

HIV infection and AIDS-

a comparison of sub-Saharan Africa, especially Uganda, with Germany

HIV-disease is a chronic infection with the HI-virus, which leads to a progressive immunodeficiency. After a long-term absence of symptoms, 2 to 4 years after the infection easier illnesses and 8 to 10 years afterwards the so called AIDS-defining diseases will occur in which patients die without effective therapy within a few years.

An effective antiretroviral therapy (ART) does exist since 1995/1996. Under an ART it comes to a sufficient reconstitution of the immune system so that the AIDS-defining diseases can heal. The efficiency of the treatment is upheld as long as the ART is continued.

In Germany currently around 83.000 persons live which are infected with the HI-virus, that is a rate (prevalence) of 0,1% of the population. 80% of the infected adult persons are male and 20 percent are female. According to the risk of infection two thirds of the infected men have had sex with men (MSM), 20% have been infected by heterosexual intercourse, 7900 by intravenous drug use, 450 by receiving blood products (Hemophiliacs) and 450 by mother-child-transmission. As in most of the rich countries a strong decline of AIDS and resulting deaths are observed following the introduction of ART. 450 persons died in 2014 because of AIDS and 3200 have got a new infection.

2014 UNAIDS has proclaimed the 90-90-90-aim. After that great efforts have to be done up to 2020 to achieve that 90 percent of the HIV-infected people are diagnosed, 90 percent are treated with antiretroviral drugs and in 90 percent is to be reached a suppression of the virus, so that the HI-virus is no further detectable. As this aim is concerned, 2015 in Germany 85 % of the probably existing HIV infections are diagnosed, 84 % of those are treated with ART und in 93 % the HI-virus is no longer provable.

Today in Germany the diagnosis AIDS does not mean the announcement of early termination of life but conditional health as long as an effective ART is performed. This means that HIV/AIDS nowadays is a medical edge problem in Germany.

In sub-Saharan Africa the situation is completely different. Round about 50 percent of the 37 million HI-infected persons worldwide are women. 26 millions of them, adults and children, live in sub-Saharan Africa, which is hardest hit.

In 2014 the rate of HIV was here 4,7% on average of the adult population and so about 50 times higher than in Germany. But behind it there are big differences. As the rates of HIV infection in Central- and East-Africa are between 5% and 10% of the adult population, they are in South-Africa and neighbouring countries about 20% and in some parts of the country even higher.

AIDS in Subsahara-Africa has become the most frequent cause of death at all. Each fifth case of death is caused by HIV/AIDS, the life expectancy has dropped by up to 20 years. More than 10 millions of children have become orphans, because their parents have died by AIDS. In 2014 790.000 persons died by AIDS.

While in Germany predominantly gay men are affected by HIV/AIDS, the main transmission way in sub-Saharan Africa is heterosexual intercourse by which more women than men are infected. A great problem is the mother-child-transmission. Without an adequate treatment up to 40% of children of HIV-infected mothers are also infected. With an effective ART this rate can be reduced to under 1%.

For the poor countries in Subsahara-Africa it is significant, that antiretroviral drugs are still very expensive and far exceed the resources available for the health sector. Therefore most of these countries depend on donations of international organisations.

Even if it is safe that there has been progress in the last decade in the world wide treatment of HIV/AIDS, an actual study shows that we are today still far away from the 90-90-90-aim. This is especially true for the poor countries in sub-Saharan Africa to which Uganda belongs.

In 2017 in Uganda 1,4 million people (15 to 49 years) are living with a HI-infection, that are 6,5% of the adult population. In the country women are disproportionately

affected, with 7,6% of adult woman living with HIV compared with 4,7% of men. Other groups particularly affected by HIV in Uganda are sex workers, young girls, men who have sex with men and people who inject intravenous drugs. Every year there are 52.000 new HIV infections and 28.000 AIDS-related deaths. In the last years there has been a gradual increase in the number of people living with HIV accessing treatment. With regard to the 90-90-90-aim of the UNAIDS 74% are aware of their HIV status and 67% of the infected people are on antiretroviral treatment but only 47% of the infected children. That means that in 2016 around 33% of adults living with HIV and 53% of children were still not on treatment. Persistent disparities remain around who is accessing treatment and many people living with HIV experience stigma and discrimination.

Finally the demographic, social and economic effects of HIV/AIDS in sub-Saharan Africa have to be regarded. AIDS is the main cause of death still before tuberculosis and malaria and responsible for every fifth death. A great social problem are the AIDS orphans. Especially in the education sector and in the health system it has come to significant failures, because in this many well trained younger employees have become sick or have died because of AIDS. Last not least there are devastating economic consequences. By the premature death or failure of many people in productive age the economy suffers massive collapses and it has come to a distinctive decline in the agricultural and industrial production and growth.

During the 1990s Uganda could serve as an example for the prevention of HIV and AIDS. The rate of HIV infection dropped from around 15% to 5% in the adult population. During the last decade there is a significant increase again. That is a great challenge for the whole society in Uganda and the communities. We should discuss in which way the institution in Rukararwe and the "Freundschaftsverein Kronshagen- Buschenyi/ Ishaka" can give support.

There were 52.000 new HIV infections in Uganda, mainly among adolescents and young people, more in women and girls than in men. The main components of an effective prevention program are three objectives:

- to increase the adoption of safer sexual behaviours (condom availability and use) and reduction in risk behaviours
- to scale up coverage and use of biomedical HIV prevention interventions such as voluntary medical male circumcision, delivered as part of integrated health care services
- to mitigate underlying socio-cultural, gender and other factors that drive the HIV epidemic by HIV education and sex education

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