

HIV therapies provide near normal lifespan in Africa

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A landmark study by the BC Centre for Excellence in HIV/AIDS (BC-CfE) and the University of British Columbia (UBC) shows that patients in Africa receiving combination antiretroviral therapy (cART) for HIV can expect to live a near normal lifespan.

The study, published today in the prestigious [Annals of Internal Medicine](#), is the first large-scale analysis of life expectancy outcomes in Africa for [HIV patients](#) on cART and shows significant variance between patient subgroups. Females have a significantly higher life expectancy than men, and in all participants, early initiation of treatment was associated with longer life expectancy.

"The substantial life expectancy afforded by widespread access to cART underscores the fact that HIV diagnosis and treatment in resource-limited settings should no longer be considered a death sentence," said principal investigator Dr. Edward Mills, associate researcher at the BC-CfE and an adjunct professor in UBC's Faculty of Medicine. "Instead, HIV-infected people should plan and prepare for a long and fulfilling life."

The authors believe that the study, conducted in Uganda, reflects the situation in many other settings in Africa, where simplified HIV/AIDS care in rural, semi-rural and urban settings is available.

"Our findings are further evidence that the global investment in HIV and AIDS programming is clearly working," said Dr. Mark Dybul, a study

author who led the implementation of the multibillion-dollar U.S. President's [Emergency Plan](#) for AIDS Relief (PEPFAR) from 2006-2009 and is now at Georgetown University and the George W. Bush Institute. "Healthcare organizations – even in resource-poor settings – are providing services and therapies that offer important, life-saving benefits to people suffering from HIV."

The study analyzed a cohort of 22,315 individuals aged 14 or older, who initiated cART at The AIDS Support Organization (TASO) clinics between 2000 and 2009. In Uganda, life expectancy at birth is approximately 55 years and increases as individuals survive key milestones. Life expectancy at age 20 years for the overall study cohort on cART was an additional 26.7 years and at age 35 an additional 27.9 years.

Males showed consistently lower life expectancy than females. [Life expectancy](#) at age 20 years was 19.1 years for males and 30.6 years for females, and at age 35 years was 22 years for males and 32.5 years for females. Men typically access care at a later stage, with more advanced disease, and have higher rates of mortality than females. "Men remain one of our huge challenges in terms of access to clinical services," said Mills.

The study found a strong association between baseline CD4 cell status and mortality when controlling for factors such as age, year of cART initiation and gender. Those who started cART earlier, at a higher CD4 cell status, lived longer.

"These benefits will only be sustained if there is continued support for cART scale up by the international donor community and national governments," said study author Dr. Jean Nachega, Professor of Medicine and director of the Centre for Infectious Diseases at Stellenbosch University, Cape Town, South Africa. "We require

sustainable investment and simplified treatment options to deliver long-term care and access more people in Africa with HIV."

Although more than 200,000 patients are receiving cART in Uganda, about 200,000 more Ugandans await cART initiation.

Provided by University of British Columbia

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