

HIV/AIDS a global perspective

Since the first clinical evidence of AIDS was reported two decades ago, HIV/AIDS has spread to every corner of the world. Still rapidly growing, the epidemic is reversing development gains, robbing millions of their lives, widening the gap between rich and poor, and undermining social and economic security. (UNAIDS fact sheet)

What is HIV?

HIV stands for *Human immunodeficiency Virus*, the virus that causes AIDS. AIDS stands for *Acquired Immune Deficiency Syndrome*. This condition is present when the immune system has become seriously weakened by the virus and the infected person can no longer fight off certain infections.

In most countries, the HIV epidemic is driven by behaviour (eg multiple sexual partners, intravenous drug use) that expose individuals to the risk of infection. Other causes are infected blood via transfusion or needle-stick injuries, mother-to-child transmission during pregnancy or through breastfeeding. Following infection, the virus replicates rapidly leading to a strong immune response and the development of antibodies. These antibodies can usually be measured by a blood test within a few weeks of infection. If they are detected the person is said to be HIV positive.

For a varying period of time the immune system keeps HIV infection in check and the person only gradually develops serious immune deficiency. She or he appears healthy with little sign of infection although the virus can be transmitted to others through semen, vaginal and cervical secretions and blood. During this period, provided the conditions are right, people living with HIV can have long and productive lives.

Gradually HIV overwhelms the immune system causing susceptibility to infections that healthy people successfully fight off. These opportunistic infections include certain kinds of pneumonia, tuberculosis, some fungal infections and many other diseases. This end stage of HIV disease is called AIDS.

source: AusAID (1999)
Guide to HIV/AIDS and Development



Facts on the global problem...

- An estimated 40 million people are living with HIV - most of them do not know they are carrying the virus.
- In 2001, about five million people around the world became infected. About 15,000 people are newly infected every day.
- 21.8 million people around the world have died from the epidemic, more than the entire population of Australia.
- 13.2 million children have been orphaned so far by the epidemic.
- HIV/AIDS threatens to reverse decades of development.
- AIDS killed ten times more people in Africa than armed conflict last year.

Sources: UNAIDS and UNICEF

Regional breakdown of the HIV/AIDS pandemic

North America:	940,000
Western Europe:	560,000
Eastern Europe & Central Asia	1 million
Nth Africa & Middle East	440,000
South and SE Asia	6.1 million
East Asia and Pacific	1 million
Latin America & Caribbean	1.8 million
Australia & New Zealand	15,000
Sub-Saharan Africa	28.1 million

(source: UNAIDS)



AZT administered during pregnancy has protected Melody's baby from the HIV virus



What factors have contributed to the evolution of HIV/AIDS?

A quick glance at the global spread of AIDS shows that the developing world dominates the figures. There are several reasons for this, which can be researched in more detail on the web. But in a nutshell they relate to poverty, lack of education and political will, the power of men over women and environmental factors, such as the trade routes.

Poverty robs people of choices. Girls and women have no voice in many poor communities. They are treated as a belonging or a sex toy. Condoms are not seen as manly in many cultures, and women are powerless to make demands on their partner.

Australian statistics are very low, which in part is the result of effective government-sponsored education campaigns from the beginnings of the epidemic.

In contrast, the South African government continues to argue about whether there is a relationship between HIV and AIDS, disempowering many of the AIDS support groups that work there.

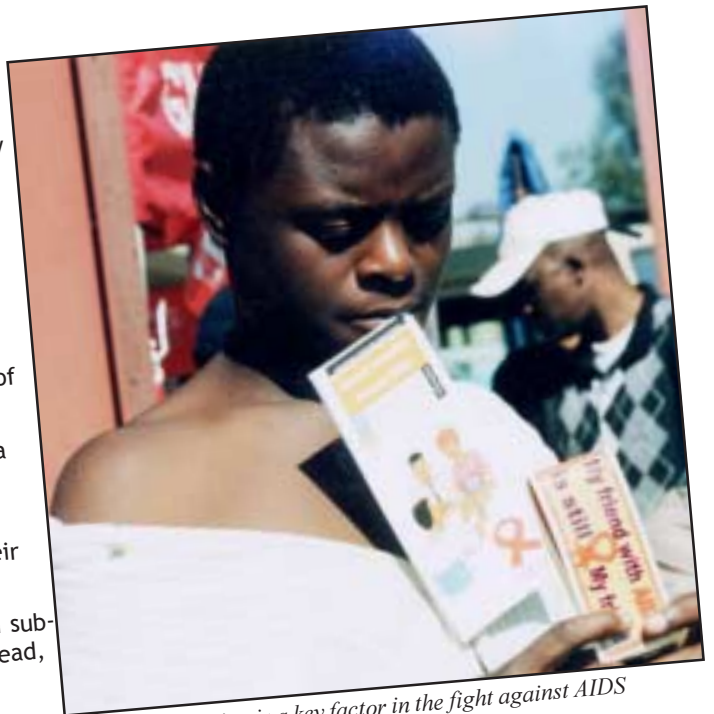
The cost of anti-retroviral drugs such as AZT has also meant millions of poor patients have been robbed of life-enhancing treatment.

HIV/AIDS has spread so rapidly because of the mobile world we now live in. People travel extensively, by road, and by air. It is this movement along trade routes that has given the virus a 'vehicle' by which to travel.

Economic and social outcomes

AIDS impacts on all areas of life. Countries are being economically crippled by the pandemic. Life expectancy gains of the last two decades are now being reversed and the education of the future leaders of the developing world is being dramatically compromised:

- By 2010, per capita GDP in some of the hardest hit countries may drop by 8% and per capita consumption may fall even farther.
- Heavily affected countries could lose more than 20% of GDP by 2020.
- A survey of 15 firms in Ethiopia has shown that, over a five-year period, 53% of all illnesses among staff were AIDS-related.
- In 1999 alone, an estimated 860 000 children lost their teachers to AIDS in sub-Saharan Africa.
- Were it not for HIV/AIDS, average life expectancy in sub-Saharan Africa would be approximately 62 years; instead, it is about 47 years.



Education is a key factor in the fight against AIDS

Case Study:

Introduction

To manage a **global phenomenon** such as HIV/AIDS requires attacks on two fronts: the **macro** (such as UN policy documents supported by member nations; individual government legislation and education campaigns; international pressure on pharmaceutical companies to lower costs of anti-retroviral medication; and the financial and political wherewithal to undertake such commitments) and the **micro** (individual programs which impact on individual lives, and are designed to optimise development and health, such as undertaken by NGOs). The following two pages focus on one such program, managed by Australian NGO, *AngliCORD*, with funding from the Australian Government's Aid Agency, AusAID.

Country statistics for South Africa	
Population (2000)	40 million
People living with HIV	4.2 million
People estimated to have died of AIDS during 1999	250,000
Estimated number of children orphaned by AIDS	420,000

Soweto Care and Support Program for Women with HIV/AIDS

This three year project is an excellent case study as it ended in 2001, and has been evaluated, providing opportunities to examine the effectiveness of the responses, and assess future sustainability.

Activity Description

The project is enabling women living with HIV/AIDS in Soweto (a 'township' of 3 million on the edge of Johannesburg), one of the most vulnerable and at risk groups of the Community, to live positively and develop self-help programs.

Goal: To contribute to the improvement of HIV/AIDS care and prevention for women in Soweto living with HIV/AIDS.

The project is being carried out by ACCT, an indigenous NGO, committed to AIDS education, training and counselling support.

Significant Project Outputs	Actual Outputs Produced
1. Case management services for HIV+ women in Soweto.	ACCT has on average provided group counseling & case management services to 1000+ clients per quarter, through anti-natal clinic sessions at <i>Chris Hani</i> Baragwanath Hospital, the Lillian Ngoyi and SANTA clinics.
2. Family based care & support services for women living with HIV/AIDS.	Home & hospital visits provide support to an average 210 clients, plus family members per quarter.
3. Peer-psycho social support program for women with HIV/AIDS.	29 peer-educators (volunteers & field workers) plus 5 staff are providing ongoing peer-support & counselling for PLWA's.
4. Educational campaign on men's awareness of HIV attitudes towards women with HIV/AIDS.	An average 62 males have attended support group meetings quarterly. A core group of 9 males (staff, volunteers & counsellors) are engaged in regular community outreach events & educational programs that have reached a total of 250,630 citizens.
5. Improved organizational capacity for ACCT in project management, monitoring & evaluation.	5 ACCT staff, plus 29 field workers are active in 4 departments - Management,, Outreach, Counselling & Income Generation. An action reflection monitoring process was introduced for regular review, debriefing, assessment & planning. A procedures manual & staff protocols were introduced.

A recent evaluation of the project demonstrated that the self-help and empowerment strategy employed by ACCT has been a most suitable developmental and sustainable approach given the scale of the pandemic and the limited funding available to provide services, and employ professional staff. The ACCT experience demonstrates the positive value of incorporating HIV+ women and men as peer support workers, both for counselling, information sharing, community mobilisation and home-based care and support. Feedback from clients has reinforced the success of the management responses of ACCT. A special Day of Tribute was held in September 2001 to honour clients and staff affected or infected by the virus. Common themes were the support received after diagnosis, feeling empowered to disclose their status, growing and gaining strength by supporting others and being advocates for people living with AIDS.

Personal stories:



When Maki was diagnosed HIV+ after undergoing a minor operation she was told that she was going to die. She rang her mother for support but was rejected. After being discharged from hospital she felt her two children had become strangers. They didn't want to come to her. At suppertime she was given no food. This continued for four days. The cupboards were locked and she had only water to drink. She was told to go and find a place where HIV sufferers live. After going out to look for somewhere to live she returned home to find her clothes had been put into the coal box. After being admitted to Baragwanath with a fever she was referred to ACCT by a social worker and was given assistance to find accommodation and helped to overcome here despair and desire to kill herself. Maki said she realized, 'I must fight for my life and help other HIV+ people. No one is going to know how to live with AIDS if we kill ourselves.' Maki's life changed, she was given a sense of purpose as a volunteer and member of the Work Hive, but the pain of separation from her two children who continued to live with her mother remained. (Maki died in May 2000)

Beth Hookey, Anglicord, February 1999

Australian artist, George Gittoes, visited ACCT in May 2000. This extract is taken from his field diary:

Our first visit was to a very sick 18 year old high school student Wilson Madume. There were five counselors in the team from ACCT and we found Wilson sitting alone in an empty carport. He was thin and still as a Giacometti sculpture - nothing but bone beneath his pyjamas, thin fingers clasping his knees and frightened eyes - even from a distance beacons of despair.

While the counselling team spoke to 'Boy' Madume, Wilson's ageing father, saliva dripped from the corner of his mouth as he struggled with the effort of a recent sever stroke. 'Boy' was alone to care for Wilson as his wife had left when his stroke had caused the disintegration of their business.

A large group of Wilson's school friends, attracted by the unfamiliar vehicle, decided to investigate, so I was asked to quickly hide my cameras. Though the advanced nature of his AIDS-affected condition was obvious to anyone, Wilson still wanted to keep the true nature of his illness secret from his closest friends. In such situations - with the identity of the AIDS counsellors known to the community- the attention they draw is not welcome and is one of the most difficult moral dilemmas they face during home visits.

(Wilson died in February 2002)



Wilson, supported by ACCT volunteers

Student activities

1. What environmental factors might contribute to the spread of HIV?
2. The Soweto program relies heavily on community volunteers. What are the strengths and weaknesses of this approach to a public health issue?
3. Drama is an effective teaching tool in spreading health education messages. Write your own drama. What messages would you need to promote?
4. What are the long-term benefits to the Soweto community of the ACCT project?
5. Why is disclosure so important to the success of HIV education? What other factors are also critical?
6. Examine AusAID's policy on HIV. Looking at the case study, do you think AusAID's overall objectives are being achieved?

There is a wealth of information on HIV/AIDS and development issues on the internet. The following sites will get you started:

www.anglicord.org.au
www.unaids.org
<http://globaled.ausaaid.gov.au>

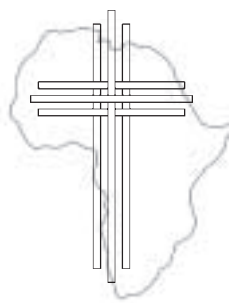
Global Action

United Nations Developments

History was made when the United Nations General Assembly Special Session on HIV/AIDS in June 2001 set in place a framework for national and international accountability in the struggle against the epidemic. Each government pledged to pursue a series of benchmark targets relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS, as part of a comprehensive AIDS response. These targets include the following:



- To reduce HIV infection among 15-24 year-olds by 25% in the most affected countries by 2005 and, globally, by 2010;
- By 2005, to reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010;
- By 2003, to develop national strategies to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including affordability and pricing. Also, to urgently make every effort to provide the highest attainable standard of treatment for HIV/AIDS, including anti-retroviral therapy in a careful and monitored manner to reduce the risk of developing resistance;
- By 2003, to develop and, by 2005, implement national strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS;
- By 2003, to have in place strategies that begin to address the factors that make individuals particularly vulnerable to HIV infection, including under-development, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, and all types of sexual exploitation of women, girls and boys;
- By 2003, to develop multisectoral strategies to address the impact of the HIV/AIDS epidemic at the individual, family, community and national levels.



The Anglican Churches of Africa

The All African Anglican AIDS Planning held a conference in August 2001, the outcome of which is a document titled **Our Vision our Hope**. In it the African church leaders outline their vision, mission, commission and response to the HIV/AIDS epidemic. (see www.anglicancommunion.org/acns/acnsarchive/acns2600/acns2601.html)

The document shows a church grappling with the human side of this immense tragedy. It seeks to outline how the church can care for people, educate people, confront the inequalities in the world which has led to this pandemic *and most importantly, remain God-centred.*

Closer to home

Australia has its own goals in relation to HIV. The AusAID document, **Guide to HIV/AIDS and Development** (1999), states that the objectives of Australia's aid program in the area of HIV/AIDS are to help:



- Prevent the spread of HIV
- Mitigate the impact of HIV/AIDS on the individual and on society
- Address the social and economic needs created by the impact of HIV/AIDS. (p 7)

Insecurity permeates the lives and families of individuals affected by HIV/AIDS. But AIDS also shatters the security of whole societies, communities and economies. Indeed, it is one of the biggest obstacles to development itself. It affects regional and global stability and risks slowing democratic development. In this way, AIDS not only takes away the present. It takes away the future. That is the toll of AIDS.

Kofi Annan, the UN Secretary General, World AIDS Day, 1/12/2001

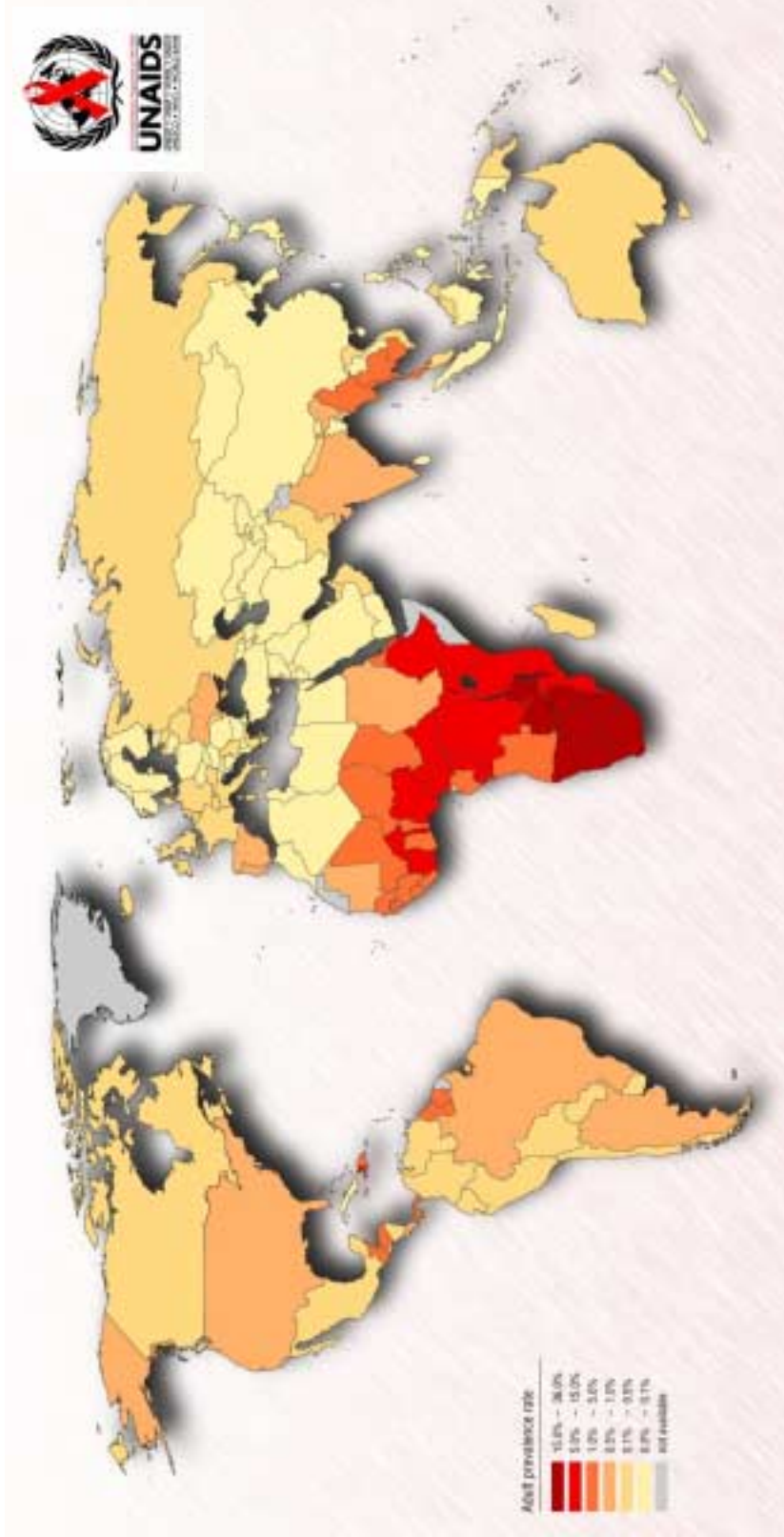
Photographs: Copyright AngliCORD.

References: Broughton, Bernard, **Guide to HIV/AIDS and Development**, AusAID, 1999.

Hookey, Beth **Soweto Evaluation Report**, AngliCORD, 2001.

www.unaids.org

A global view of HIV infection



This document has been produced by AngliCORD (Anglicans Cooperating in Overseas Relief and Development) specifically for year 12 students studying Health and Human Development and Geography (unit 4, Global Perspectives). For further information about AngliCORD, phone 9882 6517 or email anglicord@anglicord.org.au



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