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Review Article

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Hurdles and Stumbling Blocks on Efforts of Prevention and Halting New HIV Infections by 2030: A Review of Southern Africa Region

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Abstract

Since the discovery of Human Immunodeficiency Virus (HIV) an infection that causes Acquired Immune Deficiency Syndrome (AIDS) four years ago, there have been numerous global conferences where governments and heads of states made commitments to end the spread and provide mechanisms to mitigate the socioeconomic effects of advanced HIV [1]. However, these commitment have not been fully implemented as by 2019, the advanced HIV continued to be the leading cause of death among young women of reproductive age of 15-49 years globally. Despite political commitments, an estimated 6000 new HIV infections per week continue to occur among the age group of 15 and 24. These new incidences of HIV makes it near impossible for the international community to meet its commitment of fewer than 500,000 new HIV infections by 2020 [1].

On the positive side, there has been recognition that advanced HIV is not only a health issue but a development phenomenon. To this end, there have been multifaceted interventions such as increased number of girls enrolled in primary and secondary schools globally. Other development relates to more numbers of women in political leadership, improvement on pieces of legislation, increased investment in vaccines and noticeable uptake of antiretroviral treatment (ART) for people infected with HIV. By end of 2019, there were over 24 million people globally that were on treatment, of which more than 13 million were women aged 15 years and over [1]. However, there are formidable hurdles that make halting new HIV infections by 2030 as per the Sustainable Development Goals (SDGs) a difficult task. In the midst of progress and difficult challenges, the international community ought to reflect on Mandela's assertion that "...I have discovered the secret that after climbing a great hill, one only finds that there are many more hills to climb"[2]. These daunting hurdles include lack of political will, multiple concurrent sexual partnerships, transactional sexual relations, stigma, isolation and exclusion as well as poverty-migration and HIV, co-infection of Tuberculosis (TB) and HIV.

The combination of these hurdles make the possibility of meeting the internationally agreed upon SDGs target of having zero new HIV infections a greater challenge to achieve, unless complacency is addressed head-on and the issues raised in this review are reprioritized.

Keywords: Advanced HIV, Blessers, HIV epidemic, International Community, Southern Africa, Slay Queens.

Introduction

Over four decades since the advanced HIV was discovered, there has and still no cure or an effective vaccine, but various strides have been made to manage it as a chronic condition. Strides include availability and rapid accessibility of antiretroviral therapy (ART) to millions of people globally, which has transformed despair into hope. On the other hand, the international community has been seized with vaccine development to find a breakthrough. As things stand, this continues to be a process that scientists are engaged with. In Southern Africa where HIV prevalence is higher compared to other regions, there is a greater concern of social practices together with in action by political leadership on internationally agreed commitments. This review highlights key practices that pose a serious threat in Southern Africa region to the noble interventions of reducing and ultimately halting new HIV infections by 2030.

Lack of Political Will

In response to the epidemic the international community specifically political leadership recognised the socioeconomic threat that advanced HIV was causing, hence regional and international conferences were held and declarations were made. However, there has been minimal to zero ratification of these political declarations from some of the developing countries that carry a considerable burden of HIV prevalence [3]. For Example, during the years of 2000 to 2006 in which Thabo Mbeki and Manto Tshabalala-Msimanga were President and Minister of Health respectively, South Africa showed disdain to HIV, which led to many people dying as a result [4]. Hereunder are some of the international and regional political commitment and declarations on advanced HIV that some countries including South Africa did not implement fully and immediately up until around late 2000 with new political leadership, they include:

- The Maseru Declaration 2003 (by SADC);
- The UN Millennium Development Goals (2000);
- Abuja Declaration on HIV/AIDS, Tuberculosis and Malaria (2001);
- Paris Declaration on Greater Involvement of People living with HIV/AIDS (1994); and
- The UN General Assembly Declaration of Commitment on HIV/AIDS (UNGASS), 2001

Some countries in Southern Africa that did not exercised political will on HIV and AIDS include the Democratic Republic of Congo (DRC), Tanzania, Namibia and Mozambique. In DRC, Mozambique and Rwanda HIV was discovered during the late phase of civil wars and rape was one of the force that was used against women to inflict pain while perpetuating probability of infection. Wars in these countries made governments to prioritise strategies of winning war meanwhile HIV was gaining momentum, hence prevalence swelled [5]. Proof of political deficit for South Africa during this period was manifested by the approval of Mathias multivitamin campaign instead of ART, which was detrimental to many South Africans who were infected with HIV at the time [4].

Blessers

Material lust is considered to be an origin of various terminologies and lifestyle such as blessers. Blessers is a relatively new terminology which refers to older financially stable men, who provide most or all material needs to their younger female lovers. The young girls who receive these material needs are in tertiary institution, high schools and some are drop-out or post-high school. Some of the benefits that young women get from blessers are tuition fees, rental, clothing, alcohol and food. Blessers are streetwise men who meet or satisfy young women's material needs in exchange of sex. Blessers are associated with meeting the material needs of young women by men who have more disposable income. The young women have difficulty to refuse sex as a transaction after they have been given most of the things that their parents are unable to provide them with. This blesser phenomenon is not limited to 1 man blessing 1 young woman, it can be more than 2, 3 or 4 depending on the blesser. In some instances the blesser become the centre of attraction due to the splashing of material goods and hosts more than four blessees (young women) when he offers them drinks, meals, gifts, money and then exchange of sex with all of them [6, 7]. This is one practice that reverses the gains of investment into HIV prevention. There are differing arguments on the drivers of this phenomenon. Some argue that inequality and poverty are the main drivers, while others maintain that social ills push young women to use their anatomies to be noticed by enticing men who appear to be financially stable so that their financial gap can be somehow met regardless of any form of exchange.

Some quarters argue that this blesser phenomenon is fueled by addiction of material things such as latest cellphone brands, clothing, meals and money by some young women, who then target men who can meet the need with sex being the currency of exchange. On the other hand, some assert that the concentration of power on men make some young women vulnerable to the advances of men who splashes their wealth to lure them into this lifestyle. In KwaZulu Natal, the Department of Health and the Office of the Premier have recognized the threat of the blesser phenomenon, which is why they embarked on a campaign to empower young women and communities to guard against it given its negative outcomes [8]. In some HIV strategies, there is a realization of this phenomenon though the mechanisms to resist it is not fully explored for young women. Blessers are the newer version of sugar daddies. The modus operandi is the same and more elaborated now with the combination of social ills that drive the practice and quest by some young women for materiality at all cost.

Multiple Concurrent Sexual Partnerships

Reports have revealed that advanced HIV epidemic in Southern Africa region is generalised meaning that it is passed through sexual behavior in general population [9]. Reports further state that one of the reasons of engaging in more than one sexual relations concurrently is based on structural reasons. For example long absence from home as per the migrant labour system, female vulnerability, patriarchal system, lack of opportunity and economic factors are strongly argued to be drivers of this as the outcome is high probability of HIV infection [9]. MCP is also largely associated with social and cultural factors where women are viewed as objects for men's sexual satisfaction. In some peripheral areas, there is remnant of societies that do not shy away from encouraging young women to not pursue education because the wealthy gentleman would marry her and she will bear children for him. On the other hand, MCP is associated with ever-changing social lifestyle which values young men who have more than one girlfriend and normalises a woman who generates material gains from having sexual relations with more than one man. These are socioeconomic issues that pose a significant burden on health systems as countries battle to reach the set target of reducing the spread and ultimately have zero new HIV by 2030.

Transactional Sexual Relations

Transactional sex is *defined as a relationship between man and woman that involves the exchange of money or material goods for sex, it is the transaction that has an economic and sexual component but different from formal sex work* [10]. It is also important to note that both men and women who enter into this arrangement do it consciously. For example, a woman entertains this lifestyle not as victim but as willing participant that pursues it for specific objectives with specific man/men who have more resources. In most instances, the currency include cash, transportation, rental allowances etc [10]. In South Africa this practice is evolving as some young women call themselves as "slay queens" as they deliberately pursue particular men for same objective.

Stigma, Isolation and Exclusion

Exclusion *is defined as a deliberate act of shutting out a person or persons from consideration and privileges*. On the other hand, stigma is defined as a *shame or disgrace attached to something regarded as socially unacceptable, for example excommunicating people for being different and castigating them publicly for the difference* [11]. In line with the afore-mentioned definitions, different studies conclude that stigma, isolation and exclusion of people living with advanced HIV is one of the common denominator in the rapid and relentless spread of HIV and AIDS in Southern Africa because health services which ought to provide care do not in turn spur the infection further by practicing these [12]. Though interventions have been made and are continuously so, these social ills counter the programmes of reducing and ceasing the spread.

Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) are considered to be the major drivers of the spread of HIV in the Southern Africa region

because of the shortage of health practitioners and scarce to zero health facilities in most peripheral areas in the region. STIs are a vehicle for HIV when untreated and practicing unprotected sex hence, there is a standing call to authorities to set budget aside for health facilities to be erected to service communities. In the present moment, in the Southern Africa region, it is observed that in some remote, shanty-towns and township areas there is lack of access of 24/7 health facilities for health and reproductive needs [13]. Another concerning observation supported by empirical evidence is that of some health professionals in primary health centres who are judgmental towards teenagers who present themselves with STIs. The above contradicts the essence of human rights and stifles work done to-date. Broadly, it presents a serious hurdle for overcoming advanced HIV as per set targets of zero new HIV incidents by 2030.

Compromised Socio-Economic Reality

Southern Africa is associated with multiple socio-economic and political ills that somehow fuel the spread of HIV and hamstring the noble interventions to prevent and mitigate the impact. The following sub-headings provide an overview of factors that make Southern Africa susceptible to HIV as provided for by the literature.

Poverty and Migration

Southern Africa is characterized by inequalities compounded by abject poverty which reflects that more than 60% of its people lived below United Nations (UN) poverty line of US$ 1 per day [14]. Migration is one of the most underestimated factors that contribute to the spread of HIV in the region because people flee famine and political instability in their countries like DRC, Zimbabwe and Lesotho to new settings they become vulnerable [14]. When they flee, they inherit a status of displacement and statelessness with no shelter, food, clothes and income. As a result, social ills dictate to those who are displaced to embark on survival means, which include prostitution in case of women. Migration occurs not only because of turmoil but scarcity of resources within countries or country to country, hence its impact is felt in health and economic sectors [15]. The region is unique when compared to others and poverty becomes the distinguishing feature.

Commercial Sex and Poverty

There is an inconsistency in the argument that poor people are more likely to be infected with HIV because in 2007 an estimated 1.6 million people in Europe which is a developed region were reported to be HIV positive [16]. However, in Southern Africa, there is an overwhelming evidence that proves that poverty is intertwined with the spread of HIV through sexual trade commonly known as prostitution. The extreme poverty impels many young women to pursue risky sexual behavior for survival, while risking themselves from contracting various forms of STIs including being assaulted [14]. The proliferation of this practice poses various challenges on health and socioeconomic aspects. It also serve as a major hurdle in efforts of preventing and reducing the spread of advanced HIV.

Teenage Marriages and Poverty

Marriage is considered to be one of the highest adult milestones where people commit to it voluntarily for mutual enrichment. However, in most communities across the region marriage is imposed on young people hence it does not form part of celebration and own volition [14]. This means that when a young person is coerced into early marriage, her natural way of growing-up is shortened and her basic human rights are infringed upon. For example when a young girl is compelled into marriage often with an older man, she is exposed to possible abuse, early adulthood including the risks of contracting STIs and specifically HIV. This practice is slowly fading away due to strong advocacy and lobbying but continues to be hurdle in efforts of reducing the incidences of advanced HIV. Teenage marriage reinforces the patriarchal system in certain parts of the region that men are in charge and women particularly young girls are sub-human only to be a married to either willingly or not [14]. This practice also counters against global commitments as reflected earlier and human rights framework.

Tuberculosis (TB) and HIV Co-infections

Tuberculosis (TB) is known as a lung infection. Advanced scientific research reveals that it also affects other parts of the human body parts, like brain, kidneys and spine. Fortunately, TB is curable and treatable provided patients adhere to the treatment regime. The argument is that if it is left untreated, it makes those infected to be more susceptible to opportunistic infections. Testament to the geopolitical inequalities, the Southern Africa region continues to lack general infrastructure and sometimes dilapidated including shortage of competent human resources. This combination causes a serious challenge with people who are infected with both TB and HIV as these conditions compound the challenge.

Conclusion and Recommendations

This article has discussed key challenges that hamper HIV investment in Southern Africa region. The following are some of the considerations that need to be urgently pursued to change the status quo:

- Acceleration of infrastructure for health and human resources;
- Legislation for countering anti-women cultural and social practices;
- Re-formulation of prevention messages according to sector specific;
- Investing in poverty mitigation programmes in peripheral and shanty town areas, and
- Tailor specific programme for active testing for TB and HIV in vulnerable groups e.g. Miners, inmates, commercial sex workers, truck and taxi drivers etc.

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