

Communities in Crisis: Coping with the Impact of HIV/AIDS

By Ann Else of Planact

The HIV/AIDS crisis in Africa...

***“Over 40 million people are infected with HIV/AIDSs (Globally)
Nearly 30 million of them live in Africa
Every 13 seconds one African dies of HIV/AIDSs
Every 8 seconds a new HIV infection is reported in Africa”***

***--From the opening address to the Barcelona World AIDS
Conference (2002)***

THE SOCIAL AND ECONOMIC IMPACT

More than any other disease HIV/AIDSs has the potential to disrupt many facets of the social fabric. This is because it is fatal and mainly affects adults of working age who often have young children and elderly parents, and it often strikes more than one household or family member.

HIV/AIDSs places enormous stress on infected individuals and their families who are confronted with the demands of caring for the seriously ill and with the trauma of death. In addition they face the economic burdens of health care, funeral costs and loss of income when breadwinners become ill. All of these factors are made worse by the stigma associated with AIDS. This means that people can be victims of prejudice at work and in their communities.

ECONOMY, DEVELOPMENT AND POVERTY

Impact on business. HIV/AIDSs will impose significant economic costs over time. In advanced epidemics¹, many companies are losing around 3% of their employees to AIDS each year. For individual companies, the most obvious costs arise from the increasing costs of employee benefits such as insurance and medical care. However, these may often be eclipsed by indirect costs. These arise from absenteeism.

Macro-economic impact. At the macro-economic level, predicting with certainty the impact of HIV/AIDSs is difficult. The major impact on economic growth caused by AIDS will be the reduction in the availability of skilled, experienced people. Growth may also be reduced if investment in infrastructure, education and productive capacity falls due to a large-scale diversion of resources to HIV/AIDSs care.

¹ Advanced epidemics – TB (Tuberculosis), PCP (Pneumocystis CariniiPneumonia – lung disease, Cryptococcal Meningitis – infection of the spinal cord and brain), STDs (Sexually Transmitted Diseases). Source: Treatment Action Campaign, ‘Guidelines to Opportunistic Infections Associated with HIV/AIDSs’ (May, 2001)

Most projections² of economic impact in African countries have suggested that a generalised AIDS epidemic will reduce GDP growth rates by about 1% per annum. In South Africa, factors such as late development of the epidemic, high unemployment, concentration of the epidemic among less skilled workers, and the ability of businesses to adapt to the impact of HIV suggest that the effect will be less than this until at least 2010.

Because of the expected decline in population growth due to AIDS, the impact on growth of per capita GDP is also likely to be small. Nevertheless, while AIDS will not be the dominant determinant of GDP growth, the economic impact could still be significant, particularly if other factors retard growth over that time.

HIV/AIDs is an enormous threat to development and social transformation in South Africa, and there is no cure. The effects of the epidemic can be reduced if South Africa acts decisively and in partnership to:

- ***Reduce the number of new HIV infections, and***
- ***Manage the impact of existing infections on individuals, communities and organisations***

Development and poverty. The impact of HIV/AIDs on the broader indicators of development, such as life expectancy and infant and child mortality, will clearly be enormous and reverse gains made over many years.

AIDS will also be a major obstacle to reducing poverty and socio-economic inequality. Many poor households will be pushed further into poverty since they are the most likely to have members infected with HIV and at the same time least able to withstand the loss of a breadwinner and the costs of care. Other households which are beginning to overcome previous disadvantages or which are relatively wealthy will be pushed back into poverty. Furthermore, the effects of HIV/AIDs on development could last for many decades because so many children will be deprived of adequate nurturing and nutrition, education and role models.

Impact on political and social stability. Although it cannot be predicted with certainty, HIV/AIDs creates the risk of increased social and political instability. Many current and future leaders in government, labour and business will be lost to HIV/AIDs. Dissatisfaction with politicians or officials for failing to stop the epidemic or effectively meeting the needs created by it could also be destabilising. Increased poverty and inequality may encourage conflict and an increased reliance on criminal activities.

HIV/AIDs can impact heavily on the police and military, who are at high risk of infection, and this may limit their ability to maintain stability.

WHAT CAN BE DONE?

² Projections - World Bank Report: HIV/AIDs Survey (2001); and Stats Africa 2001

Accelerated socio-economic development

Poverty, inequality and structural factors that disrupt stable family and community life will continue to make people susceptible to HIV infection. Poverty and inequality also increase the impact of HIV/AIDs. Adequate income, housing, water supply and sanitation are critical to households' abilities to cope with HIV-related illness, and maintain the dignity of people with late-stage illness. Reducing unemployment and improving living standards more generally is thus critically important to combating the cycle of poverty that otherwise will sustain the epidemic and worsen its impact.

Improve prevention programmes

Prevention programmes are an urgent priority in all provinces, but especially in areas where HIV prevalence is still not as high as in other areas, and the infection rate could be significantly curbed. Particular attention should be paid to reaching those who are most susceptible to infection and most likely to spread it further. Legislation, regulations and attitudes which hinder prevention among those most at risk, such as sex workers and people with STD's (sexually transmitted diseases), must be challenged.

Programme messages should aim to reduce the stigma of HIV/AIDs and provide information that helps people to manage the impact of HIV/AIDs. All prevention programmes must actively strive to help people to address the personal, social and economic circumstances which make them less able to adopt safer sexual practices.

Establish inter-sectoral co-ordination

An effective response to HIV/AIDs requires an inter-sectoral approach. All sectors have an interest in reducing the impact of the epidemic and incorporating it into their planning. The issue cannot simply be seen as the responsibility of the public or health sectors alone.

- Sectors need to collaborate to build capacity for appropriate responses to HIV among their employees.
- Many of the priority needs of people with HIV/AIDs will be to develop capacity for care that meets HIV/AIDs needs in an affordable and cost-effective way. Health workers at all levels must be given the skills and knowledge to care effectively for people with HIV/AIDs.

Support affected people and orphans

Efficient, affordable ways to provide financial and other support to people infected and affected by HIV/AIDs must be identified as a matter of urgency. Experience in other countries indicates that interventions which reinforce existing community and family support systems will invariably be the most cost-effective. Institutional care for orphans, the elderly, or people with HIV/AIDs is often more expensive than grants or other mechanisms to support community-based care, and has limited ability to meet their priority needs.

AIDS orphans represent one of the most enduring and damaging effects of the epidemic. Focused research and planning are urgently needed to ensure that the effect on children and society at large are adequately managed.

Improve the status of women

Changing the social and economic status of women could be a major contribution to reducing the spread of HIV infection and increasing the ability of households to cope with its impact. Empowering women educationally and economically will reduce their dependency on partners who put them at risk, and can have an important impact on their ability to negotiate safer sex practices.

Protecting children and young people

Pre-teen children and young teenagers are a window of opportunity in prevention. They have not been infected and do not have established sexual behaviour patterns which are difficult to change. HIV/AIDs and general life-skills training for these children are two of the most effective ways to reduce the impact of the epidemic on individuals, society and the economy. At all levels in the education system, courses need to incorporate HIV/AIDs prevention programmes to avoid 'wasted investment' in education.

Protection for the unborn child

The TAC (Treatment Action Campaign) has currently developed the MTCT Programme (Mother-to-Child-Transmission) to prevent HIV infection during birth. In order to prevent HIV transmission to the unborn child, a caesarean section for every HIV positive mother would be the best. Although the mother still bleeds during the operation, the baby does not have to force its way out, so it does not get bruised, and the mother's blood does not enter the baby's blood. However, it could be too expensive for the government to allow a caesarean section for all women infected with HIV. An anti-retroviral drug, Nevirapine, is given orally to the HIV+ mother during labour and to the baby after birth, but at only 18 MTCT pilot sites nationally³ (although private clinics may also supply Nevirapine). These methods cannot prevent HIV infection in all babies. Antibiotic medications are necessary for babies who are HIV infected at birth, in order to protect against infections and prolong life. It is important to note that HIV+ mothers cannot safely breastfeed, and can easily infect a baby who was born without the virus.⁴

The MTCT programme needs the anti-retroviral drugs, and it is up to the South African government together with the Department of Health to put in place procedures to develop our own anti-retroviral drugs and save on costs to help infected mothers and children live a longer life.

“When I was diagnosed with HIV in October 1999 I was three months pregnant. I was teaching in a school with strong Islamic influence. When TAC brought Fluconazole from Thailand to South Africa I disclosed my HIV status on TV. Some teachers saw me, and the school terminated my contract.

As I joined TAC immediately after my diagnosis, I got strong and gained more knowledge about HIV. I feel good doing workshops for mothers with HIV. It is a

³ Treatment Action Campaign manual 'Mother to Child: Explained by Sister to Sister' (2002). The sites are: Eastern Cape: East London and Umzimkulu, Free State: Virginia & Frankfort; Gauteng: Katshele & Atteridgeville; KZN: Durban & Pietermaritzburg; Limpopo: Mankweng & Siloam; Mpumalanga: Evander & Shongwe; Northern Cape: Kimberley & De Aar; North West: Rustenburg & Zeerust; Western Cape: Gugulethu & Paarl

⁴ Where formula is not readily available, expressed breastmilk which is boiled and cooled may be given. (TAC, 2002).

success because they need advice from a mother who experienced MTCT prevention. I encourage all mothers who have been on the MTCT program to join TAC and help educate more people about HIV prevention and treatments”.

***Nomfundo Djubula – TAC Project Ulwazi Co-ordinator
--from TAC manual ‘Mother to Child: Explained by Sister to Sister’ (2002)***

Improve Information on the epidemic and its impact

Resources must be identified to ensure that studies and monitoring systems provide improved information on the impact of HIV/AIDs.

PLANACT : A NEW FOCUS ON HIV/AIDS

The communities in which Planact is presently working have been affected dramatically by the HIV/AIDs pandemic and this in turn has an effect on the possibilities for long-term planning. Can housing and service programmes be financially sustainable given the likely negative impacts of HIV/AIDS on income, family structure and the draining of household and government resources? Can communities cope?

Planact cannot ignore the huge impact of HIV/AIDs in our communities. It compels us to try to increase awareness about this devastating disease. In cooperation with organisations with expertise in this area, Planact is helping communities come to grips with issues around prevention of HIV infection and care of infected people, as well as the implications for the social and economic fabric. Various HIV/AIDs workshops are planned for the coming year, focusing on: Awareness, Facilitation and Co-Counselling, Home Based Care and Nutrition, and Capacity-Building. It is envisaged that the outcomes of these workshops would be:

- Communities will learn to come to terms with the facts about HIV/AIDs and be more empowered to prevent infection.
- Increased education of children between the ages of 5-12 years of age about their sexuality will be promoted, with the goal of bringing down the HIV/AIDs infection rate.
- Communities will begin to accept people with HIV/AIDs and learn how to take care of infected persons with regards to nutrition, medication, and ways to make those in the last stages of AIDs more comfortable.
- Long term planning will begin with regards to affected households in providing for the people left behind, i.e. children who will be orphaned by the loss of the parent.
- Local authorities will begin to help address the epidemic by incorporating HIV/AIDs strategies into their planning processes.

“It was the first time that I attended an HIV/AIDs workshop which was held by Planact, and I have learned a lot. Many people were telling us false stories about HIV/AIDs. Now I have learned and heard everything with my own two ears.”

--Eva Nana Tshoose, resident of Bekkersdal

The vision which fuelled our struggle for freedom, the deployment of energies and resources, the unity and commitment to common goals—all these are needed if we are to bring AIDs under control. Future generations will judge us on the adequacy of our response.

---Nelson Mandela, 1994 Inaugural Address