Understanding Epidemics
Section 2: HIV/AIDS

PART F: Control

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Introduction

From the discussion in the previous sections, on the biology, geography and impacts of HIV/AIDS in Africa, the future does not look good. HIV/AIDS is spreading, seemingly uncontrollably. However there are many governments and international agencies working to control the disease and to develop ways of minimising its effects.

HIV/AIDS is now recognised as more than just a health issue. As we have seen in the impacts section of this website, HIV/AIDS also has a great impact on economic development, food availability, households, community relations and so on. AIDS can't therefore be dealt with as an isolated problem. It needs to be dealt with in a 'joined up' way.

In order to do this, most African countries have now established a separate National AIDS agency. This agency coordinates the management of the disease, dealing with prevention strategies, health care provision, development impacts, etc.

Many of the documents produced by the National AIDS agencies are available on line. Check out the links in the sources and links page of this site.

Governments do not work alone in dealing with HIV/AIDS. International agencies such as the World Bank and the United Nations, as well as NGOs (Non Governmental Organisations) such as Oxfam, Christian Aid, and ActionAid, all provide support for HIV/AIDS-related projects. They too see HIV/AIDS as primarily a development issue, and seek to promote the management and control of the disease within broader poverty alleviation programmes.

Management and control of HIV/AIDS takes two main forms:

1. Preventing the spread of the disease, mostly though behavioural change and education.

2. Controlling the effects of the disease on people who are already HIV+ and their families. This is done through developing therapies which prolong life (such as ARVs) and through providing care for those who are HIV+.

There is not yet any cure for AIDS. However, there is an intensive search by scientists and drug companies in many countries to develop a vaccine.

Behavioural change & prevention

Because the main ways in which HIV/AIDS is spread are behavioural: through unprotected sex or needle sharing, the spread can be prevented by changing behaviour.

An extreme way of preventing the spread of the disease would be by encouraging people not to have sex or to use needles. This is relatively unrealistic though and so instead the main focus for prevention has been educating people about safe sex and safe needle use.

The safe sex message takes two major forms:

1. Reducing the number of sexual partners, and encouraging monogamous relationships (with only one person) or faithfulness within traditional polygamous relationships.

2. Using condoms in sex to prevent exchange of bodily fluids

These education programmes have taken place in schools and have also been directed to the general public through all available media.

These programmes seem to have been most effective where they have had political support in national leaders' speeches, such as in Uganda.

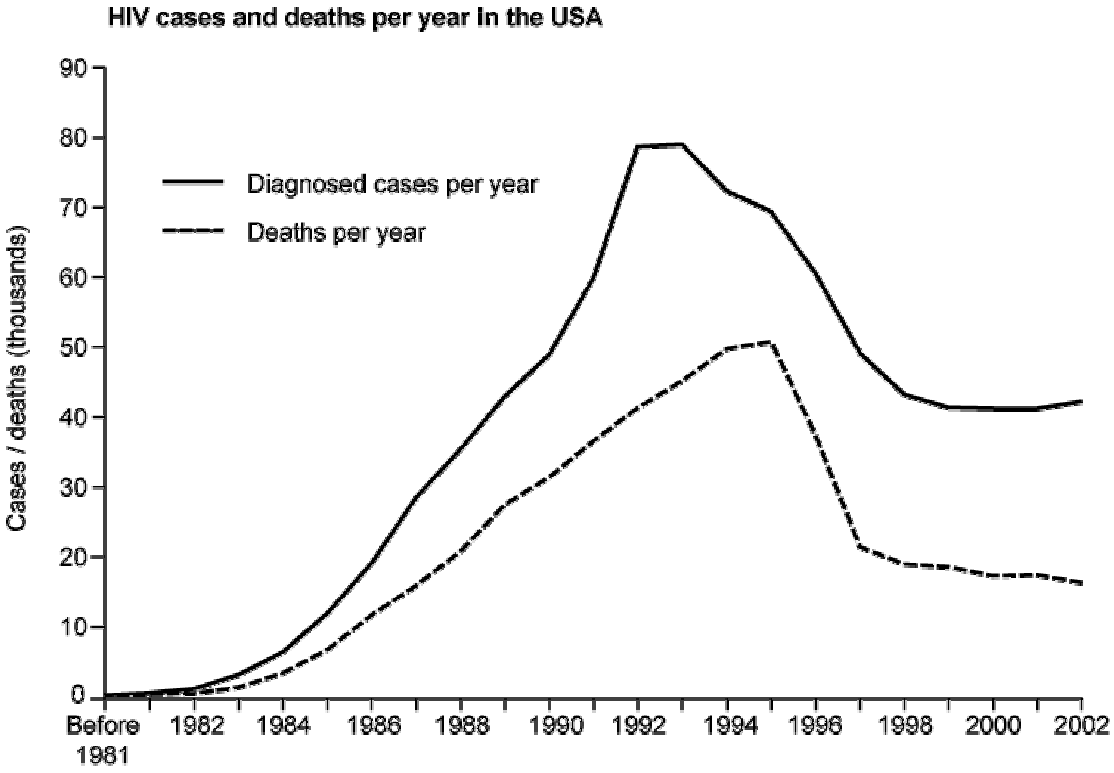
Therapies and care

Once people are HIV+ there is as yet no cure. Much progress has been made in recent years with the development of effective anti-retroviral drugs (ARVs), and these, have been largely responsible for the fall in AIDS deaths in the United States.

ARVs control the level of infection, and so prolong the active life of HIV+ patients. ARVs have become the dominant feature for therapies in developed countries.

The graph below shows HIV cases and deaths over time for the USA.

What we can see from the graph is that there have been dramatic shifts in the trends of annual HIV infections and AIDS deaths in USA since the disease was first diagnosed.



Source: CDC HIV AIDS surveillance report 2003

There was initially a growth in both cases and deaths following a typical epidemic curve: slowly at first then with growing momentum to a peak in 1992 for infections and 1995 for AIDS deaths. Then there is a sharp fall in both curves. The number of infections falls steeply from about 80,000 to plateau at about 40,000 by 2000.

This fall in the number of infections is believed to be due to changing behaviour, especially among homosexual men, the largest infected group in USA, and also the increasing availability of drugs, and the ability to buy them, to control the effects of infection.

The fall in the number of AIDS deaths is of course related to the number of infections, and is a lagged response, with a peak some 3-4 years later, reflecting the potentially relatively long incubation period of the virus. In addition, however, the number of AIDS deaths continue to fall rather than plateauing after 2000, with a widening gap between infections and deaths. This is due to the effect of ARVs.

The effects of the new ARV drug therapies are apparent. These are prolonging the lives of those affected, adding years of life with the infection rather than preventing the infection or preventing death as a direct result of the infection.

However the ARV drugs have been very expensive, with prices controlled by the major international drug companies, and until recently have been far too expensive for governments and most individuals in developing countries, which include the countries most affected by HIV/AIDS.

However the United Nations has declared the AIDS epidemic to be a Global Emergency and access to the drugs as a human rights issue. Because of this, the World Trade Organisation has deregulated the drugs which means that it is not just the major international drug companies who can manufacture them and so developing countries can now develop cheaper ARV drugs.

Many developing countries now offer ARVs to their populations, and in some cases, as in Brazil, there is free distribution. However, in many countries in Africa, the supply cannot begin to match the need, even where additional international resources are made available to provide the treatment. This means that there is no equality in who gets the drugs, and most ARVs go to wealthy people who live in urban areas..

For most people in Africa who are HIV+, AIDS will develop and they will die. They will have no access to either drug or social interventions and so they will be cared for within their family. This often has a great impact on other members of the family (see the impact pages).

Death and disease have always been a feature of family life in Africa, and there are traditional coping mechanisms to manage such eventualities. However, the scale of HIV/AIDS epidemic may be such that these traditional coping and caring practices may no longer be adequate. They are overwhelmed by the needs of the many who are ill and dying.