Faces of the Pandemic

To date, there are an estimated forty million people living with HIV/AIDS in the world, already twenty-five million people have died due to this virus and AIDS related illnesses. The epidemic is truly world wide, making it a global pandemic. HIV has been found in every country of the world, however it is found in greater prevalence in some areas than in others. Sub Saharan Africa has, and still is, facing the greatest prevalence rates and thus experiencing a heavy burden in various aspects of society. Deaths not only affect those who are themselves dying but also drain resources away from the family members in lieu of care and treatment costs. Those typically at an age of working are becoming ill and thus the entire workforce is affected. Children are left behind as orphans when parents die, some children themselves await death being affected by the virus during the pregnancy process. Sub Saharan Africa now has an estimated fourteen million orphaned children due to HIV/AIDS. When we are talking about HIV/AIDS, we truly are talking about something we are all facing, regardless of our HIV status. This pandemic is affecting the entire globe, communities, and families. The long-term implications of millions of orphans may have dire consequences, as a generation will grow with few parenting skills, lacking resources, and often neglected and discriminated against in their community. Whether one partakes in the efforts for education, treatment, and support for personal experiential reasons, for those of humanitarian purposes, or even for the sake of global stability, the effort to turn the tide on the HIV/AIDS pandemic is vital. Importantly, if we can all partake from a grandmother caring for orphans, to a peer educator, government health minister, or billionaire philanthropist, we will be able to join hands in the struggle against HIV/AIDS.

South Africa:

South Africa has a population of over 47 million and is home to Africa's strongest economy. As a nation, life expectancy is 47 for men and 49 for women with 34% of its population living with less than 2$ per day. Over 5.5 million people in South Africa are living with HIV/AIDS, an adult prevalence rate of 18.8% (this means nearly one in five people are living with HIV/AIDS). To date, an estimated 1.2 million children have been orphaned due to the pandemic, of these orphans 240,000 are living with HIV/AIDS themselves.

Swaziland:

Swaziland is currently in a situation graver than South Africa in terms of national prevalence, however total numbers are less because of its lower population (about 1 million). Women are expected to live, on an average, to 39 and men to 36 years of age. It

is estimated that 220,000 people are currently living with HIV/AIDS, a staggering 33.4% of the nations adults (15 to 49). Still, only 11% of mothers living with HIV/AIDS are treated to help prevent transmission from mother-to-child.

Ethiopia:

Ethiopia has one of Africa's largest populations, over 77 million, however their national prevalence levels are much lower than the two Southern African nations addressed above. Current national prevalence levels are not known, but are often quoted at 4%. UNAIDS says that the national level is anywhere from 0.9-3.5% of their adult population. Although these prevalence levels are low, Ethiopia's large population has made it home to one of the largest populations of people living with HIV/AIDS. Eighty percent of Ethiopians live on less than two-dollars a day and their life expectancy hovers around fifty. Due to the uncertainty of Ethiopia's epidemic, UNAIDS estimates that between half a million and 1.3 million people are living with HIV/AIDS (government publications suggest higher numbers: 1.6 million). AIDS-related illness has left behind a possible nine hundred thousands orphans, only 25% of whom attend school. Statistics will not become clear as currently testing is hard to access outside the main cities and less than 1% of mothers living with HIV/AIDS are involved in PMTCT (Preventing Mother-to-Child Transmission) programs.

Nigeria:

Nigeria, in relation to the above countries, finds itself in a similar situation with Ethiopia. The national levels are about 4%, however its vast population of over 131 million has also made it home to one of the world's largest population of people living with HIV/AIDS. Life expectancy is in the mid-forties with over ninety percent of Nigerians living with less than two-dollars a day. According to UNAIDS, nearly 3 million people are living with HIV/AIDS in Nigeria, those who've passed away already have left nearly one million orphans. As with Ethiopia, less than 1% of women are involved in PMTCT programs. Studies show that education is still a major barrier in prevention as only 18% of women aged 15-24 could identify methods to prevent HIV transmission.

India:

India is also a very interesting case in that it is often overlooked, as its national prevalence level is just under one percent. This one percent however is of a population currently estimated to be over one billion – almost six million people are living with HIV/AIDS in India. Life expectancy is above sixty, while eighty percent of Indians live on less than two dollars per day. The number of people living with HIV/AIDS who are receiving treatment (just as with Ethiopia and Nigeria) is only 7% and 1.6% of Indian expecting mothers living with HIV/AIDS are involved in PMTCT programs. Two positive notes are that condom use on the national level is high (over 50% with casual partners) and education/prevention programs are reaching large groups of targeting populations.

United States of America:

Nearly 300 million people living in this country with a national prevalence level less than one percent. Of the 1.2 million people living with HIV/AIDS, 70% are receiving treatment.

Ukraine:

This western European nation has about 46 million residents with a 1.4% prevalence level. Over 400,000 people are living with HIV/AIDS and rates of infections are increasing in recent years. Thirty percent of expecting mothers living with HIV/AIDS are involved in PMTCT programs and condom use with casual partners is high (concerning their last casual partner 65% of women and 73% of men. However, only 7% of people living with HIV/AIDS are receiving long-term anti-retroviral treatment.

Thailand:

Thailand has almost 65 million residents, thirty-two percent of who live on less than two-dollars a day. Over half a million people are living with HIV/AIDS and Thailand's national prevalence level is 1.4% of adults. Today 30% of expecting mothers living with HIV/AIDS are involved in PMTCT programs and 60% of people living with HIV/AIDS are receiving long-term treatment.

Brazil:

Brazil currently has a population over 185 million people and an HIV prevalence rate around half of a percent. Life expectancy is around seventy, while 22% of the population lives below the poverty line of less than two-dollars per day. There are an estimated 620,000 Brazilian people living with HIV/AIDS, however nearly sixty percent of expecting mothers who are living with HIV/AIDS are involved in PMTCT programs.

Uganda:

There are nearly twenty-nine million Ugandans living in a nation with an estimated HIV prevalence rate just under seven percent. Life expectancy is around fifty in Uganda, while a million people are thought to be living with HIV/AIDS. In addition to that, it is thought that nearly a million orphans have been left due to AIDS, over one hundred thousand children of whom are living with HIV/AIDS themselves. Twelve percent of expecting mothers living with HIV/AIDS are involved in PMTCT programs, while over 50% of people living with HIV/AIDS are receiving anti-retrovirals (according to UNAIDS). Condom use is above fifty percent, while casual sex among males remains high.

Q. Why is this an important issue, that all of us here need to be concerned about?

Since the HIV/AIDS pandemic began, we've all made many mistakes – we can learn from these mistakes. There is no cure for HIV/AIDS and thus education for prevention is

vital if the pandemic is ever to be slowed in its consumption of humanity. Not all is known, there are areas that are still being researched and this seminar will acknowledge that all the answers do not exist.

We've spoken already about the impacts upon society, however what do you feel is vital here in this community? What are the greater social impacts and long-term damages from this virus?

Ideas:

1. Work loss (economic impact),
2. Orphaning (lacking schooling, parenting, negative implications for future),
3. Lowered life expectancy, rise in TB cases, drain upon medical systems (hospitals full and dealing heavily with HIV/AIDS),
4. Unemployment (for those sick as well as family members caring for those sick),
5. Costly treatment and care, overall family financial loss (many factors) leads to additional troubles such as malnutrition and lacking access to other resources like education and medical services, child labor, death,
6. Social stigma leading to discrimination,
7. Myths leading to misconceptions, lacking information leading to increased prevalence and stigma,
8. The working age population is affected (production loss, most sexually active age group),
9. Resources are used for HIV/AIDS while other issues receive less attention, HIV can affect anyone (rich or poor, people with multiple partners or first-time sexual contacts), etc.

One of the greatest successes and failures in the pandemic thus far has been the development of treatments. Of course, its development is a major success and something keeping millions alive and healthy today. Its failure however has been along a few lines. Although the treatments, called anti-retrovirals, are not a cure they can help a person who is living with HIV and those who have AIDS. Treatments involve long-term and sometimes difficult schedules and do have some side effects. The greatest problems in getting treatment to those who need it is their access and cost.

When the treatments were first developed pharmaceutical companies held patents on the treatments. This meant that because they had invented the treatment, no other companies could produce the drug. This patent law is supported by a response in international agreement called TRIPS (Trade-Related Intellectual Property Rights). Because of these policies pharmaceutical companies were able to charge buyers any price they determined for their treatments, and they did just that. In fact, during the early 1990's the treatments would cost over ten thousand USD per year. The debate about treatment costs was big business and was related to international politics. On one side of the debate was the US government, the World Trade Organization, and pharmaceutical businesses who faced AIDS activists, NGO's, PLWHA (People Living With HIV/AIDS), and the government of Brazil.

Brazil:

The first positive HIV tests in Brazil were taken in the early 1980's, and in response to the country's emerging epidemic small scale organizations emerged. The largely Catholic population rallied behind a massive educational program and pressured the government to make changes regarding its HIV/AIDS. The government responded making condoms cheaper and distributed millions of condoms for free. This did have a positive impact and condom use rose from 4% to 48% by 1999. As treatments were being developed, and under continued pressure, the president passed a policy that allowed for all people living with HIV/AIDS free treatment. In order to facilitate this tall order, the government of Brazil broke international laws and began to produce generic treatments. The death rate of those living with HIV/AIDS dropped by 54% in Brazil's most affected city.

The laws that Brazil was breaking were supported by big business, who then appealed to the World Trade Organization and the US government to stop the production of generic treatments by Brazil. In return Brazil found a loophole in the TRIPS agreement, allowing nations to produce generic treatments, regardless of patents, in the case of a national emergency. Pharmaceutical companies argue that research and development are costly phases of the treatment production and thus justify their high costs.

The NGO, Doctors Without Boarders is encouraging nations to declare national emergencies allowing for the production of generic treatments, this change however has been slow. Brazil has also offered other developing nations the opportunity to learn from its success by making an offer of its technology and trainers in the development of generic treatment production.

South Africa:

In comparison, we can look at South Africa, a nation with a strong pharmaceutical industry. In addition, compared to other nations, South Africa has a higher per capita income and has Africa's strongest economy. During the time of Mandela, the HIV national prevalence was about 8%. As Mbeki came into power still little was being done and the epidemic raged on. By 2001, prevalence rose to twenty percent. In response, Mbeki made a controversial move by hiring an American scientist who argued that HIV was not the cause of AIDS. The scientist was rouge in the field and those in the international community did not welcome the move. In 2000, the international AIDS conference was held in Durban, South Africa. It was here that 5000 scientists from all over the world signed the Durban Declaration, stating that HIV is the cause of AIDS. In 2002, the South African government lost a court case lodged by PLWHA and NGOs, this loss forced them to acknowledge that treatments were beneficial and working. In response, the government began to provide a treatment to prevent mother-to-child transmission in all hospitals free of charge. We can see how the government responses can potentially injure or protect thousands of its residents.