Almost 20,000 people are expected to descend on Durban as the International AIDS Conference returns to the port city 16 years after its last visit. This week, the gathering is likely to be a moment of reflection in an era of HIV treatment as the world charts the future of the HIV response.

1. The “t-word”
For most of the epidemic’s three decades, talk of a cure has been largely confined to charlatans, but major scientific breakthroughs in the past 10 years have paved the way for talk of a cure in decades to come.

“Not long ago, few considered the possibility that a cure for HIV infection could some day be possible,” Nobel Laureate Françoise Barré-Sinoussi told Bhekisisa. She co-chairs the International AIDS Society’s Treatment 2020 initiative, which launched a new strategy charting the future of HIV cure research this week.

“Berlin Patient” Timothy Ray Brown received a bone marrow transplant from a donor with a rare genetic mutation. This mutation prevented HIV from replicating itself in the body. In a February 2009 report in the New England Journal of Medicine, researchers reported this genetic mutation has halted replication of HIV in Brown’s blood.

Although this type of treatment would be too costly to replicate on a large scale, it has paved the way for other cure research, including talk of HIV remission in some aggressively treated patients.

Not far behind HIV cure research is work on vaccines, which some scientists have branded as the Holy Grail in current vaccine work.

2. Young women
Each week, about 2,000 young women become infected with HIV in South Africa, according to the country’s latest HIV household survey by the Human Sciences Research Council.

In February, the Aspire trial concluded among about 16,000 women in Malawi, South Africa, Uganda and Zimbabwe reported that a vaginal ring releasing antiretrovirals (ARV) drugs reduced a woman’s risk of contracting HIV by 32%, according to research published in the New England Journal of Medicine earlier this year.

New findings from Aspire are expected to be released at the conference and may shed light on this decade-long debate about ARVs.

In 2012, the World Health Organization recommended all pregnant women diagnosed with HIV start on lifelong ARV treatment not only to prevent mother-to-child transmission but also to simplify the medicine regimen. Five years later, Durban delegates are likely to discuss how the treatment shift is working for mothers and babies.

In South Africa, the mother-to-child HIV transmission rate has dropped from almost 30% in 2004 to about 1.5% in 2015, according to a National Health Sciences Laboratory data.

3. The one-pill-a-day that can keep HIV at bay
South Africa is one of just seven countries that provide HIV pre-exposure prophylaxis (PrEP) in the public sector in the form of an ARV pill taken daily. Research has showed that the pill, Truvada, can reduce a person’s chances of contracting HIV by more than 90%. Currently available for sex workers at 11 sites, PrEP is likely to be rolled out to large populations such as young women and men who have sex with men.

There will also be big news from one of the first studies in Africa to look at what happens when PrEP is given to sex workers but also to adolescents.

4. Those left behind
We may have entered the HIV treatment era, but former Human Science Research Council chief executive and AIDS conference local co-chair Olvi Shiluwa warns progress remains precarious. Globally, almost half of all people living with HIV are not on treatment, according to UNAIDS.

As donors and countries increasingly shift their focus to treating the most vulnerable — including those marginalised by their professions, such as sex workers, or by their identities, such as members of the lesbian, gay, bisexual, transgender and intersex communities — rights and access among these groups are expected to be hot topics at the conference.

Also not to be forgotten are entire regions such as West and Central Africa, with traditionally low HIV infection rates, that lag behind in access to treatment.

5. The price tag
By 2031, the cost of South Africa’s HIV response will more than double, soaring to about R40-billion a year, according to the government’s 2016 HIV and tuberculosis investment case. The country may be home to the world’s biggest HIV treatment programme, but it will be the only one thinking hard about how to fund it.

“It’s a heartening trend — and you’ll hear a lot about this in Durban more than all of HIV dollars in low- and middle-income countries are national dollars,” International AIDS Society president Chris Beyrer told Bhekisisa. “That is not to say that we are not concerned about [the level of] global donors and investments.”

In 2014, international donors distributed $8.64-billion in HIV funding — a level almost unchanged from the previous year, according to 2015 UNAIDS research.

In rural Kenya, camel
Healthcare for Kenya’s seminomadic communities comes in the unlikely form of camel, which carry medicine to the country’s most remote villages

Donel Faul

It’s long before dawn in the arid, rocky landscape of northern Kenya. A recalcitrant camel grunts as nurse Pauline Nunu fastens the wooden boxes filled with medical supplies.

Her small team is used to working fast and in the dark: breaking camp and loading the bulky boxes on to the backs of their eight camels. They have to get to the next settlement before we can cross.”

The area is underdeveloped, remote and vast. When Nunu completed her training in HIV counselling and testing, she never thought she would end up depending on camel handlers’ bush tracking skills to reach her patients.

“You find that the men make all the decisions,” Nunu says. “Women still have no say.”

In these communities, Nunu’s camel mobile clinic is often the only health service people access in months. She is a veteran of the Communities Health Africa Trust (Chat), which brings mobile health services to the remotest areas.

She focuses on family planning and basic reproductive services, but also raise ecological awareness.

“The fragile ecosystem here is buckling under alternate droughts and floods. This is exacerbated by environmental degradation, caused in part by a rapidly growing population.”

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On HIV testing on two wheels
The organisation has also developed a network of “community own resource persons” (Corps) who prepare people in advance of the clinic’s arrival. Trained in family planning or HIV testing and counselling, these community members provide ongoing support when the clinic moves on.

A recent innovation has been “backpack mobiles”, which allow Corps to carry a mini-clinic with them as they go door to door in their communities.

Samwel Parare makes a living as a bodaboda (motorbike taxi) driver. As a Corp in Laikipia North, Parare’s job melds seamlessly with his HIV testing and counselling work.

Parare carries his HIV testing kits with him, provides on-the-spot counselling, and refers anyone who tests positive to their nearest clinic.

The men here, for a variety of cultural reasons, do not approve of their wives, daughters or partners accessing these services.

“If you come to our communities, you don’t dare to talk about their women or girls’ health.”

Laura Lopez Gonzalez

Camels crossing: It’s either drought or floods in northern Kenya and rain upstream can make the rivers difficult to cross: Hardy camels allow medical teams to travel across vast distances in harsh conditions to provide healthcare for people living in remote communities.

Photo: Communities Health Africa Trust

When we provide people with it [contraception], maternal health complications go down. Economically, people become better off”

“We are a family of 14 and every day we are having a child. Sometimes we don’t have food for the rest of the family.”

Zuberi, 16, lives in a community with nearly a quarter of children between warring communities: “Most of the time the people we are serving shield and protect us. But we stay close to the chiefs’ houses or police posts for security, and the injured then come to us for treatment.”

Chat was started 15 years ago by Sharon Wreford-Smith, who was born in Kenya and has lived in Laikipia most of her life.

The camel mobile clinic operates in the remotest areas, but a purpose-built Landrover mobile clinic criss-crosses wherever it can, in an area where more than 90% of the roads are untarred.

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In rural Kenya, camel clinics bring care to those in need

sexual liaisons between young men and girls), early marriages, polygamy, bush abortions and traditional medical beliefs — which make life very difficult for women,” Parare explains.

Dispensing medicine provides a pretext for women to come to the clinic for their regular family planning insertions. Men who come to the clinics for basic healthcare are encouraged to have an HIV counseling and testing session, or to sit under a thorn tree listening to Parare explain family planning and ecological awareness.

“They think contraception is a way to stop a woman from giving birth forever,” says Parare, who often gives talks to groups of knobkierie-wielding men. “But once we have helped them understand that it’s just a matter of spacing, of allowing each child to grow properly, rather than being a permanent thing for women, that’s when they allow their woman to access services. They also get a positive response from other beneficiaries, and can start to accept it.”

Answering the call

Last year, Chat reached 140,980 people, with the Corps and Landrover clinics serving the majority. But the camel team added a crucial 8,663 people in the furthest areas who might otherwise not have been served. Nearly 5,000 people received basic medicines for ailments such as malaria, diarrhoea and skin infections.

In a day Nunu will provide basic medicines to between 20 and 30 patients and see up to 80 clients for family planning. “When a client comes for insertion [of a birth-control implant], she decides for how long, and then I do a pregnancy test. If it’s negative, she chooses the method she wants: It could be a one-month pill, or a three-month injection or a three-year insertion. Then I do the insertion in the privacy of a tent.”

Last year, the clinics administered family planning to 40,604 women; more than half of whom chose a three- to five-year insertion. More than 200,000 condoms were distributed. “When we provide people with it [contraception], maternal health complications go down. Economically, people become better off.”

For Nunu, her work is “a passion to serve this community”. “You know, when we went for training it was like a call. And when we serve the community to which we are called, we feel content.”

Camel clinic: Nurse Pauline Nunu dips into the camel clinic’s medicine supplies

clinics bring care to those in need