



**ASSESSMENT OF THE EPIDEMIOLOGICAL SITUATION AND DEMOGRAPHICS**

**Estimated percentage of adults living with HIV/AIDS, end of 2002**

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2002:	<b>20.1 %</b>
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**Estimated number of deaths due to AIDS**

Estimated number of adults and children who died of AIDS during 2001:	<b>360000</b>
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**Estimated number of orphans**

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001:	<b>660000</b>
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**With a 20% HIV infection rate among adults and an estimated 5 million adults and children living with HIV/AIDS, South Africa is among the worst affected countries in the world.** The nation is home to half of all HIV-positive people in the nine southern African countries hardest hit by the pandemic, and it has surpassed India as the nation with the greatest number of people living with HIV/AIDS.

**Every day in South Africa, an estimated 1,700 people are newly infected with HIV.** Young adults aged 20–24 are the most affected age cohort, with a prevalence of almost 26%. AIDS will increase the infant mortality rate in the next 5 years by 26%.

**Evolution of the epidemic.** Antenatal HIV prevalence in South Africa increased rapidly from less than 1% in 1990 to 10.5% in 1995 and then almost 22% in 1998. HIV prevalence among antenatal clinic (ANC) attendees was 22.4% and 24.5% in 1999 and 2000 respectively. The government estimated in March 2000 that 24.5% of pregnant women attending public antenatal clinics in 1999 carried HIV, up from 22.4% in 1998.

**Regional differences.** In KwaZulu-Natal, Mpumalanga and Gauteng provinces, **HIV prevalence is still exhibiting an upward trend**; HIV prevalence rose rapidly **from 7% in 1990 to 36.5% in 2000**. In other provinces, HIV infection trends seem to be stabilizing at high rates, ranging from 11% to 28%.

By 2010, adult HIV prevalence is projected to reach 25% and life expectancy in South Africa is estimated to be about 45 years with AIDS, as compared to close to 70 years without AIDS. In 2005, the population is expected to be 16% smaller than it would have been in the absence of AIDS. By 2015, population loss to AIDS-related deaths will total 4.4 million people.

**The migrant labor system in the trucking and mining sectors has been fueling the HIV/AIDS epidemic in South Africa.** A survey in Carltonville, a gold mining area near Johannesburg, revealed that 20% of miners were HIV-positive, and 75% of the 400 to 500 sex workers who serviced the miners were HIV-positive.

*Sources: Joint United Nations Program on AIDS (UNAIDS)/ World Health Organization (WHO) epidemiological fact sheet – South Africa (2002), United States Agency for International Development (USAID) HIV/AIDS in South Africa – (2002)*

## HIV/AIDS Impact on the Private Sector

**Over the next decade the number of employees lost to AIDS could be the equivalent of 40 - 50% of the current workforce in some South African companies.**

A recent survey showed AIDS-related disability claims in the South African workforce have risen from 18% of total disability claims in 2001 to 31% in 2002.

Researchers from the Center for International Health at Boston University have calculated that the **"AIDS tax"** --increased medical costs, decreased productivity, and other costs associated with HIV/AIDS in the work force--**was as much as 5.9% of the labor costs for six companies in Botswana and South Africa.**

A major industrial company based in KwaZulu-Natal recorded a 31% increase in the number of ill-health retirements between 1995 and 1997; of these retirements, 17% of them were due to AIDS.

A recent set of estimates by the Metropolitan Life Insurance Company in South Africa predicted that **the impact of HIV/AIDS would double employee benefits costs by 2005, and triple those costs by 2010.**

A study by the University of Port Elizabeth on 209 **Small and Medium Enterprises (SMEs)** in South Africa identified the disease as one of the three main factors that cause nearly 80% of South African start-up SMEs to fail every year.

**Gold Fields** – South Africa's second-largest gold producer - estimates that AIDS is costing the company US\$3.22 per ounce of gold produced, set to rise by US\$0.03 per ounce by 2009 as a result of an ARV program. However, **the company estimates that the cost of inaction would have been more than US\$10 per ounce by 2009.**

*Sources: Center for International Health at Boston University, The Futures Group International, Abt Associates*

## HIV/AIDS Impact on the Macroeconomic level

Existing estimates of the macroeconomic costs of AIDS range between a modest decline of 0.3 and 2% in Gross Domestic Product (GDP) growth annually.

However, **a new World Bank research report warns that South Africa will suffer a complete economic collapse within only four generations (or by 2080) if the government does nothing to combat the problem quickly and South Africa will be transformed from a middle income economy to a poor African economy.** HIV/AIDS causes far greater long-term damage to national economies than previously assumed. By killing mostly young adults, the disease is robbing the children of one or both parents to raise and educate them, and so undermining the quality of child rearing, education levels and progress, and the basis of economic growth over the long haul. **The report projects that GDP per head could fall from current levels of US\$2,600 to only US\$1,000 by 2080.**

The impact of HIV/AIDS on the health sector is noticeable. The percentage of hospital beds occupied due to AIDS ranges from 26% to 70% for adults and from 26% to 30% for children.

*Sources: The World Bank, UNAIDS, lovelife campaign*

## Multisectoral Response

**USAID** supports the government's HIV/AIDS strategy as well as South African public and non-governmental organization (NGO) HIV/AIDS activities through technical assistance from Family Health International (FHI), John Snow Inc., EngenderHealth, the Center for Human Services, the Policy Project, the Population Council, Clapp and Mayne, Management Sciences for Health, Measure, Johns Hopkins University, and Boston University.

The **World Bank** provides support to NGOs working on AIDS, and to the government's HIV/AIDS strategy through its programs. The Bank is also working with the South African health authorities and others in the international community to enhance South Africa's contribution to the development and manufacture of an AIDS vaccine.

**The Bill & Melinda Gates Foundation** has granted \$28 million to a Southern African AIDS initiative to test the effectiveness of latex diaphragms in preventing the transmission of HIV and other sexually transmitted diseases (STD).

In August 2003, the **Global Fund for AIDS, TB, and Malaria (GFATM)** signed an agreement with the South African government committing \$41 million over two years for both treatment and prevention of HIV/AIDS and Tuberculosis (TB).

Corporations are just starting to see the effects of HIV/AIDS on their bottom lines, according to Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

South Africa's largest mining company, **AngloGold**, in November 2002 began distributing antiretroviral drugs to a few of its HIV-positive employees as part of a plan to distribute the drugs free of charge to all of its HIV-positive staff in Southern Africa.

**BMW** began providing free HIV/AIDS medications to workers at its assembly plant outside Pretoria two years ago and encourages employees to be tested for HIV in order to access care schemes.

*Sources: USAID, The World Bank, UNAIDS, Kaiser Daily HIV/AIDS Report*

## National Response

**The Presidential South African National AIDS Council**, chaired by the Deputy President, advises the government on HIV/AIDS policy, advocates for the involvement of all sectors in implementing HIV/AIDS programs, monitors the implementation of the national HIV/AIDS and Sexually Transmitted Disease (STD) Strategic Plan, and mobilizes resources for the national HIV/AIDS program. The body consists of 15 government representatives and 16 civil society representatives.

**The HIV/AIDS and STD Strategic Plan for South Africa, 2000-2005**, was developed in 1999 through a participatory consultative process managed by the Ministry of Health. The plan emphasizes the following four broad areas to address HIV/AIDS: Prevention; Treatment, care and support; Human and legal rights; Research, monitoring, and surveillance.

**lovelife**, South Africa's national HIV prevention program for youth, was launched in September 1999, by a consortium of leading South African public health organizations in partnership with a coalition of more than 100 community-based organizations, the South African government, major South African media groups and private foundations. lovelife combines a highly visible national multi-media campaign with countrywide adolescent friendly service development in government clinics, and a national network of outreach and support programs for youth. lovelife aims to substantially reduce the rate of HIV infection among 15-20 year olds.

**On August 2003, South Africa's cabinet ordered the Department of Health to "develop a detailed operational plan" to make antiretroviral drugs (that prolong the lives of HIV-positive people) available to those South Africans infected with HIV who could benefit from them.** The decision was announced after the cabinet met in special session to consider a government task force report on HIV treatment options, according to which, antiretroviral treatment is both affordable and feasible. Ministers predicted the plan would be completed by the end of September of the same year.

*Sources: USAID, HIV/AIDS in South Africa (2002), CNN*

## List of Contacts (Websites and useful contacts)

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**South African Business Coalition on HIV/AIDS (SABCOHA)**, Tracey King, P.O. Box 950, Parklands, 2121, Johannesburg.  
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Tel: +27 11 446 3800, Fax: +27 11 446 3849, [www.sacob.co.za](http://www.sacob.co.za)

**South African AIDS Directory**: <http://www.aidsdirectory.co.za/>

**National Association of People Living with HIV/AIDS (NAPWA)**, Nkululeko Nxesi, PO Box 66, Germiston 1400.  
Tel: +27 11 872 0975/ 83 478 9462, Fax: +27 11 872 1343, Email: [napnat@sn.apc.org](mailto:napnat@sn.apc.org), Website: <http://www.napwa.org.za/>

## SOUTH AFRICA – List of Potential Direct Partners

Source	URL/Contact Info	What to find	Comments
UNAIDS	<b>Contact:</b> <b>Address:</b> Tel <b>FAX:</b> <b>Email:</b>		
	<b>Contact:</b> <b>Address:</b> Tel <b>FAX:</b> <b>Email:</b>		
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