The AIDS Epidemic in sub-Saharan Africa

Acquired Immune Deficiency Syndrome
What is it?

- AIDS is caused by HIV, a very fragile RNA type of retrovirus, which like any other microorganism lives inside the living cells of the body. Outside body it doesn’t survive for more than half an hour.

- Once inside the body, the virus attacks CD4 type of White Blood Cells in blood.

Where is sub-Saharan Africa?

- Four regions located partially or fully south of the Sahara.
  - Central Africa
  - East Africa
  - Southern Africa
  - West Africa

What constitutes an epidemic?

- UNAIDS and WHO define an HIV epidemic as generalized when the prevalence of HIV infection in pregnant women, exceeds 1%.

- Using this definition, 33 of the 44 countries in sub-Saharan Africa had a generalized epidemic at the end of 2001.

- In the countries with generalized epidemics, the HIV prevalence in the adult population ranged between 1.6% in the Gambia and 38.8% in Botswana.

In seven countries of Africa, at least one in five adults is infected with HIV.

HIV could have only multiplied in the twentieth century, at a time when urbanization, mobility, migrations and international travel have all transformed the world into a vast connection network which has allowed a virus enscoped in the blood of a few people to contaminate more than 70 million in just a few generations.

Origins of HIV

- Heated discussions about origins of HIV
- Today consensus among virologists that HIV in humans is a zoonosis.
- Exposure of humans to blood and tissues of infected primates during hunting and butchering.
- Phylogenetic analysis of different HIV-1 strains dates the presence of the common ancestor of the different strains in the human population to 1931.

Denial phase in Africa (1984-1988)

- African elites denounce AIDS as a foreign disease spread on the continent by white homosexuals.
- Population control by imposing use of condoms.
- An attack associated with the puritanism of the Christian sect in the face of African traditions such as polygami.
- Accepting international aid without really combating the virus.
- Wait-and-see governments.

The difference between sub-Saharan Africa and other countries of the world.

Condom have been in use by sex workers in Europe long before HIV infection was introduced to these populations.

In Southeast Asia, generally unmarried women are not sexually active. In contrast, sub-Saharan countries have percentages of unmarried women having sex ranging from 2%-64%.

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Unnoticed for Decades?

- HIV infection occurred in isolated populations at first.
- Limited sexual contact outside the village.
- Only a few people affected initially.
- Increased population growth rates and migration.
- Spread of HIV.

History of AIDS

- AIDS lies within the scope of social, political, and cultural history which precedes and includes it.
- Does not limit itself to the sexual practices of the potential carrier, or to the identification of the cultural phenomena which favors the spread of infection.
- Socio-economic inequality
  - Migrant labour under colonial rule and later apartheid.
    - Didier Fassin, Afflictions, 30-37.

Historical and social factors

- Sexual violence perpetrated by the armies during occupation. (Congo 1990 - 1998)
- Sexual behavior is influenced by prostitution.
- Demographic imbalance of the Europeans led to mistresses and eventually the invention of prostitution in colonial towns. (1920-present)
- Husband's inability to maintain a household due to poverty.

A foreign disease - Congo

- Congolese opinion that AIDS is of foreign origin.
- In Kinshasa, a group of prostitutes known as the "Londoners" were among the first group of people to contract AIDS in the 1970s.
- Professor Lurhuma has stated that AIDS was brought into Lubumshi by an HIV positive Pakistani who infected several prostitutes during his stay in town.
- Higher numbers of HIV positive people in urban areas and border towns than in rural areas during the early years of the epidemic.
Oral history of the first cases in Congo

- 1983, first cases diagnosed by Congolese doctors working with American-Belgium team.
- Congolese Minister of Health in 1987:
  “When one looks at the files and goes back in time one discovers several cases of patients who, in the past, have shown grave signs of AIDS. Today it is possible to state that these patients died of AIDS. In 1977, 1978, 1979, and 1980 some cases were already known but they were isolated. Patients arrived either with persistent diarrhea, pulmonary problems, high fever, weight loss etc. and all of these symptoms lead to death without us being able to arrive at a diagnoses.”

The fight against AIDS - Congo

- 1986, a Central Office for the Fight Against AIDS was established in order to identify and monitor the disease and to put policies of prevention in place, mainly in blood banks.
- 1990s was the first time that posters appeared in Lubumshi stressing the use of condoms.
- NGO’s began to associate themselves with the National Programme for the Fight Against AIDS by supporting health and training centres.

University of Lubumbashi

- In November 2003, the month of World AIDS Day, a door to door awareness campaign was organized in all the University residences with the following theme: condoms as a means of prevention, the fight against the practice of initiation using razor blades and VCT (Voluntary Counselling and Testing).
- 56,520 condoms were distributed on campus at an average of 2826 condoms per month.
- A second result of the program was increased voluntary testing for HIV.
- Numerous role players are involved in the program.
  - Detty Bansoba, “Project IEC/SIDA/Katanga”

Obstacles and rejection

- Exclusion, rejection, despair, classification of AIDS as a divine punishment.
- Majority of Congolese see AIDS as a disease of the Other.
  - The first to be accused are the prostitutes.
  - Husband blames the wife.
  - Wealthy socialize with foreigners so they are blamed.
Stigmatization

- Those who are HIV positive adopt an attitude of resignation which sometimes hides a state of despair.
- They feel distances from society and feel that society condemns them.
- It is a waste of time to care for an HIV positive person because they will die anyway.
- “Epidemic within an epidemic”
- Undermines a patients’ moral and physical health.

Mode of transmission

- Predominant mode of transmission is heterosexual
- Health care transmission (transfusion of infected blood)
- Infected mother to baby while pregnant or breast feeding
- Male circumcision may have a direct effect on the probability of HIV transmission.
- Individuals with other STIs are at higher risk for contracting AIDS.

Symptoms ?

- Long standing Fever
- Diarrhea
- Persistent cough
- White blotches in the mouth
  - (www.neolifemission.org/HIV%20basics.html)

Curving the epidemic

- Use of condoms, genital hygiene
- Involvement of the State, and setting up medical and social infrastructure.
- Therapy using antiretrovirals.
- Education and open discussion about sex.
- Training of more doctors, researchers, and medical personal.
Expansion of Education

- In 1960 Africa (excluding South Africa) had six universities with fewer than 30,000 students.

- In 1995 the region supported nearly 120 universities enrolling 2 million.

- Tertiary enrollment reached 3.9 percent for Africa in 1997. This is far below the 10 percent average for all developing countries.

- African countries universities are the only national institutes with the skills, equipment, and mandate to generate new knowledge through research and adapt knowledge to solve local problems.

Quality and limited opportunity for education and scientists.

- Limited research budgets in universities

- Africa in 1992, had only 20,000 scientists

- Lack of employment in the modern sector

- Few African researchers are integrated in the world scientific knowledge networks.

- In 1996 Senegal had only 3 researchers engaged in research and development per million people.

  - (Charles, Becker, "Law, Ethics and AIDS in Sub-Saharan Africa, Senegal as a Case Study.")