

From (page ix-xii):

Helen Jackson, *Aids Africa - Continent in Crisis*. Harare, 2002. ISBN: 0-7974-2428-8

Introduction

Never in history has there arisen such a widespread and fundamental threat to human development as AIDS. Mainland southern Africa, experiencing the most severe HIV/AIDS epidemic in the world, forms the priority focus for this publication. National antenatal prevalence in parts of the region is around 35%, millions of children are being orphaned, years have been knocked off life expectancy and all sectors are being impacted to varying degrees. AIDS threatens food security, productivity, human resource availability and development and may even jeopardise national and regional security. It hurts the individual family and household first, but its impact reaches through to the macro-economic level. This is a long-term development disaster on a scale never witnessed before.

Yet one of the limitations of the responses to AIDS has been the failure of others to learn effectively and in time from those most impacted. Countries such as Nigeria and Ethiopia have a rising HIV prevalence and large populations who may be affected. They need to identify the risks facing them and adapt responses that have succeeded elsewhere. The starting point is to be well informed about the epidemic, the factors that promote it and the potential responses to it. These and other countries may manage to sidestep some of the pitfalls experienced elsewhere and move more rapidly into effective policies, programmes and support at all levels. Parts of Asia and Eastern Europe especially need to move rapidly to curb the epidemic, as do island nations in southern Africa..

The publication aims to provide up-to-date information on the epidemic in sub-Saharan and particularly southern Africa, on responses and gaps and on policy and human rights issues. It aims to provide a critical resource for policy makers, programme officers and others in the development field to help them understand the arguments and issues arising around HIV/AIDS. This includes both broad development impacts and personal experiences as well as the challenges that must be addressed at different levels. Extensively referenced, it also provides a guide to further key sources of information and to resource organisations. New information and experiences are continuously coming to light and must be taken on board. From outlining the horrific demographic and human and economic development consequences of the epidemic at micro and macro levels, the publication moves on to describe HIV infection and AIDS-related disease themselves, followed by an exploration of medical responses. The emphasis is on holistic care that includes medical treatment, nutrition and psychosocial care. The latter is taken forward in a later chapter on self-care and care in the community, including the involvement of support groups of PLWHA. Voluntary counselling and testing services are a relatively new development in many countries in the region and need scaling up. An estimated 80% or more of people who have HIV do not know it. VCT is one strategy towards HIV prevention, but it needs to be well integrated into community awareness, care and support services to avoid the risk of people learning a positive result with no back-up to help them cope over time. Information is provided on the counselling content of VCT and on the basic requirements for effective counselling as HIV infection progresses to AIDS - for families and carers as well as for PLWHAs.

HIV prevention is, of course, the most crucial response to the epidemic given that there is, as yet, no complete cure. Prevention primarily means behaviour change, particularly among those most at risk and most likely to spread the virus to others. In sub-Saharan Africa, this includes predominantly those involved in transactional and casual sex. Also at risk are their monogamous partners and babies born to HIV-positive women. In sub-Saharan Africa the transmission rate from HIV-positive parents to their babies is approximately one in three. This book updates information on parent-to-child transmission

and its prevention, arguing for the provision of antiretrovirals to reduce transmission to this vulnerable group. It also looks at direct blood-to-blood transmission, including intravenous drug injecting although the latter is a much smaller problem in sub-Saharan Africa than in regions such as Eastern Europe, where it drives the epidemic.

The smallest behaviour change for sexually active people to prevent HIV is to use condoms. Condoms are, however, not nearly as widely available or used as they need to be, and this publication explores the basis for the "condom gap" and the current efforts to increase condom use. It also looks at other HIV prevention approaches, including reducing multiple partnerships, abstinence, monogamy and non-penetrative sex. In addition, it looks at means to reduce infectivity and risk of infection per sexual act: male circumcision and treatment for sexually transmitted and reproductive tract infections. The underlying socio-economic and cultural issues that drive the epidemic are also in focus. Southern Africa experiences to varying degrees many critical factors: inequalities of wealth and rising poverty, especially among women; social disruption, violence and considerable population movement and gender inequality and inequity. At the more immediate level, STIs are common and insufficiently treated, male circumcision is uncommon, and condoms have not, in the past, been widely promoted and utilised. Further, the continent is characterised by a young population structure, with around half the population aged under 16 in most countries. This provides a huge pool of young people moving into the sexually active age range and requiring intensive sexual and reproductive health information and services. They are indeed the "window of hope" for Africa's future provided they can maintain their HIV-negative status.

The sectoral impacts of AIDS are addressed further in Chapter Ten, notably on health, education and welfare, on the productive sectors and on the government and the business environment. It also examines the informal sector, especially subsistence and smallholder farmers. The impacts on rural women are drawn out, with proposals to address the needs of women living with HIV so that they can survive longer. To date, more attention has been paid to HIV prevention and to treatment of opportunistic infections and even antiretrovirals than to the fundamental nutritional and primary survival needs of the poor, rural or urban. This is an enormous gap and needs to be addressed by concerted efforts within and beyond the appropriate sectors. Children, while experiencing lower infection levels than adults, remain highly vulnerable to the impact of AIDS. In sub-Saharan Africa millions of children have already been orphaned, and the numbers increase daily. They are at risk long before their parents die, not only through increased distress and poverty in the family as breadwinners die, but also because of withdrawal from school and loss of opportunities for economic advancement in the future. Their basic human rights are severely threatened. Girls are at increased risk of entering sex work to survive, and both boys and girls may grow up with little sense of security and hope for the future. As well as the immediate impact on children's rights, this has critical implications for long-term development goals. Educating and caring for children in the community now is a crucial investment for HIV prevention in the future as well as to address the emerging crisis in human resources.

The final chapter addresses policy issues around HIV/AIDS in a human rights framework. In general, the stigma surrounding HIV remains unacceptably high in the region and it is crucial that this changes, and that discrimination stops. PLWHAs need to have justified confidence in being open within their families and communities, and with employers. Policies and legislation that curb the rights of PLWHA are counterproductive, not only infringing the human rights of PLWHA but also impeding prevention efforts. National policy frameworks are in place in all of southern Africa and each country has a national AIDS council or other lead body. Not surprisingly, the main policy area is health, but policies are also emerging around, for instance, education, child welfare, the military and employment. SADC has a regional HIV/AIDS and employment code to guide the development of national employment policies. The last chapter also addresses certain specific policy issues not dealt with elsewhere: the political and economic aspects of antiretroviral treatment access, partner and national notification, wilful HIV transmission and informed consent. The overall message of this book is not that the situation is

hopeless, but that unless it is treated with sufficient urgency and on a sufficient scale, the development impacts of the epidemic, in southern Africa and some countries beyond, may become overwhelming. All sectors and all development partners can and need to embrace the full enormity of AIDS within their development priorities to ensure an adequate response on all fronts. Already, many down-the-road impacts are inevitable, but providing care and support and planning to mitigate the impacts will not only ameliorate the worst of the development effects but also contribute significantly to the primary goal of HIV prevention.