Life in the time of antiretrovirals in South Africa

It was our worst nightmare coming true. A new disease striking people in the prime of their lives characterised by gruesome and prolonged suffering and spread through the very behaviours that often define us as human beings.[1] AIDS was stealing lives, livelihoods, and even love from our planet.[2] The only people doing well during the AIDS pandemic seemed to be the coffin makers, who found their businesses booming, especially when they operated in the prime real estate located right outside hospitals and clinics.[3] No region suffered more from HIV than sub-Saharan Africa, where nowadays more than 25 million people are living with HIV.[4] At the height of the pandemic in the late 1990s, one in four individuals in the country were living with HIV, and hundreds of thousands of lives were needlessly lost.[5,6]

When the first available drugs to treat HIV came on to the market, it seemed like there might be a glimmer of promise on the horizon.[6] But decades would pass before hope appeared on South African shores.[7] Despite overwhelming evidence that antiretrovirals did keep people alive, the public health discourse about the country was dominated by "turning off the tap" through prevention alone before treating those who were ill, whether or not Africans had watches and could tell the time (they did, they could), and racist pronouncements dressed in the guise of cultural sensitivity.[8]

The Article by Georges Reniers and colleagues[9] published in *The Lancet HIV* is a striking piece of work documenting the transformation that occurred after the massive scale-up of antiretroviral therapy (ART). The investigators looked at demographic and HIV surveillance data in KwaZulu-Natal, one of South Africa's hardest hit provinces, between 2001 and 2014 assessing changes in life expectancy before, during, and after ART was rolled out. The study findings are breathtaking: 15·2 and 17·1 years of life were gained for men and women, respectively, after ART was made available. They report these "unprecedented population-wide increases in adult life expectancy of 1·38 per year for men and 1·58 per year for women," noting that the last time major changes in life expectancy occurred was in the Japanese population after the World War 2, when 9·4 years of life was gained between 1947–49 and 1965–69.

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Not all the findings from the study are encouraging. Reniers and colleagues found that mortality reductions were not immediate, the effect became significant only when thresholds for starting ART were lowered, potent regimens were used, and decentralised care was offered. Furthermore, the researchers note continued gender inequality in these gains and point out the significant burden that tuberculosis still has on mortality in this population; pulmonary tuberculosis and HIV were responsible for 85% of the remaining life expectancy deficit in men and for 81% in women.

Tuberculosis is the leading cause of death in people living with HIV, with studies showing that in some parts of the world, one in three HIV-positive people who develop tuberculosis are dead within a year.[10]. The WHO Global Tuberculosis Report 2016 shows that estimates of the worldwide tuberculosis burden are higher than previously estimated,[11] and an assessment of tuberculosis policy and practice discourse today shows that this too is dominated by the defeatism and double standards[12] that were killing people in KwaZulu-Natal and around the world. We have a lot of work ahead to keep the coffins empty.

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