South Africa is the epicentre of the HIV and AIDS epidemic with a staggering 6.4 million HIV infected citizens. In 1990 the WHO reported just 386 cases in South Africa. Over the next 15 years, despite warnings from scientists and policy makers, a tidal wave of infections ensued. How can policy and health provision cope to improve the outlook? The article "The end of AIDS: Possibility or pipe dream? A tale of transitions" published in the *African Journal of AIDS Research* strategically examines the whole epidemic and identifies economic, epidemiological, and programmatic points for transition and future improvement.

Until 2001, HIV infection in the developing world amounted to certain death for all but the wealthiest. Development of Antiretroviral (ART) drugs now gives an infected young adult a life expectancy of 60. A massive break through, but each patient needs drugs for up to 30 years, representing a huge burden of cost and an enduring challenge for government and health providers to manage. The high cost of drugs may over reach the South African national health budget in a very few years. New infections outnumber AIDS deaths, increasing the number of people living with AIDS; patients requiring treatment increase faster than funding and the scenario escalates. Can the epidemic ever be managed out of an emergency into a more controlled state?

Prevention is central; only by reducing the rate of new infections can an eventual decline in HIV sufferers be achieved; an economic transition. After this tipping point those newly receiving treatment can outpace new infections; an epidemiological transition. In 2006 programmatic transition took place when newly initiated ART patients exceeded numbers of new patients needing ART. Sustained commitment to prevention and treatment has undoubtedly resulted in attrition of untreated HIV/AIDS patients. In future ART is proposed for a wider group of HIV patients, which the WHO believes will prevent 3 million deaths and 3.5 million new infections. It is clear though that despite this, AIDS and the financial load of ART will be here for many more generations, even if infection rates are brought under control. The authors note "Although significant progress has been made in combating HIV and AIDS, the end of the epidemic may still be a long way off. However, sustained efforts to expand prevention and treatment programmes, as well as health systems strengthening and innovative financing, will ensure the long-term impact of these transitions."


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