HIV/AIDS Management and Control in sub-Saharan Africa

Akello Echun
University of North Texas
akelloechun@my.unt.edu

Faculty Mentor: Todd Spinks, Department of International Studies, College of Arts and Sciences
Introduction

Problem Statement

HIV/AIDS is an epidemic that has, in the last two decades, evolved into a growing concern. The main issues associated with the epidemic include economical and social development, other health related problems, education, and instability in familial structures as well as state security. In 2007, over 2 million children under the age of 5 were living with AIDS (UNICEF, 2007). This information speaks volumes about the future generations and further heath complications among young children. One of the major problems concerning HIV is the incidence of mother to child infection. Currently, the programs available to prevent transmission have only been able to reach 33% of those who are most at need (UNGASS, 2008).

It is anticipated that by 2020, almost 60% of adult deaths in Africa will be caused by AIDS (UNAIDS, 2009). This is a clear indication of how policy changes need to be implemented and more funding to be directed towards education, anti-retroviral medication, and secondary treatment. It is important to take the necessary measures to mitigate the effects of HIV/AIDS in these areas by focusing on primary prevention, then managing secondary prevention and treatment. I would like to discuss areas that will help manage and control the HIV/AIDS epidemic in sub-Saharan Africa because failure to do so, will potentially lead to an increase in health-related problems, poverty, a decrease in safety and security, and economic turmoil. The key to solving the issue is through proactive communication, effective education and adequate funding from international organizations such as the UN and various NGOs and combined policy changes from affected states.
Literature review

HIV is a sexually transmitted virus that severely compromises the human immune system. After infection takes place, there is a long latency period of approximately 10 years before HIV becomes Acquired Immunodeficiency Syndrome (AIDS). HIV is a virus that, unlike others, has a biological composition that fuses with the human DNA and evolves into different strains, making it almost impossible for an effective vaccine to be found. Researchers over the years have reviewed the course of HIV/AIDS since it appeared in the early 1980’s. The epidemic has not only raised concerns about health, but development on micro- and macro-economic scales, security and stability.

Globalization, a rising phenomenon, is described as a global expansion of technology, culture, politics, and allows for cross-border flows of ideas and trade (Harris & Seid, 2004). A growing relation has been found between HIV/AIDS and global security. The world has become more interdependent in the last two decades. When one door is open and people cross through geographical boundaries, this facilitates the spread of ideas and disease, which increases the problems facing developing nations (Alcamo & Weeks, 2010). In Sub-Saharan Africa, 50% of all HIV/AIDS cases have been found in women. This staggering number has grown since the early 1990’s and occurs more in developing nations where a lack of education, cultural diversity and poverty makes it more difficult to alter behavior and attitudes concerning sexual behaviors (Alcamo & Weeks, 2010). Out of globalization, tourism has fueled the spread of HIV/AIDS in Sub-Saharan Africa. Sex workers and individuals in polygamous relationships must be educated about awareness and reducing their high-risk behaviors. Globalization effects are one of the issues looming in the wake of the World Cup soccer game in South Africa.
Security

In the past 20 years, controversial debates have revolved around whether HIV/AIDS have become an important security issue or not. Prinz (2004) stated: “AIDS is as destabilizing as any war” because it immobilizes the nation and its development. In 2000, Vice President Al Gore explained that AIDS has become a security issue because the strain of the disease takes a large toll on the human body and causes a ripple effect by threatening the economy, peacekeeping, and the public health system (Prinz, 2004). It also threatens not just the individual, but society as a whole, leading to the inability to protect the nation (Prinz, 2004).

It has become a controversy because officially claiming HIV/AIDS as a security problem would mean high costs to the government, and it would hold them accountable. Heinecken (2003), a researcher from the South African Military Academy (SAMF), disagreed with Al Gore’s statement on AIDS being a security problem (Prinz, 2004). It was later refuted that HIV/AIDS is not in itself a security problem, but rather the collective impact of the disease on the social structure of society and on state strength that creates the problem (Heinecken, 2003).

In Africa, HIV has progressively affected national security and the population of individuals that contribute the most to the countries’ economic production (Tripodi & Patel, 2002). A survey done by the Defense Intelligence’s Armed Forces Medical Centre showed that the prevalence on HIV in Sub-Saharan militaries is up to 60% (AFMIC, 1999) and has grown over the last decade. This is a staggering number considering that the purpose of the armed forces is to protect the respective nations from harm, but
instead, have become the main vector of the disease (Tripodi & Patel, 2002). Robert Shell, a researcher at Rhodes University examined the prevalence of HIV infection and its course with the Military bases of the South African Defense Forces (SADF). He found a high level of infection in the communities around the military bases. Several factors have contributed to HIV prevalence in military personnel, namely, an increase in mobility, the stress of being away from family, being sexually isolated from their partners, peer pressure and a lack of coping strategies (Tripodi & Patel, 2002).

African militaries simply put, are potential HIV *time-bombs*. If a country’s defense force is compromised, this puts the nation in a vulnerable state, where they cannot protect themselves or their independence. Members of the US Armed forces are the only citizens in the USA who are required to have their recruits undergo HIV testing before they enroll (Alcamo & Weeks, 2010). This may raise issues relating to confidentiality but would create an effective barrier of safety for the soldiers as well as the people they come into contact with. Zambia is one of the only countries in Sub Saharan Africa to still hold a military ban on HIV/AIDS. South Africa recently lifted the HIV testing ban in early 2009. The SADF deemed the HIV/AIDS military ban unconstitutional and had it revoked much to the relief of many prospective recruits. The steps that have been taken may be morally just in preserving human rights, but supporting research shows that this will expedite the spread of the infection if proper educational steps are not put into place.

Armed conflicts have also had a direct effect on poverty, sexual abuse of women and spreading of HIV (Indabawa & Mpofu, 2006). The virus has also been known to pose as a weapon for biological warfare. HIV can be transmitted from one person to another
though blood, semen or breast milk. It enters the somatic cell and penetrates through the nucleus, where it binds to a DNA strand and continues to replicate and form new infected cells, making it difficult to locate medicine that will kill the virus and leave the cell unharmed. The advanced biological nature of HIV is the main reason it poses as detrimental to the human race (Alcamo & Weeks, 2010). A trial in Libya, investigated 6 foreign doctors who deliberately injected over 400 children with contaminated, HIV positive blood (BBC, 2007). The trial was concluded and, irrespective of the outcome, showed how easy it is for an individual to use this method as an act of biological terrorism. Situations individuals find themselves in can lead to degradation of morality and poverty can bring about immoral acts of desperation in underdeveloped nations. Education is out there but rarely caters to the specifically infected populations. Sexual and reproductive health education has been provided to schools in Africa by many non-profit and international organizations such as WHO and the United Nations.

Education & Communication

For a long time, HIV positive visitors applying to travel to the USA have been banned from entering the country because of immigration policies. The Obama administration recently lifted the travel ban, which will be implemented in 2010 (UNAIDS, 2009). Much like South Africa and other sub-Saharan countries, the ban was stated unconstitutional and violated human rights. On one hand it is a moral decision, giving rights to travel irrespective of health conditions and also attempts to combat the HIV stigma. On the other hand, without adequate measures such as communication and communal education, the disease will run rampant, affect more people and cause societal degradation.
Education is a widely used term, which implies information distribution and instruction. Growing up, individuals are shaped by their family, their peers and the society in which they are brought up. Each society has different expectations, cultures, norms, belief systems and attitudes towards different things. When problems arise those differences, can be effective points of intervention. There has been little research done in analyzing the social learning contexts of educating the adult population in Africa. Education programs implemented by NGOs need to find ways to explore their preferred learning styles, relative to their needs. This is an important step in determining an effective way to intervene high-risk sexual behavior and minimize the spread of HIV and AIDS. Not only will effective education and intervention decrease the spread of HIV but will help to lessen the already heavily attached stigma. Education does not need to be the only conventional method received in a classroom setting. HIV is shown to disproportionately affect the poor and individuals with low literacy levels (Indabawa & Mpofu, 2006). This is mainly due to the conditions of poverty and desperation many times leading to unsafe sexual behaviors in exchange for money (prostitution).

Ward (1998) claimed that women are at a greater risk of contracting HIV than men are because of biological and psychosocial factors. Biologically, HIV infected lymphocytes and cells found in a man’s semen during sexual intercourse have a large surface area to infect the cell of the cervix and vaginal tissue. According to Ward (1998), from a psychosocial perspective, there are a number of factors that increase a woman’s vulnerability to infection. Firstly, taking into consideration the social standing of women in many African cultures, they often have little or no control over sexual behavior and consent cooperation from their male partners. They are unable to negotiate the frequency
and nature of interactions because the man is the dominant partner in the relationship. Polygamy in many parts of Africa is still practiced and viewed as a societal norm and because of their inferior social standing, as well as cultural and language barriers, women are deprived of acquiring information they need to keep themselves safe. Other psychosocial factors include lack of organized social groups for resources and support and vital updated information.

Women are generally responsible foremost for nurturing the home and raising the children. If they do have a job, they have a high probability of investing up to 90% of their income back into their family as opposed to men who only tend to put 30-40% back (Warhurst, 2009). Warhurst defined the phrase ‘The Girl Effect.’ It explains how the training and supporting of young women can transform countries’ economic development. She went on to state that ignoring ‘The Girl Effect’ would lead to a global economic crisis. The main premise behind Warhurst’s theory is that when a girl benefits, so does everyone in society, by bringing change for herself, her country, re-investing into her family, including educating her children; this would prevent billions in potential costs in the long run. Instead, several African countries have followed traditional culture and chosen to suppress the fruitful potential of women. This is another example of how HIV/AIDS is the parasite infringing on the development of countries, where education and communication would benefit society from the bottom, up to the top.

**The Economy**

HIV/AIDS has taken a toll on society at a micro- and macro- economical scale. Although there are numerous factors in the spread of HIV/AIDS, it is largely recognized as a disease of poverty, that hits hardest, the people who are marginalized and suffering
economic hardship. The burden of an infected individual is more often than not put upon the family. The toll HIV and AIDS takes on the body eventually leaves the individual in a state where he/she cannot take care of him/herself. Individuals have to take care of their relatives or provide home-based care, which reduces their capacity to earn money (UN, 2009). In a single parent home, where one spouse, usually the male is, deceased, the woman is left to take care of the children. When she eventually passes on, her children are left in the care of ailing grandparents or become orphans, designated to live on the streets and become vulnerable to the world of crime, drugs, prostitution, and other forms of trafficking (Lobasz, 2009).

The majority of people living with HIV/AIDS in sub – Saharan Africa are between the ages of 15 and 49, the prime of their working lives (UNAIDS, 2009). The epidemic has affected labor, which slows down economic and activity and growth. Due to the demanding regime of treatment and decrease of manpower in the work force, a financial burden has been added onto society.

Funding

In 2003, the President Bush administration and UNAIDS implemented a $15 billion emergency plan for AIDS relief (PEPFAR) and provided treatment, resources and care for the people of 14 countries in Africa (Prins, 2004). One problem that arose was that money alone did not solve the problem. Certain parameters needed to be put in place to bypass corruption and make sure the money is effectively distributed. UNAIDS and WHO have opened Prevention of Mother to Child Transmission (PMTCT) centers for pregnant women to educate them about the dangers of vertical transmission (mother to child HIV transmission). The women are counseled and shown the dangers of getting
infected and the importance of early testing so that necessary steps are taken (Arora & Arora, 2009).

**Task Force Creation**

*Member Representation & Contribution*

To reach the necessary goals in stabilizing and mitigating the spread of HIV/AIDS in Sub Saharan Africa, I plan on putting together a task force team. This team will consist of different agencies, with a common objective, who will plan to move forward and bridge the necessary gaps. The main team objectives will be dealing with education, funding for treatment and specific policy change. As the UNICEF Chief of Communication, my contribution would be at a communicative and educational level. When the youth in the communities become sexually active, it presents a good point of intervention. Necessary and accurate information should be dispensed through appropriate media to ensure that information is not contradictory. Individuals must have a clear understanding of high-risk behavior and how to keep themselves safe. A more hands-on approach to reach the community at a more personal basis is important because such tailor-made information targeted at a specific audience by opinion leaders, and HIV appositive activists and role models is better received.

Another dimension of transmission that is often over-looked is vertical transmission from mother to child. In 2008, three hundred and ninety thousand children became infected with HIV and the majority of these children were infected during pregnancy, breastfeeding, or the often, violent process of natural childbirth. The probability of vertical infection decreases up to 55% if there is an antiviral intervention, giving the child a 93% chance of being born without the virus (UNAIDS, 2009).
Internal Relations Officer, Dr. Alhaji Saccoh shall be representing the World Affair Council (W.A.C.) within the task force. Dr. Saccoh will be initiating and overseeing new preventative programs to combat MTCT. Mothers must be aware of their status. This is more incentive for more women to get tested regularly and to be included in targeted research and testing trials. Mother to child transmission (MTCT) is common in developing countries due to lack of hygiene, information and access to healthy facilities and clean equipment. Policy change is another focus on his agenda, with the increased activity of the US and its political influence. The UN policy pertaining to medicinal and treatment funding should be adjusted by creating specific policies for HIV and AIDS between the UN foreign policy in sub–Saharan Africa. There should be a shift from voluntary HIV testing in health institutions to compulsory testing, as well as raising the threshold for treatment by increasing the CD4 count from 200 to 350 so patients can be treated early.

Dr. Ruth Solomon, Project Coordinator representing the UN shall be the third member of the task force. Her area of focus is the funding and treatment of infected individuals, as well as delegating funds for micro-financing small community projects to help empower the women and society as well as improving infrastructure which in turn creates more jobs beneficial to the economy. In the long run, these efforts shall benefit the local economy and move upwards to a national level having multiple positive impacts. Women will be able to command more respect on the basis of their contribution and get their place in the family, with more say in her children’s lives. They will feel empowered by redirecting their energy towards crafts and business similar to the study done in India on micro financing by Leach & Sitaram (2002). Unlike the failure of their
research, our team will look at the failed outcomes of the research and work to open channels of communications with the men/husbands in the rural areas, so that they can work together, eliminating possible marital tension by making them still feel useful and contribute positively.

With universal access, approximately 6.7 million people would receive life-saving antiretroviral treatment, 2.6 million new infections could be prevented and 1.3 million lives, saved (UNAIDS, 2009). The cost of medication is still very high, making it unattainable to people in the developing countries where HIV/AIDS has the highest incidence and prevalence. My research has shown that not enough is being done to ease the noose HIV and AIDS has around society’s neck. The crisis of the MTCT in Africa is so remarkable it is a wonder that more is not being done by both the domestic governments and international community (AVERT, 2009). The severity is being drastically understated, especially on a global scale with the advancement of travelling and globalization.

**Task Force Mission & Strategy**

The task force’s mission is to fill the niches of deficiencies that have been left open and make a difference at a community level, involving the people because that is where the change will make the most impact. Strategies to help mitigate the effects are micro financing, reduce stigmatization, revising old and creating new policies, improving infrastructure, fostering democracy, improving development and institutions and fighting corruption. We aim to clearly communicate strategies and awareness to developed as well as developing nations so that they will implement new strategies, which will enable Africa to fight AIDS and poverty.
Resolution Strategy

Methodology for Resolution

In 2001, the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) committed themselves to ensure that by 2010, ninety percent of young men and women will have access to information, education and life skills that will reduce their vulnerability to HIV infection (Aggleton & Yankah, 2008). In 2009, there has been progress, but more concrete steps need to be taken to ensure that this goal is met.

Different channels of communication have a variety of impacts in different areas of the world. In Africa, the majority of people do not have access to computers for Internet and television. This goes on to stress that effective communication interventions require communication channels that are familiar with the community. Rodgers (2000) created the ‘Diffusion Theory,’ which deals with how new ideas or inventions are effectively spread and lead to social or cultural change in attitudes and behavior. This strategy can be used to incorporate educational messages into entertainment, to reach the targeted audiences. In 1993, Tanzania broadcasted a radio soap opera called “Twende na Wakati,” that involved characters who the public could identify with as good or bad.

There were three types of recurring role models: an irresponsible truck driver who was a husband and parent but was promiscuous, a positive role model and a familiar traditional voice. The listeners were exposed to these characters on a regular basis and because of the persuasiveness and accessibility of the radio it had a far-reaching effect. The program showed an increase in knowledge and in favorable attitude (Peterson & DiClementi, 2000). This approach would be a good place to start, by working with local broadcasting stations and bringing in educational messages to people while being entertained.
Putting up posters about HIV/AIDS facts, making condoms accessible, having opinion leaders who the community looks up to, and giving talks about high-risk behavior can induce progress. The life skills workshops can be incorporated into school curriculums and church services and can lead to a formal certification of attendance and achievement for incentive. People respond favorably to positive reinforcement rather than punishment (Schultz & Schultz, 2008). Research has shown that fear sometimes creates a desensitized effect, similar to how people know the harmful effects of smoking, but it has become so commercialized and an overload of graphic images has desensitized people. The life skills program focus on negotiation skills for condom usage and increased self-esteem, which leads to increased perceived self-efficacy, decision-making and coping skills. Education from a standardized, reliable source will decrease the problem of misinformation and myths. A survey was done by researchers and showed that 40% of the health workers in Zambian hospitals did not accurately know how an individual gets HIV (UNICEF, 2009). The lack of accurate information not only needs to reach the general public, but also the professionals need to separate the facts from the myths.

Stigma that comes with HIV/AIDS has not changed despite years of research progress. Stigmatization could be reduced, by working with psychologists, HIV positive role models or community workers to help come up with theories and strategies to change the attitudes individuals have towards HIV/AIDS. This will alleviate the pressure of people to resist getting tested because of fear of being stigmatized. Stigma reduction can have an impact on demystifying certain stereotypes associated with a particular demographic and HIV/AIDS (Bos, 2008).
Potential Impediments

There are three main problems when it comes to educating individuals about the hazards of high-risk behavior and HIV/AIDS. The first issue is the stigma attached to the disease and the circulated myths and misunderstandings. HIV is widely stigmatized around the world since it appeared in the early 1980’s (UNAIDS, 2009). The disease was first associated with homosexual men, Intravenous Drug Users (IDUs) and sex workers (Alcamo & Weeks, 2010). HIV & AIDS has been studied and redefined according to the Center of Disease control (CDC) over the last two decades. Stigma surrounds HIV among people because it is immediately associated with behaviors like promiscuity and cheating, which are considered socially unacceptable. Through the studies, it has been shown that the virus has no preference to race, creed and socio economic status. Despite these statements, evidence has shown that new HIV infections disproportionately affect the poor, unskilled workers, those who lack literacy skills. Research has also shown that poverty in developing nations acts as a catalyst to infection because of lack of education, condom accessibility and community stigma (Foster, 2007).

Several countries in sub-Saharan Africa have many indigenous tribes and cultures that are committed to different practices and beliefs they have held for many generations. One of the main problems concerning HIV transmission is the inferior social status of women in their households and society. A number of psychosocial factors put women at risk. Firstly, women are diagnosed much later in their lives, because HIV is still regarded as a disease for gay men or men (Alcamo & Weeks, 2010). They also have less access to HIV/AIDS care because they are not mobile; they also face language barriers because many have never gone to school and the lack of support groups available to women.
The last problem faced is the culture within the communities. Women are usually seen as submissive and are expected to comply with their husbands. Although the empowerment of women is a necessary step, cultural sensitivity should be carefully researched. It may cause more problems within the culture or community and may often lead to violence and rape if the men feel that they can no longer control their women.

**Necessary Resources**

Individuals need to know the importance of knowing their HIV status. One drawback is that there is a lack of facilities in rural areas where people can get tested. Testing is usually done in hospitals, but on rare occasions, people of lower socio economic status are not mobile, nor do they have money to visit hospitals. Research has also shown that there are not enough support groups for women (Ward, 1998). Social support is necessary for infected people to have a place where they bring learn to cope and identify with others. Countries in sub Saharan Africa should also to make provisions for easy testing and encourage it early in life.

**Possible Implications**

Special attention needs to be given to HIV/AIDS policy. The relationship between poverty, gender and vulnerability to HIV/AIDS requires programs that are aimed at reducing poverty through direct charity funding or microfinance and programs aimed at empowering the people socially and politically and will eventually work its way up (AVERT, 2009). Specialized policy changes regarding funding in Sub Saharan Africa should stop HIV at its roots. Domestic governments should require pre-testing for soldiers enrolling into the military, with continuous education on preventative measures to decrease infection risk and easy access to condoms.
There should be sufficient provision of funds to UNAIDS and the Global Fund and from other natural resources to keep the flow of progress. The IMF designed the Structural Adjustment Programs (SAP), adopted by debtor countries as a condition of debt relief. This mechanism did not work because it pushed poor people deeper into poverty (UNAIDS, 2009) SAP may be increasing the likelihood of HIV infection, and reinforcing conditions where the virus can proliferate. The World Bank and IMF should review their interest rates in a more realistic manner.

The UN could recruit and send trained educators or volunteers to the specific communities and intervene at a local level. Life skills education programs are beneficial because they prepare individuals for possible life problems and teach them how to handle them in the safest way. Local school curriculums should include compulsory classes, by trained health workers, to educate the scholars and be available to answer questions publically, privately, and anonymously.

**Conclusion**

HIV and AIDS is a serious pandemic and is not only affecting those infected but their families, society and works its way up to infecting the economic, and social development of the sub-Saharan Africa. Africa is a continent full of natural resources, giving it the potential to join global economic competitors and contribute more to global issues. The macro and micro effects that the disease has on African States impedes on the growth of the continent as a whole. Efforts should be put into place and carefully implemented, beginning at a communal level. The long course of HIV/AIDS and the rapid deterioration of the human body have ripple effects on all areas of the individual’s life, family, the community, and its impact eventually cripples society and eventually, the
nation, as development is stifled. HIV/AIDS should be seen as both a humanitarian crisis as well as a security issue. Richer nations should take more initiative in assisting the weaker nations in combating the vast effects of the virus. More programs like AVERT, UNAIDS, as well as other transnational organizations must continue to work with local communities in reaching the people on a personal basis through community functions, putting up posters in public places, having educational and informative radio talk shows and awareness gatherings/parties as well as available media channels, and word of mouth by opinion leaders in the community. With a joint effort from political leadership and community activists, HIV/AIDS has the potential to be controlled by domestic policy reviews, affordable distribution of medication and more community and global awareness.
References:


