

AIDS could kill 55 million in Africa over next two decades

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As the International AIDS conference in Barcelona got under way on July 7, UNAIDS released figures showing the epidemic has still not reached its peak. Although three million people died last year of AIDS, Dr Peter Piot, Executive Director of UNAIDS told the conference that the epidemic was still only in its early stages.

At the present rate of increase, it is estimated that by 2010 there will be 45 million new HIV infections globally.

Over the next two decades it is estimated that 55 million people will die in Africa as a result of AIDS. Decades of development have been wiped out by the spread of the disease. Life expectancy has fallen to what it was 30 years ago in large parts of southern Africa.

In Botswana 38.5 percent of pregnant women were found to be HIV positive in 1997. By 2000 this had risen to 44.9 percent. Among pregnant women in urban areas, the figure is even higher. More than half of pregnant women in their mid to late twenties test positive in Botswana.

Cameroon and Nigeria, where the disease has been relatively uncommon, have begun to see an increase. In Cameroon the prevalence rate amongst young women 15 to 19 was 11.5 percent and amongst 20-24 year olds was 12.2 percent. It is feared that this is the beginning of a steep rise in cases.

The AIDS epidemic is worsening internationally. India and China have low HIV rates at the moment. In China an estimated 6.6 million people are HIV positive and four million in India. But among drug users and sex workers it is much more common. The African experience shows that the disease spreads from these high risk groups to the rest of the population.

In the Russian Federation cases have doubled every year since 1998. In the central Asian countries of Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Uzbekistan the disease is spreading rapidly. Ukraine has the highest incidence, with one percent of the population affected.

The social upheaval following the collapse of the Soviet Union has played a significant role in the spread of the disease. "Several factors are creating a fertile setting for the epidemic" the report says. "Mass unemployment and economic insecurity beset much of the region... Belarus, Bulgaria, Latvia, Lithuania, the republic of Moldova, Romania, the Russian Federation and Ukraine all experienced setbacks in the human development index over the past two decades."

Experts had anticipated that, more than 20 years after it began, the spread of the disease would have begun to slow by now. This is the pattern that all previous pandemics have followed. Even the Black Death, which killed an estimated quarter of the population of Europe during the Middle Ages, eventually ran its course. But with more than one third of the population infected with the HIV virus in some African countries, the latest figures show that the AIDS epidemic has not reached such a peak and is continuing its deadly course.

The question that must be answered is—how is this possible at the beginning of the 21st century? Medieval Europe faced the Black Death ignorant of what caused the disease, how it was spread, how it might be prevented and lacking even the most basic knowledge of medicine or

public health. By contrast, we face the AIDS epidemic with a vast and sophisticated knowledge of medicine and centuries of experience in implementing public health measures. We know what causes the disease, how its spread can be prevented and, although we have not yet a cure, we have drug treatments that can extend the life of its victims and prevent its transmission to new born infants.

Yet despite this favourable situation, AIDS is already threatening to claim the lives of a greater proportion of the population of Africa than the Black Death did in Europe. What is more it threatens to engulf Asia, the former Soviet Union and Eastern Europe, where the infection rate is rising rapidly.

What is happening can only be described as a major crime against humanity, and one that receives only minimal media attention. The chilling new figures received a few minutes coverage on the day's news before being pushed aside and ignored, leaving the audience with the impression that they were witnessing some sort of natural disaster unfolding. Everything is being done to dull the conscious understanding of the mass of the population, who would be horrified if they knew what was happening.

The truth is that the AIDS pandemic is a man-made disaster. Although they have the means to avert it, Western governments and transnational companies are standing by and letting it happen.

Of the 28.5 million HIV positive people in Africa, only 30,000 are receiving the anti-retroviral drugs that have checked the death rate in the advanced countries. That is one tenth of one per cent of sufferers. Only 25,000 people died as a result of AIDS in the developed world last year because of the use of anti-retroviral drugs.

As Morten Rostrup, president of *Medicin sans Frontières* international council, pointed out at the Barcelona conference, "If I, as a doctor, ignore a patient in desperate need of medical care, I am committing medical malpractice and can be charged with a crime... Today and everyday more than 8,000 people with AIDS will die. Yet the international community refuses to mount and fund an adequate global response—we are faced with nothing less than a crime against humanity."

He reminded the conference that the United Nations had established a \$10 billion Fund to Fight AIDS, Malaria and Tuberculosis last year, but that so far only eight percent of this money has been forthcoming.

A spokesman from Act-Up Paris pointed out, "In the last two years, nothing has changed in terms of the resources given to the fight against AIDS... The rich countries ... don't commit remotely the amount of resources that they can and must commit." He said the European Union should be paying in \$4 billion to the fund, but had only contributed \$200 million.

A representative of the European Commission attempted to justify the EU's record, "The Commission is responsible for a program of 800 million euros a year as a response against AIDS. You may say it's a lot or not enough—probably it's not enough—but I think it represents an important effort when you compare with what others are doing."

He clearly had in mind the record of the United States. President Bush has pledged a mere \$200 million to the Global Fund.

The chronic shortage of funds has led to a false dichotomy being made between treatment and prevention. Prevention, it is argued, is a more effective use of the little money that is available.

David Evans, an MSF doctor in Mozambique, pointed out the double standard involved in this evaluation. "When public health experts from the US and Europe tell us that we should exclusively focus on prevention because it is more cost-effective, we have to ask them to consider: if this epidemic was ravaging your community, would you recommend exclusively focusing on prevention and letting the already infected die?"

It costs an estimated \$34,000 a year to keep an AIDS sufferer alive and \$14,000 to keep an HIV positive person in good health. Most of this cost is made up of drug therapy and goes directly into the pockets of the giant pharmaceutical companies.

There is a horrible calculation involved here. Many Africans live on less than a dollar a day. In capitalist terms, it is simply uneconomic to treat them.

The drug companies are maintaining their monopoly over the supply of anti-retroviral drugs at the expense of the lives of millions of HIV positive people in poor countries. They put their profits before the welfare of a whole continent.

In this they have the backing of the Western governments, who have used the World Trade Organisation to prevent poor countries manufacturing and trading in cheaper generic versions of anti-AIDS medicines.

Andrew Natsios, head of the United States Agency for International Development (USAID), has attempted to deflect criticism from the drug companies. He has argued that it would be pointless to make drugs available, because poor countries do not have the know how to use them.

MSF has shown that this is not the case. It recently conducted a number of pilot projects, in which low-cost anti-retroviral drugs were provided to 1,000 AIDS sufferers in Asia, Latin America and Africa.

The patients were able to follow the treatment conscientiously once it was explained to them. Fred Minandi, a farmer from Malawi who is taking part in the trial, came to the conference as a living proof of its effectiveness.

The dichotomy between treatment and prevention is doubly false because there is not sufficient money available to finance an adequate prevention programme either.

The Global HIV Prevention Working Group suggests that spending on prevention needs to be increased to \$4.8 billion. This is probably a conservative estimate, but is four times what is currently being spent.

Some AIDS professionals appear to have written off the present generation of Africans as a lost cause. They seem to think that the only option is to attempt to halt the spread of the disease to the younger generation and beyond Africa.

"We failed to act decisively in the early stages of the epidemic in sub-Saharan Africa, and now we are paying the price," David Serwadda of Makerere University in Kampala, Uganda said. "But we still have an opportunity to save the next generation in Africa from AIDS, and to prevent runaway epidemics in India, Russia, and China."

Speakers at the conference repeatedly referred to the "behavioural factors" which make it difficult to implement preventive programmes in Africa.

They particularly pointed to the subordinate position of women in Africa as one of the main factors hindering effective prevention.

In Zimbabwe schoolgirls have been known to sell their bodies to pay their school fees. Throughout Africa young women are forced into early marriage to older men. The belief that having sex with a virgin will cure AIDS is said to be common.

But such backward attitudes and oppressive social customs are the result

of an ignorance born of centuries of oppression and degradation.

Among those who are oppressed, it is always the weakest that suffer most. To make this an excuse for the explosive spread of AIDS is to blame the victims for their own suffering.

In so far as blame can be apportioned in Africa, it must be laid at the door of the African governments such as Thabo Mbeki and the ANC that have ignored or denied the problem, and of the churches that have campaigned against the use of condoms. The South African Catholic Bishops Conference recently denounced condoms as evil and called on their followers to combat AIDS by abstaining from sex.

The South African government had to be taken to court in order to make it provide drug treatment for HIV positive women that would prevent them passing the virus on to their children.

Writing off the present generation of Africans amounts to genocide. It is a short sighted and entirely unrealistic perspective that cannot possibly halt the spread of AIDS and will leave Africa devastated.

Those infected with HIV are young people in the prime of their lives. Countries have a lost a whole swathe of their economically active adult population, while their deaths leave a generation of orphaned children. AIDS has already produced 11 million orphans in Africa.

If the population of Africa can be condemned to such a fate, it is unlikely that the inhabitants of any other continent would be looked on any more favourably. There has been no transformation in the attitude of political leaders and businessmen in the West that would suggest that a prevention programme would be any more successfully applied in India, China or Russia than it has been in Africa.

The problem is not a lack of resources, but a lack of the political will to put the resources that exist to work. The lives of millions of people worldwide are regarded as expendable because they are not viewed as essential to the profitability of big business.

In the long run this a suicidal perspective. AIDS cannot be contained in the impoverished countries, where it is currently having its biggest impact. There is a high degree of complacency in the West because prevention programmes seem to have confined the disease to the so-called high-risk groups. In the face of the explosive increase in the disease now being seen worldwide, this can only be a temporary phenomenon.

The destruction of health care provision and the public health measures in the industrialised countries can only help the spread of the disease among the most disadvantaged sections of the population.

It is an indictment of the capitalist system that AIDS should have spread in the way that it has, at a time when society's technological capacity has never been greater. Millions in Africa and increasing numbers on other continents are being sacrificed in the interests of the profits of the transnational companies that control medical technology.



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