The impact of HIV/AIDS

The ancestor of the human immunodeficiency virus (HIV) is the simian immunodeficiency virus (SIV), an infection of African monkeys that spread to chimpanzees and eventually to humans. SIV is several thousand years old and may even have been around millions of years ago. The spread of SIV to humans is no surprise, with several major human infectious diseases all having made the interspecies jump. However, subsequent outbreaks historically did not cause severe epidemics in Africa as population densities were too low to sustain their spread. As a result, the outbreaks died out.

However, as population sizes increased, there was eventually a sufficient number of human hosts to allow SIV to survive and mutate. It eventually evolved into HIV, apparently first in the western equatorial region of Africa (today known as Cameroon and the Democratic Republic of Congo (DR Congo). During subsequent decades, subgroups of the virus infected eastern, southern and western Africa, often spreading along transport routes.

The slow-acting, asymptomatic incubation period of HIV and the eventual appearance of diverse opportunistic infections defied prompt diagnosis and action until it had reached momentous proportions by the mid-1970s.[1] The acquired immunodeficiency syndrome (AIDS) was first recognised as a new disease in 1981 and only by 1983 had HIV-1 been isolated and discovered. In Africa, HIV/AIDS further remained unrecognised and undetected for so long because of the continent’s inadequate health systems, poor infrastructure and limited medical research capacity, which allowed it to silently spread across the globe.

Even after HIV/AIDS was recognised as a major health threat, a lack of government capacity, fear, stigma and the denialism of influential leaders such as President Thabo Mbeki of South Africa led to the unnecessary loss of hundreds of thousands of lives. In South Africa, the country with the most significant AIDS death rate globally at the time, Mbeki’s stance would eventually contribute to his being ousted as president in 2008 in favour of a flawed replacement, Jacob Zuma.

AIDS is not the first modern pandemic,[2] yet its impact has likely been the most pronounced. Sub-Saharan Africa has suffered a tremendous toll. From 1998 to 2013, more than a million Africans died annually from AIDS, and during the peak of the pandemic (2005/06), more than 1.5 million died each year. By 2019, almost 32 million Africans had succumbed to the disease.

The AIDS pandemic dramatically impacted health outcomes, particularly in Southern Africa. Cumulative AIDS-related deaths over the past three decades have been highest in South Africa, Nigeria, Tanzania, Uganda, Kenya, Zimbabwe, Ethiopia, Mozambique, Malawi and Zambia (see Chart 3). It had a serious effect on economic productivity and a disastrous impact on families and communities. Life expectancy in these countries fell precipitously and has still not recovered to the pre-AIDS trajectory. To date, Eswatini, Botswana, Lesotho, South Africa, Zimbabwe, Namibia, Mozambique, Zambia and Malawi record the highest HIV prevalence rates among their adult populations, placing significant strain on these countries’ healthcare services.
The impact of AIDS on life expectancy can be seen in Chart 3. Before the peak of the AIDS pandemic, life expectancy in Southern Africa was significantly above that in East, West and Central Africa, but by 2004 it was below that of all those regions and is now on a similar trajectory to Central Africa. Life expectancy in North Africa, which was not substantially affected by AIDS, is comparable with the global average.

Since the peak of the AIDS pandemic in 2005/06, improvements in awareness and treatment (particularly in the mass roll-out of antiretrovirals) and prevention campaigns have reduced the impact of the disease. Life expectancy has consequently partially recovered but it has still not caught up with the rest of the world. By 2019, the gap in life expectancy between sub-Saharan Africa (64.2 years) and the global average (73.1 years) was almost nine years. At that time, life expectancy was almost 70 years in South Asia and 76.6 years in South America, the two other regions most comparable with Africa.

HIV/AIDS dealt sub-Saharan Africa (in particular Southern Africa) a devastating blow and its effect was accentuated by what
has subsequently become known as vaccine apartheid—the fact that antiretroviral drugs for HIV in bulk reached low- and middle-income countries 10 years after their discovery, resulting in the prolongation of the HIV crisis in the Global South. The pandemic hit Africa at a time when the continent had shown signs of a turnaround from the declining economic growth prospects in the 1980s and 1990s. An important reason for Africa’s low economic growth at that time was the decline in the proportion of working-age persons to dependants, examined in the theme on demographics.

The impact of HIV/AIDS continues to linger in Africa, although mortality levels have declined by more than 55% since 2010. In 2021, an estimated 65% of all AIDS-related deaths occurred in Africa.
Endnotes


2. Spanish influenza killed 40 million to 50 million people in 1918, Asian flu killed 2 million people in 1957, and Hong Kong influenza killed 1 million people in 1968.

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**Dr Jakkie Cilliers** is the ISS’s founder and former executive director of the ISS. He currently serves as chair of the ISS Board of Trustees and head of the African Futures and Innovation (AFI) programme at the Pretoria office of the ISS. His 2017 best-seller Fate of the Nation addresses South Africa’s futures from political, economic and social perspectives. His three most recent books, *Africa First! Igniting a Growth Revolution* (March 2020), *The Future of Africa: Challenges and Opportunities* (April 2021), and *Africa Tomorrow: Pathways to Prosperity* (June 2022) take a rigorous look at the continent as a whole.

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