



The Epidemic of HIV/AIDS in Sub-Saharan Africa and Selected Consequences: The Impact of Globalization

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Abstract

On a global scale, there is an increasing epidemic of HIV infection and AIDS, both of which will be subsequently referred to as HIV/AIDS. However, there is no section of the world that this epidemic is more rampant in than the countries of Sub-Saharan Africa. Almost 5 million individuals were newly infected with HIV during 2005, more than in any previous year (WHO/UNAIDS, 2005). Sub-Saharan Africa continues to be disproportionately affected by this worldwide pandemic. Approximately 25 million adults and children are living with HIV/AIDS (UNAIDS, 2000). It has also been reported that Sub-Saharan Africa has accounted for approximately three-quarters of the global death toll (Woodward et al., 2001). While many factors have contributed to this region-specific problem, this paper focuses on the direct and indirect contributions made by globalization, to the HIV/AIDS epidemic. Following the presentation of the most current statistics indicating the epidemic nature of HIV/AIDS in Sub-Saharan Africa, selected consequences associated with the HIV/AIDS epidemic (e.g., increase orphans, poverty, rural-urban dynamics, 'survival sex' activities, and the infection of key elements on these societies, such as civil servants and the military) are presented. Moreover, the researched pathways through which globalization (e.g., international funding, health financing, trade barriers, antiretroviral drugs, stress) has contributed to the epidemic of HIV/AIDS in Sub-Saharan Africa are presented in an innovatively, constructed model. Finally, successful international programs are highlighted, as efforts are made to contain and reduce the devastating consequences of HIV/AIDS in this region of the world. Following this, implications for the future are discussed.

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are both regarded as pandemics. HIV/AIDS is more widely spread, and its consequences more severe, in the countries that comprise Sub-Saharan Africa (SSA). Regarding the devastating nature of HIV/AIDS for SSA, the following has been said:

"AIDS is rapidly becoming the single most serious threat to social and economic progress in Africa today. The true cost of the pandemic is almost incalculable. Its impact is aggravated by the overall economic, political and social context, as well as some cultural practices, dominated by a weak economic base, high unemployment, pervasive poverty, and the negative consequences of structural adjustment, all of which further undermine Africa's ability to compete in the global market" (AIDS in Africa, 2000, p. 33).



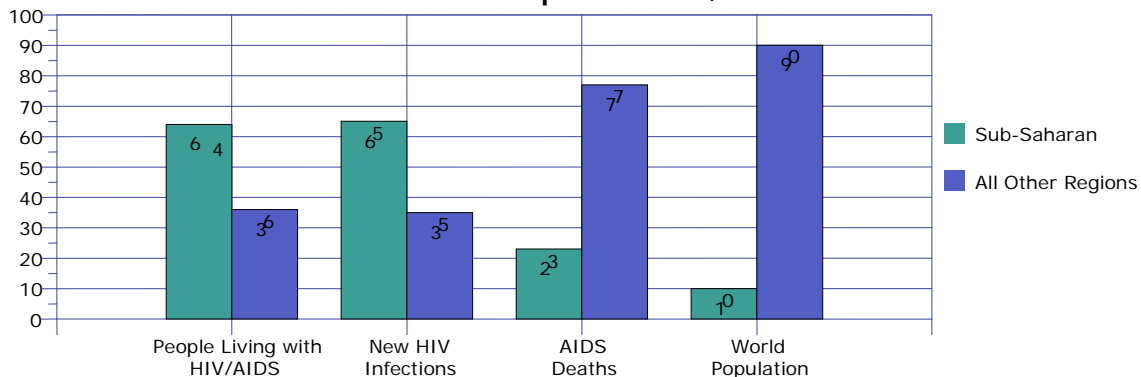
What is globalization and how is it viewed in this paper?

This paper analyzes both positive and negative forces of globalization, in affecting the incidence and prevalence of HIV/AIDS in SSA. Globalization is viewed as a process of interaction within and across the boundaries of countries and continents, between people, companies, and governments of different nations. It is a process driven by international trade, investment, and is aided by information technology (The Levin Institute, 2009). While proponents of globalization argue that it allows poor countries to develop economically, opponents argue that an unfettered, international free market, has widely benefited multinational corporations, which has come at the expense of local communities and developing countries (The Levin Institute, 2009).

Prevalence of Hiv/Aids in Sub-Saharan Africa – An Overview

It has been estimated by UNAIDS, an umbrella group for five UN agencies, the World Bank and the World Health Organization that 34.3 million people in the world have AIDS, and 24.5 million of these AIDS cases reside in Sub-Saharan Africa. In addition, 19 million people have died from AIDS and 3.8 million of these people were children under the age of 15 (UNAIDS, 2008). Moreover, in 2005, approximately 24.5 million people in Africa were living with HIV in Africa, accounting for 64 percent of all people living with HIV worldwide (USAIDS, 2006). During recent years, the use of antiretroviral (ARV) drugs in the United States and other developed countries has dramatically reduced AIDS death rates, however, only a small percentage of AIDS patients in SSA have received treatment (WHO, 2005; UNAIDS, 2004) (See Figure 1).

Figure 1: Sub-Saharan Africa as a Percent of the Global HIV/AIDS Epidemic, 2005



Source: UNAIDS, 2005; Population reference Bureau, 2005 (Modified to fit paper).

2a. Gender-Age Unequal Distributions

The unequal distribution of the HIV/AIDS cases in Sub-Saharan Africa is evident where both women and children are disproportionately affected. Women represent the majority of those living with HIV/AIDS in



Sub-Saharan Africa. Collectively, they represent 59 percent of the infected population in sub-Saharan Africa (HIV/AIDS Regional Update, 2007).

Variations of HIV/AIDS - Southern Africa

The highest prevalence of HIV/AIDS is in Southern Africa. Lower HIV/AIDS rates are in North and East Africa. However, Southern Africa accounts for approximately 32 percent of all HIV infections worldwide (see Figure 1.1 that shows trends in HIV prevalence from 2003-2005 for adults 15-49 years of age). For example, in Botswana, Lesotho, Swaziland and Zimbabwe, UNAIDS estimated that at least 20 percent of the population is living with HIV infection (USAIDS, 2006).

How are Various Countries in Africa Affected?

There are marked variations in the prevalence of HIV/AIDS in Africa. In Somalia and Senegal, the HIV prevalence is under 1 percent of the adult population, whereas in Namibia, [South Africa](#), [Zambia](#) and [Zimbabwe](#), around 15-20 percent of adults are infected with HIV.

Consequences of Hiv/Aids in Sub-Saharan Africa

A review of the literature revealed a variety of documented reports of diverse consequences of the protracted prevalence of HIV/AIDS in developing Sub-Saharan African countries. These diverse consequences (health care, farming and food security, households, military, war and peacekeeping and education) are discussed below.

Health Care

The increasing prevalence of HIV/AIDS has placed a strain on the health care system in the region. According to the Inter Press News Agency (2006), there is an acute shortage of hospital beds for the chronically sick patients. As the epidemic increases, it is anticipated that HIV/AIDS patients will require more hospital time, further reducing the standard of care provided. In South Africa, it is projected that HIV/AIDS patients will account for 60-70 percent of hospital expenditures (UNAIDS Report, 2006).

Farming and Food Security. HIV/AIDS threatens the livelihood of people in developing countries. This is evident in African countries where the economy is driven by agriculture and it provides subsistence for approximately 80 percent of the population. Even the loss of a few workers (to sickness or death from AIDS) at the crucial periods of planting and harvesting can significantly reduce the harvest (Bollinger & Stover, 1999).

Households.

Nowhere is the devastation of the HIV/AIDS epidemic more prominent than in households. When HIV/AIDS strikes a family, family assets will be lost. In addition, family structure will alter completely, leaving children as orphans.

Military, War and Peacekeeping

Unfortunately, war is an instrument for the spread of HIV/AIDS (Fourie, 2001). According to Chalk (2000), "History has revealed time and time again that the three Horsemen of the Apocalypse – Famine, Pestilence and War – often gallop together." This statement resonates in the case of SSA, where all three conditions, by the very nature of their constant presence, are endemic to the region.

Education

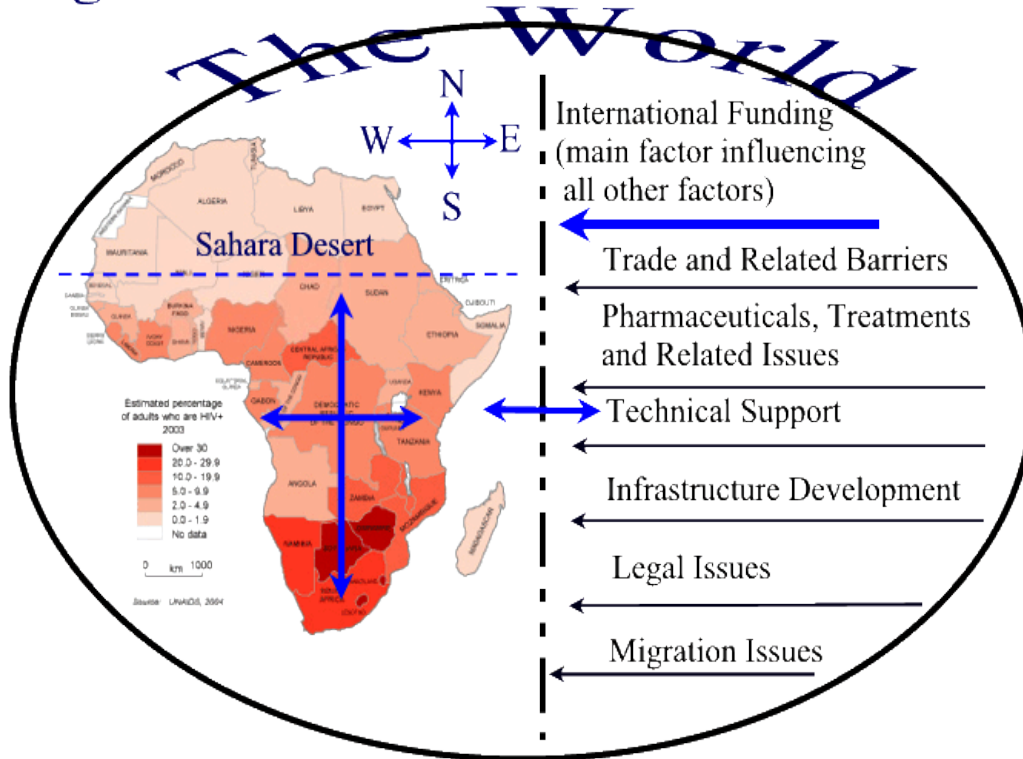


According to a UNAIDS (2000) report, the ranks of teachers are being decimated by the virus. For example, in Zambia, teachers are dying faster than they can be replaced. Also, when parents die from complications related to AIDS, children are forced to stay home because they can no longer afford tuition, books and school uniforms. Universities are also feeling the impact of HIV/AIDS. For example, at the University of Durbin in South Africa, approximately 25 percent of the student body is HIV-positive (UNAIDS, 2000; Kaiser Daily HIV/AIDS Report, 1999).

Globalization Factors Affecting the Sustained Control of Hiv/Aids in Sub-Saharan Africa

For purposes of this paper, globalization is viewed in the below figure. Figure 2 illustrates the basic reciprocal relationship between Sub-Saharan Africa (SSA) and surrounding Africanations. What is also illustrated and will be discussed are the selected effects (or areas) that

Figure 2: Selected Effects of Globalization



Note: ----- = Sahara Desert Line; \longleftrightarrow = Reciprocal effects

Globalization is reported to have, both negatively and positively, on the reported prevalence of HIV/AIDS in SSA. As illustrated by the internal reciprocal arrows across the SSA countries, sustained improvements are also related to the dynamics (e.g., politics, warfare) that ensue within and between these countries.

International Funding



Numerous donor governments provide funding and other support to address HIV/AIDS in sub-Saharan Africa, through both regional and country-specific efforts. Sub-Saharan Africa is a major focus of the United States government's President's Emergency Plan for AIDS Relief (PEPFAR), which provides most of its bilateral funding to 15 countries, 12 of which are in sub-Saharan Africa. U.S. bilateral aid for these 12 countries was \$694 million in FY2004. This amount is expected to increase to \$1.1 billion in FY2005. The U.S. also provides funding for HIV/AIDS efforts around the world, through its contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) (HIV/AIDS Policy Fact Sheet, 2006).

Debt Cancellation

Despite proclamations to the contrary, the 2005 G8 debt deal did not truly tackle the goal of "100% multilateral debt cancellation." The world's poorest countries continue to send \$100 million each day to the U.S., other rich country governments, and the international financial institutions in debt servicing. Fourteen African countries have yet to complete the Heavily Indebted Poor Countries (HIPC) Initiative, and 7 remain ineligible (Oxfam International (2007).

Future Investments. Amid a mounting global economic crisis that has weakened the underlying structure of developed countries, speculation is escalating in some African nations as to whether investments in HIV/AIDS programs will become more conservative in the future, as donor countries focus on their attempts to stabilize their own economies (Yu, 2008). The largest single donor in the global HIV/AIDS fight is the United States, which makes its contributions through a mixture of multilateral and bilateral agencies, with the majority of aid given through PEPFAR.

Evaluation and Stipulations Associated with Investments.

According to Yu (2008), although the literature reports both positive and negative effects of the impact of international HIV/AIDS funding, the positives strongly outweigh the negatives, as the life saving benefits of having available health care on hand are incalculable. PEPFAR requires that a substantial portion of the monies identified for prevention be allocated towards abstinence-based education. This requirement goes against the culture of many recipient countries, and negates many of the positive strides that have been made in the fight against HIV/AIDS. Although there have been attempts to sustain continued operation of programs supported by donor spending, there appears to be a consensus that the funding may not be sustainable. This is evident in the current financial climate, where money is being diverted by donor countries, away from public projects, to aid their financial institutions (PlusNews, 2009).

The Case of Uganda

Uganda, which is one of the 20 focus countries identified by PEPFAR, received over \$230 million in 2007 and was promised close to \$300 million in 2008. This is the largest fund allocation to any one country (PEPFAR). Research suggests the huge allocation is a result of Uganda's decline in HIV/AIDS rates in the 1990s, from a staggering 20 percent to just fewer than 6 percent in 2000.

4c. Trade and Related Barriers In the past two decades global trade has tripled and trade in services has grown more than 14-fold. This has increased the production of information, knowledge, and technology



(UNDP, 1996). Poor countries have been marginalized from investments and markets and have not developed the capacity or exposure to engage in investment or trade.

The majority of HIV/AIDS programs in Sub-Saharan Africa are dependent on industrialized nations for foreign assistance. Therefore, many interventions are not sustainable as the monetary assistance is linked to conditions and often natives are not represented in the development, implementation and evaluation of HIV/AIDS interventions. However, if a rightful share of global trade was represented by Africa, the country could finance and sustain its own HIV/AIDS programs by raising its own resources (Globaleyes, 2009).

Pharmaceuticals, Treatments and Related Issues

Sub-Saharan Africa faces the greatest need for access to Antiretroviral Therapy (ART) worldwide (WHO/UNAIDS, 2005). It is estimated that 11 percent of the 4.7 million people living with HIV/AIDS in SSA, currently have access to ART. Moreover, of the 20 countries identified by the World Health Organization as having the greatest need for ART, 16 are in sub-Saharan Africa (WHO/UNAIDS, 2005).

Pharmaceutical Access in the HIV/AIDS Crisis.

According to Subramania and colleagues, individuals with lower incomes have less control over, and access to, the health promoting resources that are needed to foster and sustain optimal health (Subramania et al., 2002). In developing countries, these resources are intrinsically linked to the process of globalization (Woodward, Drager, 2001), which suggests that economic status and poverty are also causally related to poor health outcomes (Epstine, Debbie et al 2006).

Technical Support

According to the UNAIDS (2008), technical support for HIV/AIDS involves the provision, knowledge, skills, systems, and back-up to countries in the areas of monitoring, evaluation, costing and budgeting of programs. This is to ensure that countries are better able to address the challenges of the HIV/AIDS epidemic. Historically, a number of international organizations have set up funds to address the global HIV challenge and to implement HIV prevention and care programs worldwide.

Infrastructure Development

According to the World Bank Group (2008), infrastructural development is a key element in reducing poverty, increasing economic growth and in reaching the United Nations Millennium Development goal, to combat the spread of HIV/AIDS by 2015. Collectively, countries of Sub-Saharan Africa have not benefited from the advantages of economic restructuring and integration into global markets. Beginning in the early 1980s, large numbers of African countries have had to implement market-oriented economic and institutional reforms under the auspices of the International Monetary Fund and the World Bank.

Legal Issues

As a result of globalization, HIV/AIDS and other diseases spread rapidly from industrialized nations to developing nations and vice versa (Weitz, 2004). Stigma and discrimination against people living with



HIV/AIDS is a human rights issue faced by people in Sub-Saharan Africa and continue to present challenges in the management of HIV/AIDS.

Under South Africa's Employment Equity Act of 1998, "no person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy or practice, on one or more grounds, including HIV/AIDS status," (IRIN, 2002).

Migration Issues

Migration is discussed in this paper to refer to both the transfer of populations of people both within and between countries and continents (see Figure 2). In Africa, internal migration is just as significant as external migration based on its unique history of warfare, famines, etc. According to Fourie (2001), with over a dozen violent conflicts, tens of thousands of troops and guerrilla fighters in the field, and some eight million (and growing) refugees and internally displaced persons, conflict has become a major factor in the spread of HIV in Africa. It has been said that global responses to migration and to migrants are influencing how responses are made to the HIV/AIDS epidemic. As a result, African migrants are vulnerable to xenophobia and discrimination directed toward outsiders (Rutabanibwa, 2007).

Conclusions: Achievements and Future Activities

Controlling HIV/AIDS will require a comprehensive, multi-focused and multinational approach that is culturally sensitive and appropriate to the cultural and social practices, political reality and financial resources of the region. Without this multifaceted, culturally sensitive and culturally appropriate approach, there will be no sustained improvements in ultimately controlling HIV/AIDS in Sub-Saharan Africa. The challenges faced are extremely daunting, especially for the most vulnerable, or at-risk populations – women and children. However, if these at-risk populations are given the opportunity, i.e., with the appropriate funding from the international agencies discussed, as well as improvements in education, living standards, and technology, etc. then lives and conditions will transform.

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