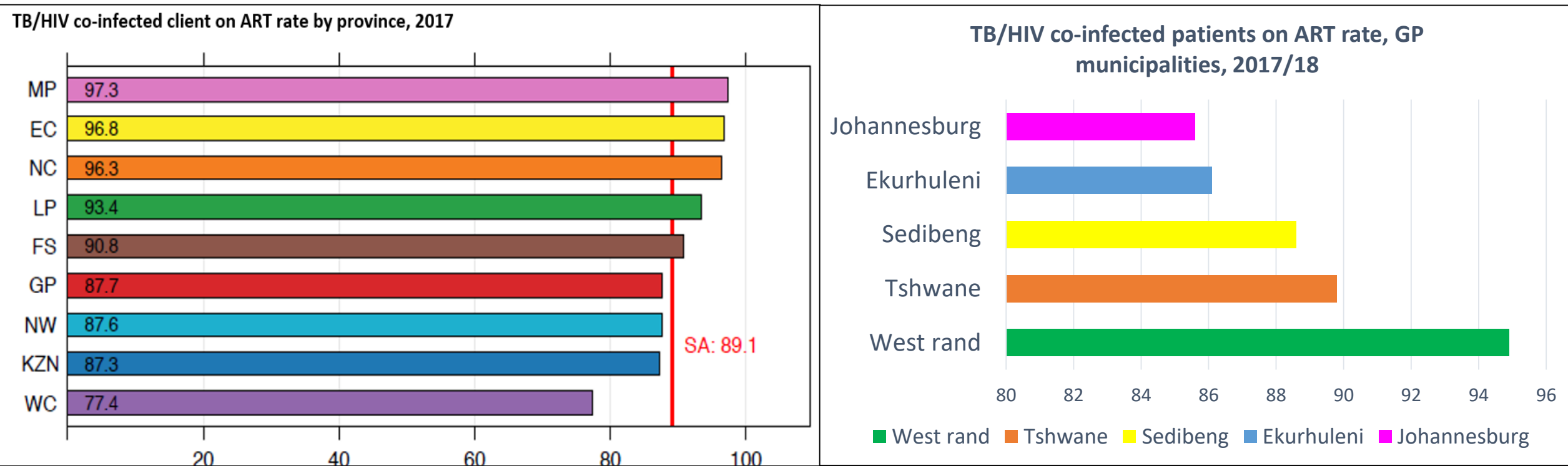


TB/HIV CO-INFECTED PATIENT ON ART RATE

- ART for co-infected TB/HIV patients is essential in the reduction of TB-related mortality. It is therefore essential that HIV-positive TB patients are started on ART within the first two months of TB treatment. Ideally, no co-infected patients should complete TB treatment having not been initiated on ART (District Health Barometer, 2017/18).

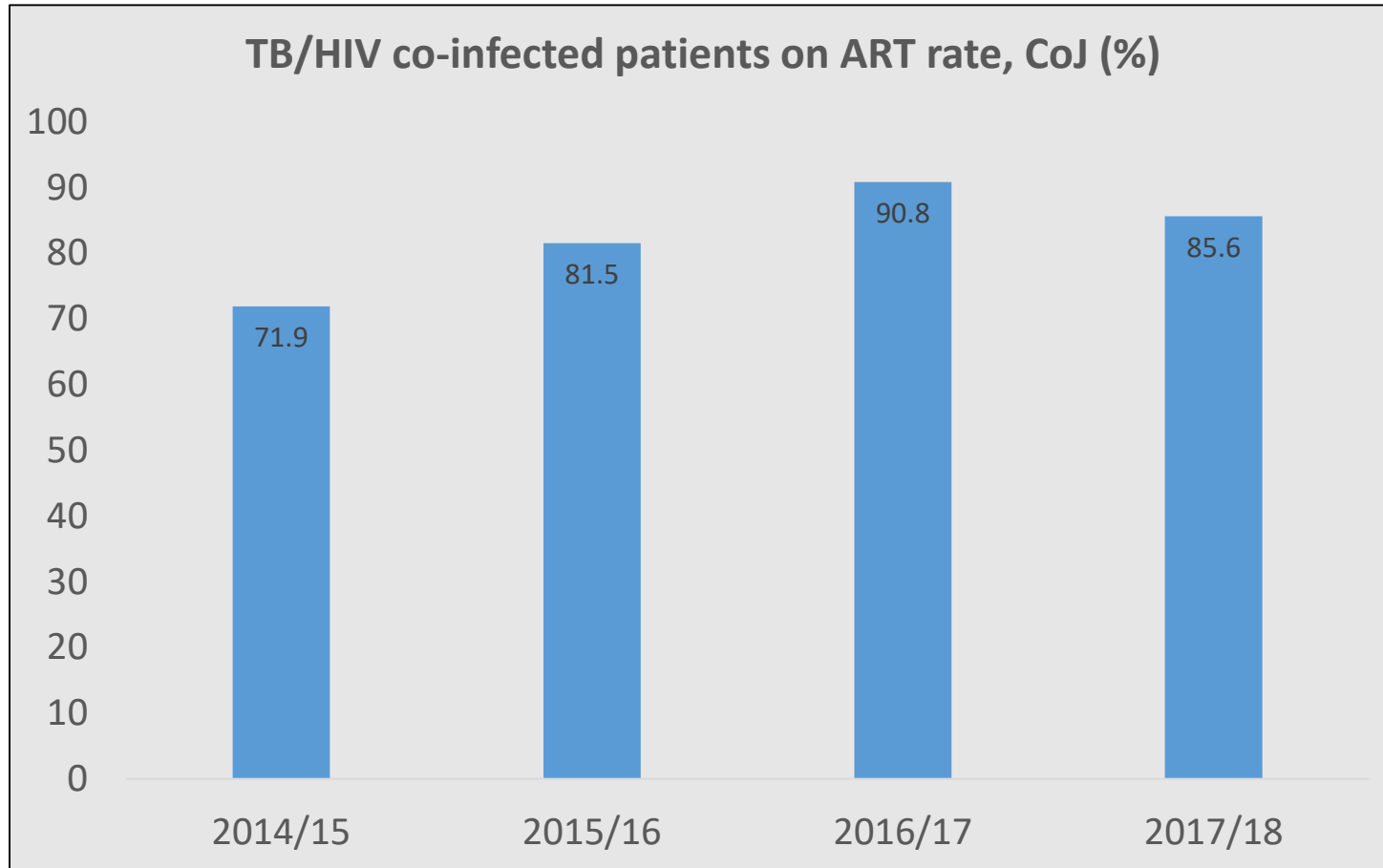


TB/HIV CO-INFECTED PATIENT ON ART RATE



- In 2017/18, Gauteng, North West, KwaZulu-Natal and Western Cape reported rates below the national average of **89.1%**.
- In the same year, within Gauteng, the **City of Joburg** reported the **lowest rate** of TB/HIV co-infected patients on ART (**86%**) compared with other municipalities in the province.

TB/HIV CO-INFECTED PATIENT ON ART RATE

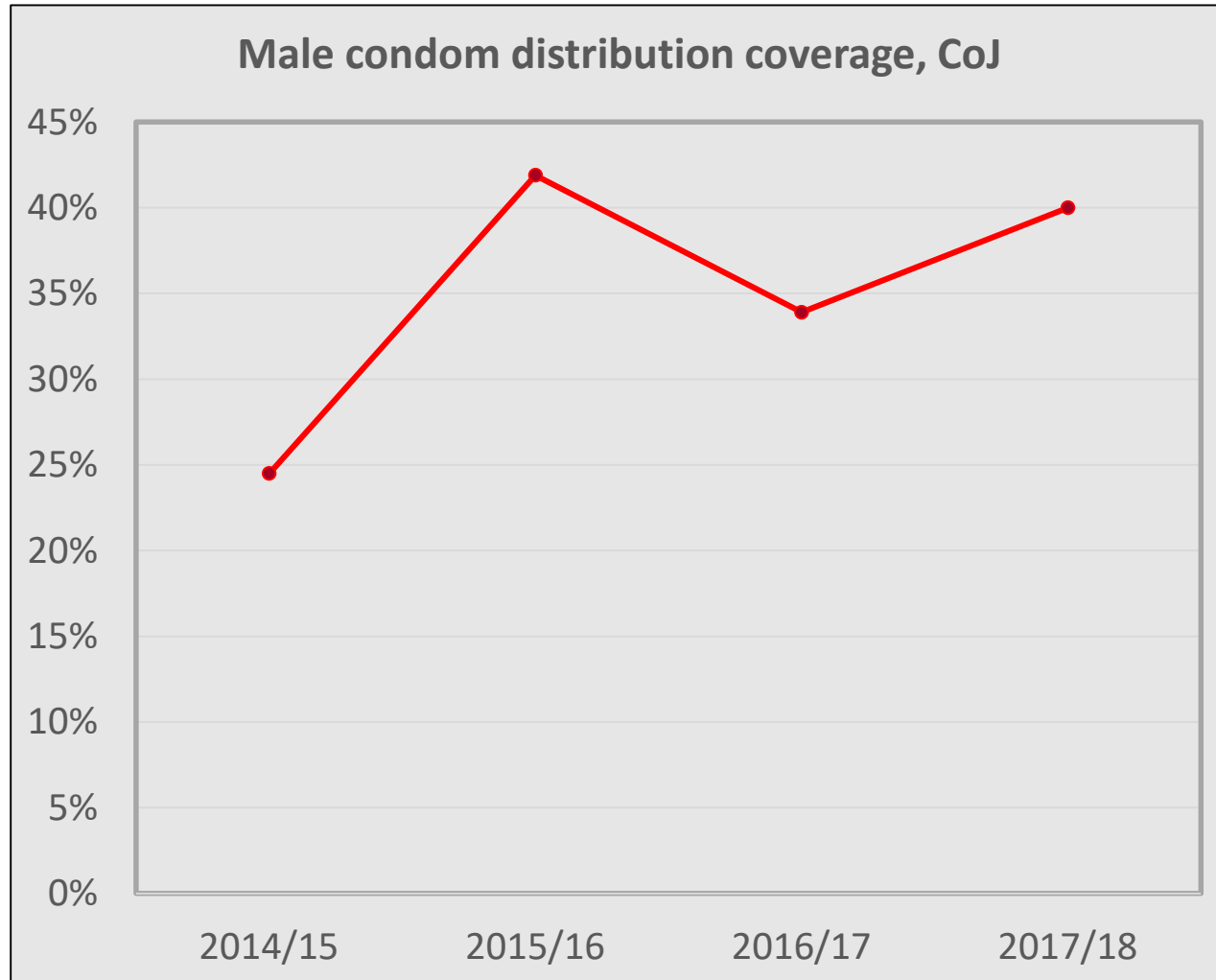


- In the City of Joburg, there's been an increase in the number of TB/HIV co-infected patients that are on ART in the past 5 years.
- In **2016/17**, **91%** co-infected patients were on ART compared to **72%** in **2014/15**.
- There was, however a slight decline in the uptake in **2017/18** to **86%**.

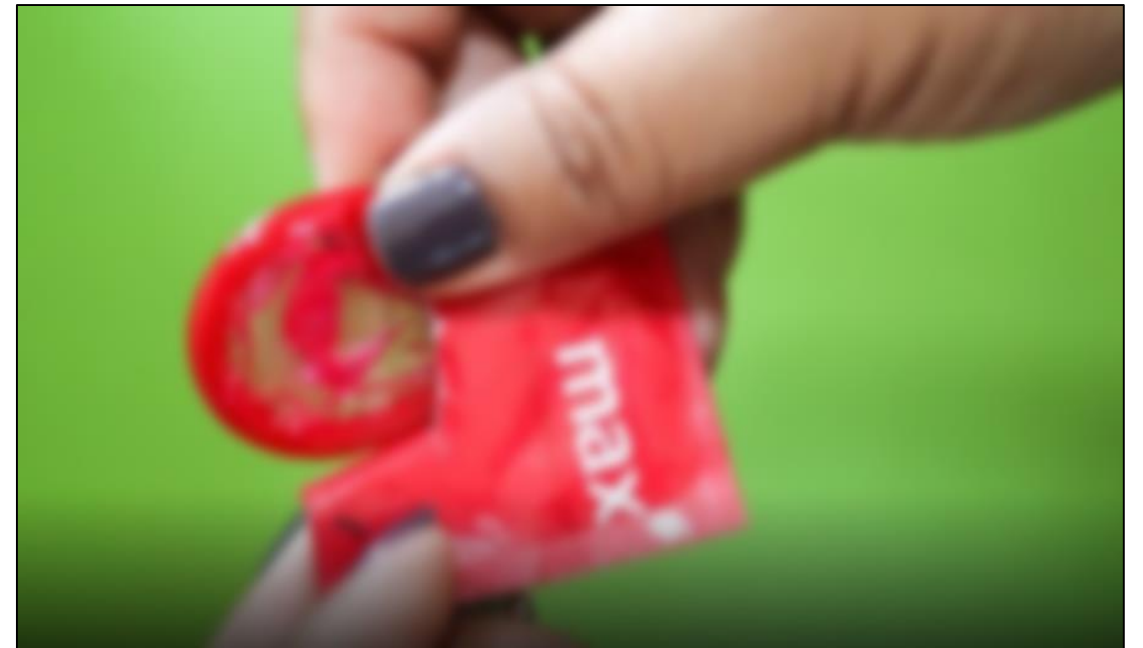
MALE CONDOM DISTRIBUTION COVERAGE

- Male condom distribution coverage is widely used as a proxy for condom use as condom use cannot be measured consistently (except through self-reported data).
- This indicator measures the number of male condoms distributed through primary distribution sites (PDS) to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.) in a given 12-month period per male aged 15 years and older.
- Between 2016/17 and 2017/18, the male condom distribution coverage declined in all provinces except in the Northern Cape where the coverage improved by almost 10 condoms per male 15 years and older.
- In Johannesburg, male condom distribution coverage per male 15 years and older increased to 40 condoms distributed through PDS in 2017/18 from 34 condoms in the previous year.

MALE CONDOM DISTRIBUTION COVERAGE



- According to the **latest** District Health Barometer data, the male condom distribution coverage in Johannesburg (**40%**) was higher than the national average of **36.1%**.
- In **2014** however, distribution coverage was at only **25%**, increasing exponentially in 2015/16 to **42%**, the **highest** it has been in the past 5 years.



CONCLUSION

- While good progress has been made in some of the indicators that measure HIV incidence, there is still a large number of people living with HIV in the city.
- Several interventions have been implemented by the Department of Health to reduce HIV infection, including the free provision of male condoms, free ANC testing services etc. however, there has been user and service-level challenges which have affected uptake.
- It is also concerning that not all TB/HIV co-infected patients are on ART. More effort must be made to ensure that all TB patients with HIV are started timeously on ART to reduce mortality rates in the city. Furthermore, ongoing support must be provided in the form of adherence counselling to patients who are already on treatment to ensure successful completion (District Health Barometer, 2017/18).
- Although there are more people visiting public health facilities for HIV testing, the numbers are still very low relative to the targeted population. According to a recent UNAIDS study, men are less likely to take an HIV test than women. As a result, fewer South African men living with HIV start and remain on HIV treatment (UNAIDS, 2017).