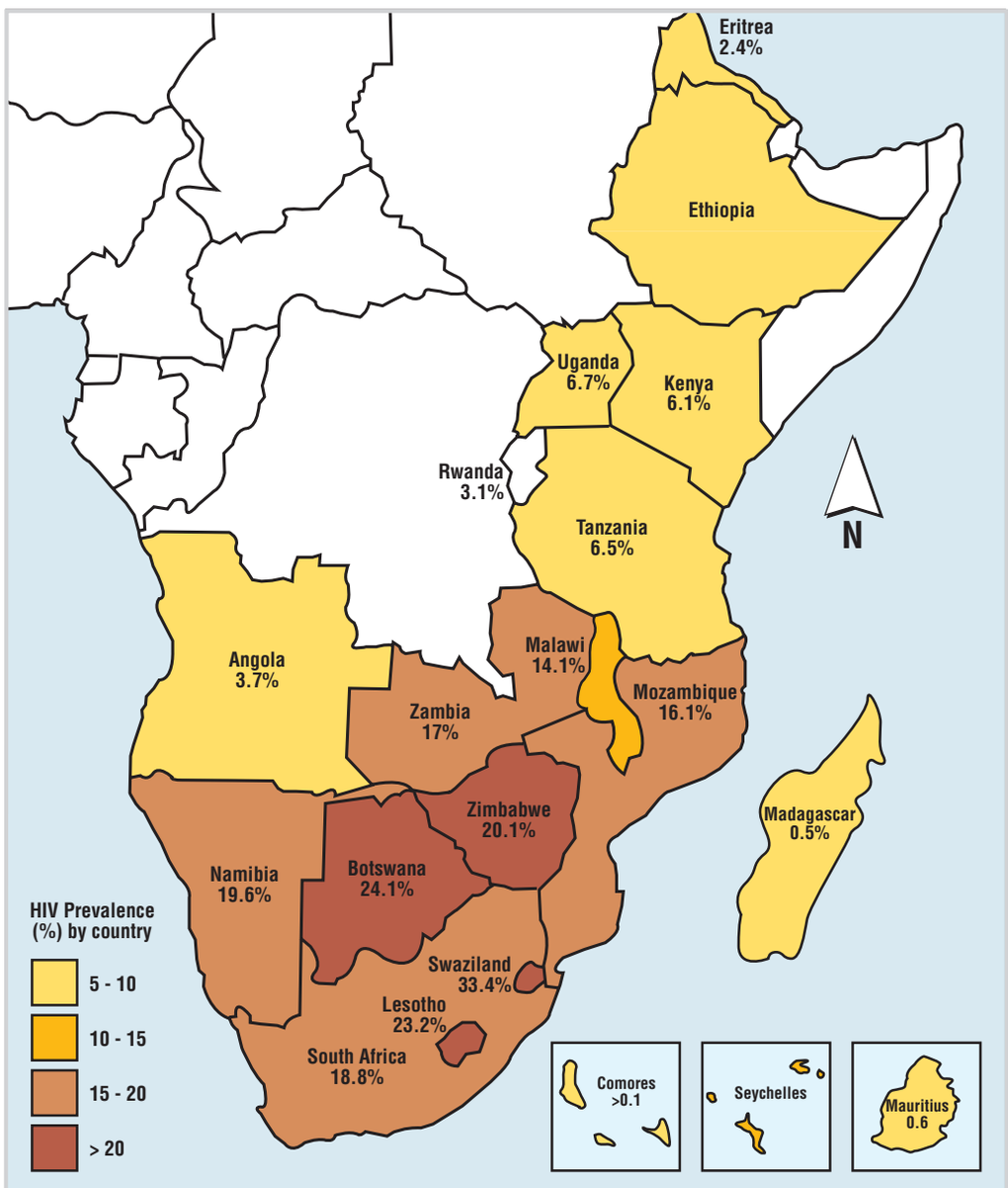
2 Regional and country HIV epidemics

Figure 1: HIV Prevalence in Southern and Eastern Africa, 2005



Source: UNAIDS Regional Support Team for Eastern and Southern Africa

The Southern African region is the worst affected by HIV in the world. According to the United Nations Joint Programme on HIV/AIDS (UNAIDS), "almost one third of the world's people living with HIV live in this sub region"[2]. It is now regarded, to an even greater extent than previously believed, to be the epicentre of the global HIV epidemic[3]. The main mode of transmission in this region is through heterosexual sex, with women making up the majority of HIV infected people.

2 UNAIDS Regional Profile for Eastern and Southern Africa. October 2007. www.unaidsrstesa.org/regional_charts.html
3 Wilson, D. (2007). HIV Epidemiology: A Review of Recent Trends and Lessons. Global HIV/AIDS Program, The World Bank. 27 March 2007. Pg 3.

They are being infected earlier than men and the gap in HIV prevalence between the genders is continuing to grow[4].

Southern Africa is characterized by highly generalized epidemics, with HIV prevalence ranging in many countries from 15% to 35%. An epidemic is generalized when the prevalence rate exceeds 1% [5]. In many cases in this region, the epidemic has reached a situation of being termed "hyperendemic"; where it is constantly present at a high incidence and/or prevalence, and where the prevalence in the general adult population is greater than 15%[6 7]. The hyperendemic situation of countries in this region is a continental and a global exception, and do not appear to be occurring elsewhere[8].

However, even in Southern Africa, the epidemic is not uniform. There are some countries, especially the Island States, where the epidemic is still at a low level or concentrated among high risk populations, like sex workers or IV drug users. For this reason it is important to design HIV programmes which are suited to the type of epidemic that is present in a country or even a specific region or institution.

4 2006 Report on the global AIDS epidemic, UNAIDS, May 2006
5 Wilson, D. (2007). HIV Epidemiology: A Review of Recent Trends and Lessons. Global HIV/AIDS Program, The World Bank. 27 March 2007. Pg 4
6 Practical Guidelines for Intensifying HIV Prevention. UNAIDS 2007
7 Water Naude, J. (2002). Emergency Medicine: Introduction to Emergency Medicine: Glossary. <http://academic.sun.ac.za/emergencymedicine/TRRM/Glossary.htm#H>
8 Wilson, D. (2007). HIV Epidemiology: A Review of Recent Trends and Lessons. Global HIV/AIDS Program, The World Bank. 27 March 2007. Pg 3.

2.1 A Break Down of Countries by Nature of their Epidemic[9]

Concentrated: <1%[10] of the General Population is Infected with HIV

- Madagascar (0.5%)
- Comoros (<0.1%)
- Mauritius (0.5%)
- Seychelles (<1%)

Generalized: 1% - 15% of the Population is infected with HIV

- Angola (3.7%)

High Generalized (Hyperendemic): >5% of the Population is Infected with HIV

- Botswana (24.1%)
- Lesotho (23.2%)
- Namibia (19.6%)
- Mozambique (16.1%)
- Malawi (14.1%)
- Swaziland (33.4%)
- South Africa (18.8%)
- Zambia (17%)
- Zimbabwe (20.1%)

Development problems, such as poor infrastructure, poorly skilled populations, generalized impoverishment, and widespread hunger are aiding the spread and impact of HIV in the region. Added to this is the social instability that characterizes many countries in Southern Africa. In addition, a large portion of the regional population is highly mobile through migratory work systems, and gender imbalances continue to promote the spread of HIV. As Southern African governments attempt to build up their economies and their health and education sectors, they need to respond to the HIV epidemics within their countries.

In order to reverse a generalized epidemic, "fundamental changes in social and community processes and norms" are required. In terms of HIV prevention and behavioural change, this would require normative change and partner reduction in the population as a whole[11]. This requires large-scale programmes of prevention, treatment and care, ones which target as many groups and sectors as possible and reach all corners of a community.

Universities have a role as "thought leaders" in promoting this type of societal change. However, in many cases their first responsibility is to the university population i.e. students and staff. People attending universities in the region are mainly in those age groups most at risk of contracting HIV. This is exacerbated by the nature of university environments, which act as focal points for social and sexual interaction. Universities in the region need to try and prevent HIV infections among students, who will become the highly-skilled personnel in a country's economy in the years to come.[12] Universities need to pass on HIV messages and information, to change behaviour, access people already infected and affected by the disease, and to develop the focus required to address the epidemic. Through their actions universities can also ensure that their students are well positioned to lead programmes addressing HIV in the future.

In the countries with generalized and hyperendemic HIV epidemics university responses need to go further than HIV prevention programmes. They need to be aware of the social, economic and psychological effects that HIV and AIDS have on all people within the university community, not simply the health of individuals, and they need to plan their responses accordingly. HIV can lead to a depleted pool of skills and knowledge, loss of staff and students, and ultimately reduce capacity to work and study[13]. Universities play important roles in communities, particularly in terms of leadership. They also are highly influential on a community's attitudes and practices, especially on future decision makers. Through generating and disseminating new knowledge, they "have the capability of influencing policy and shaping the development agenda and in mobilizing research as a decision making tool"[14].

9 UNAIDS Regional Support Team for Eastern and Southern Africa. 2005. http://www.unaidsrstesa.org/countries.htm
10 "<" less than; ">' greater than
11 Wilson, D. (2007). HIV Epidemiology: A Review of Recent Trends and Lessons. Global HIV/AIDS Program, The World Bank. 27 March 2007. Pg 18.
12 Sigot, A.J. (2001). Workshop on Women in Higher Education and Science: African Universities Responding to HIV/AIDS. ICRAF. Maseno University's Response and current activities on HIV/AIDS, Maseno University, Kenya.
13 Sigot, A.J. (2001). Workshop on Women in Higher Education and Science: African Universities Responding to HIV/AIDS. ICRAF. Maseno University's Response and current activities on HIV/AIDS, Maseno University, Kenya.
14 Sigot, A.J. (2001). Workshop on Women in Higher Education and Science: African Universities Responding to HIV/AIDS. ICRAF. Maseno University's Response and current activities on HIV/AIDS, Maseno University, Kenya.