Despite Progress, HIV Testing Lags Among Young People and Men in Africa

Highly precise analyses of diagnosis and treatment statistics in hard-hit Zambia, Zimbabwe and Malawi reveal crucial disparities.

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As nations in sub-Saharan Africa strive to hit key HIV diagnosis and treatment targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS), recent precise analyses of three hard-hit sub-Saharan African nations reveal excellent progress but also key shortcomings in addressing the needs of young people and men, aidsmap reports.

In 2014, the UNAIDS called on nations to get 90 percent of their HIV populations diagnosed, 90 percent of that group on ARVs and 90 percent of that group virally suppressed by 2020. (These are known as the 90-90-90 targets). Achieving this goal would result in 73 percent of each nation's HIV population having an undetectable viral load and therefore having a vanishingly small, or negligible, risk of transmitting the virus through sex; the risk may in fact be zero. Such a high level of protection against the spread of the virus would, according to UNAIDS projections, end HIV as a major global public health threat by 2030.

In recent years, seeking to improve the accuracy of analyses of how well nations are progressing toward the 90-90-90 targets, researchers have developed a revolutionary surveillance method called a population-based HIV impact assessment (PHIA). The PHIA estimates derive from a direct measurement of a nation's epidemic with regard to the targets and other factors that is based on a representative sample of the population (as opposed to using mathematical modeling to produce estimates). This method is being rolled out in an increasing number of nations in sub-Saharan Africa.

Various researchers presented findings from PHIA studies of Zambia, Zimbabwe and Malawi at the 9th International AIDS Society Conference on HIV Science in Paris (IAS 2017).

The Zambia study was conducted in 2016 and covered 19,029 adults and 7,959 children out of 12,310 households where investigators offered HIV counseling and testing.

The study authors concluded that 12.3 percent of Zambian adults and 0.9 percent of children are living with HIV.

A total of 67.3 percent of people who tested positive for HIV in the study were aware of their infection, including 70 percent of women and 62.8 percent of men. Of those who were already diagnosed, 85.4 percent were on ARVs; of that group 89.2 percent were virally suppressed. Older individuals were more likely to be virally suppressed than younger ones.

Based on these findings, the researchers concluded that the Zambian equivalent of the 90-90-90 target was 67-85-89, with 68 percent of women and 62 percent of men with HIV aware of their status. In other words, the nation is doing very well getting people on successful treatment for the virus but critically coming up short when it comes to diagnosing individuals living with the virus.

Conducted in 2015 and 2016, the Zimbabwe PHIA offered testing to 15,009 households and tested 20,572 people.

The researchers estimated that 14.1 percent of 15- to 64-year-olds in Zimbabwe are living with HIV.

Of those who tested positive in the study, 72.9 percent already knew that they had HIV. And of that group, 86.8 percent were on ARVs. A total of 86.5 percent of those on treatment were virally suppressed. People under 35 were much less likely to be aware of their HIV infection.

Lastly, the Malawi PHIA was conducted only among women between November 2015 and August 2016. After testing 9,979 women, the researchers found that 12.8 percent of women 15 to 64 years of age had HIV. The prevalence was higher in women 35 to 44 years of age—between 22.1 and 24.6 percent. A total of 76.3 percent of the women who tested positive already knew they had the virus. Younger women were much less likely to be aware of their infection.

Of all women living with HIV in the study, 69.5 percent were taking ARVs, with younger women mush less likely to be on treatment.

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