

HIV/AIDS SITUATION IN AFRICA

Statement by

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Impact:

HIV/AIDS has devastated the continent of Africa, killing the youth at their prime and most productive age, when their families and countries most need them, diminished skilled manpower in key industries and institutions and is reversing the hard won advances in health, social-economic, and cultural development.

In Zambia, the country is losing teachers due to AIDS faster than they can train replacements. Every year the country's capacity to educate the children for a better future diminishes. A few years ago, economists estimated that AIDS in South Africa will slow down the economic growth by 0.4% annually, cut GDP by 17%, and wipe out \$22 million of the existing economy by the year 2010. The situation has since gotten worse and estimates are being revised upwards. Africa is home to over 70% of the world's population of over 36 million people living with AIDS, and is the leading cause of morbidity and mortality.

The scope of the problem:

In early 1990s Uganda had the highest prevalence of HIV/AIDS in the world, but the Government implemented strong preventive measures through a policy of openness, public information, communication and education, and national and international collaboration through partnership of private and public sectors to bring down HIV/AIDS rate from the high level of over 30% in some antenatal sentinel sites to the current level of 6.2%. However, this rate remains unacceptably and appallingly high. Yet this is one of the most hopeful scenario in Africa and an example to emulate. For the most of the continent the situation is much grimmer! Currently the highest rates are in Southern Africa where the epidemic is causing unimaginable suffering especially to the poorest sector of society. In some sentinel sites in Botswana, a shocking prevalence of over 50% of women attending antenatal clinics are HIV positive. Without treatment over 30% of these infected women will give birth to infected children. These infected children will be so sick that they will add to the strain on the already over-stretched health sector. The mothers themselves will die leaving a generation of orphans without parental guidance, not to mention the social and economic strain on the country and individuals concerned with lessened capacity for education and life achievements. The health facilities are already overwhelmed by the adult infected cases of AIDS who already occupy the vast majority of hospital beds with very serious opportunistic infections. Secondary epidemics of opportunistic infections have emerged and include Tuberculosis that kills most AIDS patients, Cryptococcal Meningitis that tortures patients with excruciating headaches that progresses to mental confusion, comma and inevitable death if not treated, toxoplasmosis that causes terrible

convulsions and eventual death, and Cytomegavirus infection that causes blindness and helplessness, and many other infections that could all be largely prevented or at least ameliorated by a program of treatment.

The devastation and AIDS trend all over sub-Saharan Africa is upward. The epidemic is totally out of control, the continent's economies increasingly unable to cope with the demand and scarce resources are diverted from other developmental programs in vein.

There is overwhelming evidence that strong preventive measures implemented will have a big effect in control of the epidemic. However, it is abundantly clear that without treatment the AIDS epidemic would not be effectively controlled in the developing countries. The main constraint to treatment is the high cost of the AIDS drugs (Antiretrovirals) which are beyond the economic means of most developing countries. The lack of adequate infrastructure and trained manpower is also a constraint that need to be addressed, but is not a major handicap to widespread use of Antiretroviral (ARV) drugs in Africa. The Joint Clinical Research Center (JCRC) in Uganda has implemented a highly successful program of AIDS treatment using ARV drugs just as they are used in the USA. The center has gone further to carry out operational research that would inform the way forward for countrywide good practice in ARV drugs use. Of particular importance are low cost, user friendly and sustainable laboratory diagnostic and monitoring tests. JCRC is now working with American scientists to identify simplified and cost effective ARV treatment regimen that may be adopted for wider use in Africa.

Pilot projects in Uganda now also being implemented in some parts of Africa have demonstrated that AIDS treatment is feasible, desperately needed, and has the potential to impact on the epidemic control. Each country in Africa given the necessary resources can implement a successful preventive program, and start AIDS treatment, which can in a stepwise methodology be extendable to the communities. A nationwide referral system of specimens and patients may be one of the practical ways forward as infrastructure develops. An outline of such a program is outlined in the power point slides and can easily be adopted for implementation by all countries.

Way forward

It needs to be recognized that Africa, and indeed the entire developing world is in urgent need of help to treat millions of people suffering the now mainly treatable AIDS. Currently the drugs are not available where they are needed desperately, yet AIDS is the most catastrophic tragedy of humanity today, arguably surpassing all the disasters of the last century put together! Yet there are few disasters that can be so effectively controlled by well proven methods of prevention, care and treatment. Aid for AIDS should not be equated with the "unsolvable" vast problems of the developing world but rather as part and parcel of the solution to such issues by investing in the human capacity of the people of Africa.

Expected outcome:

With appropriate help AIDS can be controlled and moved from a devastating epidemic to a controllable sub endemic disease. Many lives would be saved and the suffering would be minimized. It would make a saving in economic terms that would be injected into the economies to improve social services and relieve the strain on medical facilities. It would free the infrastructure to deal with the endemic tropical diseases that are also rampant, but only overshadowed by the devastation of AIDS. The governments would be under less pressure from population to concentrate on issues of family and development. The interventions are urgent because every year millions are added on.

Conclusion

There is great demand for AIDS drugs in developing countries. Huge numbers of desperate people staring death in the face know very well that life saving treatment exists. If they get hold of any drugs, whether fake, generic, bland, under dose or toxic, they will take their chance on it. This is a fertile ground for black-marketeering and for unqualified dealers to step in with disastrous long term implications. Governments and international donors must not let this situation to develop further, and need to work together to avert this super-catastrophe, by facilitating an effective program against AIDS.