



<http://www.doh.gov.za/aids/index.html>

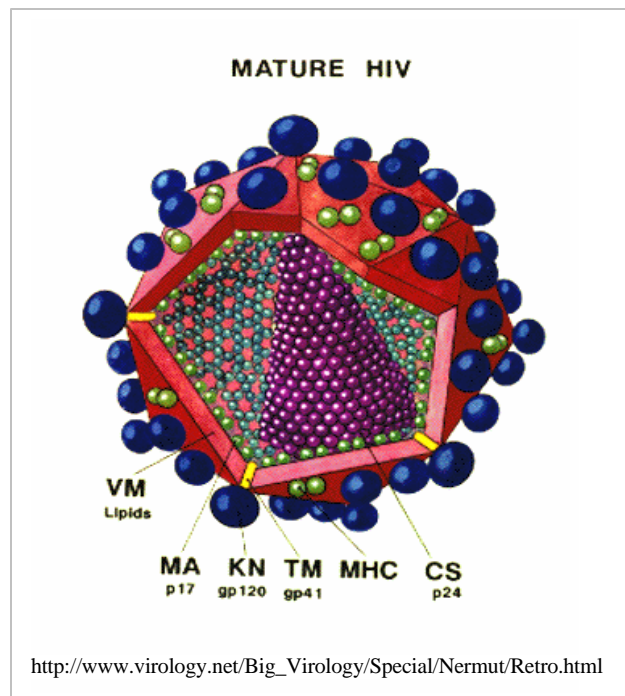
AIDS in South Africa

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Per 5

Mr. Panzer



AIDS, a devastating worldwide epidemic, does not discriminate on the basis of age, ethnicity, gender, location or wealth. South Africa currently suffers from a horrible AIDS pandemic, and has the highest estimated number of people living with AIDS in the world (Connolly 6). Caused by the HIV virus, AIDS interferes with the immune system's ability to ward off infections and disease ("What is AIDS" 1). As a result, common infections pose a deadly threat to those with AIDS ("What is AIDS" 1). Today, nearly 5.3 million out of 44.2 million South Africans live with AIDS (The World Factbook 3-4).

The economic state of South Africa makes it one of the more fortunate African nations. Recent data shows that South Africa has a GDP of nearly \$105 billion and a GNP of \$224 billion (Students of the World 1). South Africa's mining industry produces nearly \$7.5 billion, or 6.5% of the nation's GDP ("South Africa: Mining" 1). Gold, South Africa's prime mineral, should have a luxury tax levied upon it, with the revenue dedicated to funding AIDS programs ("South Africa: Mining" 1). A very slight tax should also be added to all goods traded. Even a minute tax increase of 0.1% dedicated to AIDS would make a huge difference, while not putting a significant strain on the population. For example, 0.1% of South Africa's GNP would produce a whopping \$224 million. On the micro scale, a purchase of \$62 dollars, with the tax added, becomes \$62.062. Once informed of the reason for this tax increase, the population should not have issues with the new tax. This tax would then gradually increase to 0.3% over five years. The current budget of \$194 million does not allow for swift and effective progress. For the plan to succeed, at least \$0.5 to 1 billion should be redirected to combat AIDS. The proposed plan to improve this situation has three steps: (I) Prevention, (II) Treatment, and (III) Reform.

I. Prevention

South Africa has one of the highest numbers of HIV positive people in the world

(Connolly 6). To keep this number from growing, South Africa can take several cost effective steps. South Africa should apply for a grant from the Bill and Melinda Gates Foundation, as this group avidly gives money to support measures taken to slow the spread of HIV and improve the quality of life of the affected people. Establishing a positive, working relationship with a wealthy organization would ensure future funds.

A. Free Condoms

Short Term Action: *Immediately - Indefinitely*

Firstly, distributing a sufficient quantity of free condoms through clinics would greatly reduce the number of new cases reported. When Thailand implemented a similar program, new HIV infections dropped from 143,000 to 19,000 over a period of ten years—a decrease of nearly 87% (“Proven HIV Prevention...” 1). Implementing this action would require a minimal cost, and ultimately save many lives from not only HIV, but also from countless other sexually transmitted diseases. Through the international grants and government funds, the cost of supplying condoms will come at little to no cost to the South African people, while they reap the near immediate benefits from this simple action.

B. HIV Testing

Middle Term Action: *Six Months - Three Years*

Another key method of controlling the spread of HIV includes testing people for the virus. A study performed in Kenya, Tanzania and Trinidad showed that people knowing that they were HIV positive were more likely to practice safer sex (“Proven HIV Prevention...” 2). Currently, a rapid HIV test costs approximately \$7 (“Making HIV Testing...” 1). The government, along with its other resources, could defer this cost slightly. Data obtained from these tests would also help international organizations to better allocate their anti-AIDS funding.

On a statistical note, the data obtained would also serve as a “progress report” for the South African anti-AIDS effort.

II. Treatment

Those with money will always want more. Unfortunately, even a great humanitarian crisis does not break this unwritten law. The generally accepted method of treating AIDS related symptoms involves combinations of antiretroviral drugs. Unfortunately, these drugs come with an overwhelmingly high price tag. The average price for “name-brand” AIDS medications often exceeds \$15,000 a year, greater than the average household income of \$11,000 (Lenoir 1) (Achieng 1). However, lower costing generic AIDS medications exist, for example, Cipla offers antiretroviral drugs at about \$350 per person per year (Achieng 1). It may seem obvious to simply import medications like Cipla, but South Africa became entangled in legality suits over patent rights (Bond 5).

In 1997, the South Africans passed the Medicines Act, which allows them to ignore the TRIPS (Trade-Related Intellectual Property Agreement) provision of a WTO agreement (Bond 4). This would allow South Africa to ignore patents in the case of medical emergencies. South African drug companies reacted to the Medicines Act with hostility, even threatening to disinvest from South Africa if the government used this act, as it would lead to a significant loss in company profits (Bond 4).

A. Drug Compromise

Middle Term Action: *Six Months - Five Years*

South Africa faces a dissenting pharmaceutical industry as well as an increasing loss of human lives. A compromise involving the government and the pharmaceutical industry must occur. By providing tax benefits, as well as directing some additional state funds to the

pharmaceutical industry, the government would remain on good terms with the drug companies. In 2005, South Africa invested about 0.9% of its GDP on research and development (Le Roux 1). In addition, South Africa can apply for international research grants to help fund their pharmaceutical industries. In return, the companies would allow the importation of generic drugs to try to improve the situation as best as possible. By subsidizing the drug companies, their interests would stay in South Africa allowing for future research. If the government encourages the companies to further diversify their array of drugs offered, the companies would rely less on the revenue from AIDS medications and more from revenues of other drugs. In the long run, this would benefit the South African companies by making them more competitive in the markets for other drugs. These companies could also use their funds to research more efficient and cost-effective HIV testing methods. South Africa must actively continue pursuing research, as it could create the vaccine that ultimately ends the tyranny of the HIV virus.

B. Drug Distribution

Middle Term Action (Dependent on Step A): *One Year - Six Years*

Distributing the drugs and teaching the South Africans how to follow the correct treatment regimen presents just as difficult a problem as obtaining the drugs. A philanthropic organization called Doctors Without Borders exists, and should help to establish the medical infrastructure, and oversee the management of this program. These volunteers would educate full-time workers at clinics on how to administer the rather complicated AIDS antiretrovirals. Eventually, this educated staff would pass their knowledge on to the patients in order to use effectively the new drug resources, which the South African government has worked so hard for. In addition, this would foster relationships between outside agencies and the government.

III. Reform

In South Africa, people shun those who have AIDS (“Number of AIDS...” 1). This stigma attached to AIDS victims, ultimately created a hostile environment toward them. Recently, a South African pathologist faced a hearing for reporting “AIDS” as the cause of death on a woman’s death certificate (“South African doctor...” 1). The woman’s family filed a complaint against the pathologist. He summarized his defense with the statement “[It was] not a legal issue but a moral issue about which the government is sensitive” (“South African doctor...” 1). Occurrences such as this happen frequently in South Africa because no one wants the stigma of having a family member succumb to AIDS. In other cases, causes of death may be falsely classified as pneumonia or tuberculosis so the family could claim life insurance or a funeral policy (“Number of AIDS...” 1). Detrimental to South Africa, this deception ultimately skews statistical data, shrouding the true face of the problem. South Africa’s situation could be significantly worse than currently believed due to the high probability of erroneous statistics. Not having an accurate assessment of AIDS victims will also lead to not receiving as much aid as they could from the international community.

Changing peoples’ views on AIDS will undoubtedly take a significant amount of time and effort, but must occur to make further progress. As long as people fear the stigma attached to being AIDS positive, they will avoid admitting it and taking the difficult but necessary actions to combat it.

A. Insurance Reform

Long Term Action: *Three Years - Eight Years*

Insurance companies pose as one of the most significant impediments to progress in fighting AIDS. South African companies have taken several tricky steps in order to maximize

their profits, including: capping coverage, increasing premiums, introducing mandatory waiting periods before coverage starts, increasing the number of HIV tests to retain coverage, and even flat out denying insurance to HIV positive patients (“South Africa’s AIDS...” 1). With an environment like that, no wonder why South Africans try to mask their disease. The government must take an active role and discourage this behavior. Insurance companies must stop these actions, as they effectively impose a death sentence on those who need help the most. Initiating sweeping insurance ethics reform would clean up the industry. Targeting the most corrupt insurance company with ethics investigations, human rights organization investigations, and lawsuits would send the message that deliberately leaving HIV positive patients to die will not stand in South Africa. Once the courts set that strong precedent, the reform can begin. Insurance plans must subsidize a percentage of each HIV test, as well as a small percentage of the drugs themselves.

B. Medical Reform

Long Term Action: *Five Years - Ten Years*

South Africa must increase the number of clinics and physicians working in them. As referenced in section II B (Drug Distribution), Doctors Without Borders will help to improve the medical infrastructure. Based on their professional recommendations, state funds would be allotted for fixing and improving existing clinics, and opening new ones. To obtain more physicians, South Africa could advertise to medical schools to offer an “international residency experience,” where new physicians would have the opportunity to experience South Africa, and offer their services to the most needy as part of their commitment to serve humanity.

C. Governmental Reform

Middle Term Action: *One Year - Five Years*

South Africa must continue to expand the department devoted to fighting AIDS. This department would receive funding and work to fix inconsistencies, fortify weak areas and analyze long-term consequences of AIDS policy. It would also analyze government spending to isolate ineffective usage of funds, and petition the government to reevaluate its spending habits. The South African government has minimized the significance of this problem numerous times, the most notable when the South African Leader, Mbeki, questioned the relationship between HIV and AIDS despite the volumes of evidence supporting their relationship (Bond 6). The government must change course and dedicate more to fighting this humanitarian battle.

Closing Remarks

Even though South Africa's current situation looks bleak, large windows of opportunity exist to help the suffering population of this nation. This issue must continue to occupy the spot-light, so that more support can help to solve this problem. For every stingy, money-blinded businessman, there exists a kind-hearted person who would help the victims of the AIDS epidemic.

The short term actions and goals proposed, including condom distribution, education, and increased testing, should occur immediately to help prevent as many future cases of AIDS as possible. In addition, South Africa must continue to support research so that more quality, cost-effective solutions can be found. Cooperation, education, research and teamwork will ultimately relieve the pressure of the AIDS pandemic in South Africa. Currently, worldwide drug companies are working on AIDS vaccines that look very promising. Hopefully, in the not-too-distant future, a simple injection can eradicate this disease from the face of the Earth. Finally, millions of people would lead normal lives, free from the spectre of HIV.

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