

AIDS is number one killer worldwide: Zimbabwe is worst hit country

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AIDS is now the number one killer disease worldwide, ahead of malaria and tuberculosis. In 1998, four million people in sub-Saharan Africa became infected with HIV, joining approximately 34 million people affected worldwide. Since 1981 approximately 47 million people have contracted HIV, of which 14 million have died.

Zimbabwe is the country most blighted by this devastating disease. Statistics on the impact this disease has had on this poor Sub-Saharan land are truly mind-numbing. Around 25 percent of the adult population are HIV positive. In urban areas the figure is 40 percent, and in the army it is thought to be a staggering 80 percent.

According to the US Census Bureau, life expectancy in Zimbabwe is now 39 years. Prior to the HIV epidemic it was 65 years. A report on the AIDS emergency in Southern Africa was given at the end of last year by Dr. Piot, the executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). It reported that in 23 out of 25 surveillance sites in Zimbabwe, between 25 and 50 percent of pregnant women were found to be HIV infected. A third of the babies born to these women are likely to be infected.

Dr. Piot said, "We know that despite these already very high levels of HIV infection the worst is still to come in Southern Africa. The region is facing human disaster on a scale it has never seen before."

The effects of HIV are accelerating. One year ago in Zimbabwe, about 100 people a day were dying from AIDS. Today that figure is 220. The UNAIDS report expects this to rise to 350 a day in the next two years. By 2005 there will be 900,000 AIDS orphans, with AIDS patients taking up two thirds of all hospital beds. The National Aids Coordination Programme of Zimbabwe estimates that by the end of this year there

will have been over 80,000 AIDS deaths. This will bring cumulative AIDS-related deaths to 400,000, and the number of AIDS orphans to 600,000.

One immediate problem is dealing with the number of corpses caused by the soaring death rate. The morgues in Harare and Parirenyatwa hospitals are being forced to remain open 24 hours a day. At other hospital morgues the closing time will be extended by four hours. More attendants will have to be employed so that bodies can be collected during lunch breaks. Relatives are to be asked to collect bodies within 24 hours of death.

Mrs. Charity Mungofa, the claims manager at the Moonlight Funeral Assurance Company, welcomed the changes. She said, "In fact, we have opened offices in 23 centres throughout the country. We deal with at least 15 funerals per day in Harare, where hospitals opening 24 hours is important as we also open 24 hours. Now we no longer have problems with Harare Hospital and we would be happy to have all the other hospitals do the same."

A person infected by HIV is usually able to lead a normal life for 6 or 7 years before succumbing to the disease and dying. HIV infection in Zimbabwe spread rapidly at the beginning of the 1990s, so what is presently being witnessed is only the consequence of that initial infection. Epidemiologists have shown that the spread of HIV closely tracks the extent of a country's road network, which is relatively developed in Zimbabwe.

The epidemic is having detrimental effects on education. School absenteeism is increasing, as parents either cannot afford the fees or need the children at home to look after them. The disease is creating more and more orphans and, in some districts, communal land has had to be allocated to provide for children.

Many families are rapidly using up their savings when the breadwinner is no longer able to work. Claims from people sick and disabled due to HIV-related illness are destroying personal finance industries such as insurance. To obtain life insurance in Zimbabwe, applicants have to show negative results from HIV tests. Fully 80 percent of potential applicants for life insurance decline to take HIV tests.

The disease is impacting the countryside, as those who had earlier migrated to the towns looking for work return to their villages to die. In business and industry, absenteeism is increasing and there is a higher staff turnover. Companies have no incentive to invest in training, because staff may become ill within a few months.

HIV presently seems to be increasingly prominent amongst the more skilled and better-trained workers. It is estimated that each business in southern Africa loses \$US 200 per year for each employee with AIDS, due to lost productivity, health treatment, benefits and replacement training. According to Dr. Piot, "More and more reports are reaching us of the bottom-line impact of AIDS in Africa. Companies in hard-hit countries are losing trained staff at rates unheard of in the industrialised world. Extra staff are hired in anticipation of workforce losses to AIDS. Profits are eaten up by health care costs and work hours lost to illness and attendance at funerals."

As a sexually transmitted disease, HIV has its main impact on young people, and so the epidemic is hitting the most economically productive section of society. It is also the generation responsible for the support of children.

Dr. Awa Coll Seck of UNAIDS reported in May this year that there are 23 million carriers of HIV in Africa. "AIDS is now really recognised as the foremost cause of death in Africa. The infection weakens the body's defences to other diseases, and you can be sure that some of the diarrhoea deaths are linked to infection by the virus. Tuberculosis killed 305,000 people infected with HIV in 1998. Tuberculosis and AIDS are always a lethal couple," explained Dr. Coll Seck.

The impact of HIV/AIDS has been exacerbated by people's attitudes, according to UNAIDS. A recent study in southern Africa showed that fewer than 1 in 10 people caring for an HIV-infected relative at home were prepared to acknowledge that the person had HIV.

This attitude had been reinforced in Zimbabwe, where until recently President Mugabe refused to acknowledge the scale of the disease.

In the advanced countries HIV can be controlled by drug treatment. In countries such as Zimbabwe this is not an option for the majority of the population. In Zimbabwe, the amount spent on health per person per year is £5.50. This is the cost for just five hours of a modern drug regime to control the disease.



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