

Southern Africa News Features

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AIDS IN SOUTHERN AFRICA

By Kudzai Makombe

The last in a series of our articles on health in southern Africa

At Harare's St. Anne's hospital, an elderly man who had been temporarily transferred to the AIDS ward due to a shortage of space in his own non-terminal illnesses ward was enraged with the situation he found.

"Everyday I make a new friend in this ward and the next morning that bed is empty. I don't want to stay in here any longer, these men shouldn't be dying before me. They are too young."

The spread of the killer disease, AIDS, is casting a dark shadow over health programmes across the world, according to a 1991 UNICEF report. The situation is even more pathetic in view of the years of efforts and successes achieved by southern Africa member states in reducing deaths through primary health care.

AIDS is already having a serious effect on health services which are now burdened by AIDS diseases. In a country such as Malawi, which already has a high infant mortality rate, deaths of children with AIDS are dramatically increasing the figures. HIV incidence of children under five ranges from six percent in Malawi to 25 percent in Botswana, most of whom are unlikely to live over three years.

Up to a third of the admissions to adult wards in Malawi are HIV-related diseases while Zimbabwean hospitals are having to deal with as many as 70 to 100 patients in paediatric wards designed for 30 to 40 patients.

The paediatric ward at Mpilo hospital in Bulawayo is a depressing place. Infants and small children can be found either crying relentlessly or staring listlessly at nothing. Much of the life has already faded from their young eyes.

According to doctors in Zimbabwe, the disease is part of daily life in hospitals. AIDS has become the biggest killer of children in the country with 70 percent of children who die in hospital suffering from AIDS-related illnesses. The Minister of Health, Dr Timothy Stamps, described the disease as a "knife in the heart of the nation."

Studies in Zambia show that an already overstretched health service is having to deal with about 30 percent of medical and surgical beds in the major hospitals being occupied by people with AIDS-related illnesses.

There is also a health risk to medical personnel. Nursing staff shortages in all the SADCC member states remains a constraint to the health sector. This is a result of a general feeling of helplessness and resignation among health personnel and the loss of trained personnel through AIDS.

"If antenatal clinic results showing a high incidence of HIV positive pregnant women in most member states is anything to go by, the risk of contracting AIDS could be high among midwives who could come into contact with the blood of HIV infected mothers during delivery. This is especially the case with traditional birth attendants where protective gloves may not be available," explained Selina Mubare, a health worker.

As a result, some medical personnel who come into contact with HIV blood are reluctant to work with AIDS patients. But, this fear is mostly unfounded as they work with protective clothing such as gloves and in most cases, the risk of infection is minimal.

However, the attitude of medical staff towards AIDS patients in a survey of nurses in Malawi, was found to be generally positive and sympathetic.

"Since we know the ways through which the disease is transmitted, we know how to prevent its transmission," said Joyce, a third year student at the Kamuzu College of Nursing.

Not only are hospitals carrying the brunt of the epidemic, but so are medical aid societies seriously being affected by the pandemic.

The traditional medical-aid set up, where the young subsidized the elderly who need more and frequent medical treatment is now being reversed. The Commercial and Industrial Medical Aid Society (Cimas) in Zimbabwe predicts that a 208 percent increase in the number of AIDS cases among its clients within the next four years could bring the collapse of the organization.

By the beginning of 1991, claims expenditure for identified cases totalled US\$300,000, with an average cost per case of US\$295. Direct costs of 14 patients known to have died of AIDS in the same period amounted to an average cost of US\$619. Taking into account the rate of inflation, the cost of AIDS patients over the next four years could amount to well over US\$4.2 million.

Likely to be worse off in the near future in terms of coping with the disease are Mozambique and Angola. In Angola, where only 30 percent of the population has access to health facilities, AIDS will be difficult to monitor and control.

Despite the fact that war in both countries has slowed the spread of AIDS, it has fostered other illnesses which will make people more vulnerable to the epidemic.

"In large numbers, people here suffer from hunger and sickness," says Maria Torres, Secretary General for the Angola Association for the Fight Against AIDS. "In these conditions, the ability to fight diseases like AIDS is greatly reduced."

The epidemic has spread in southern Africa at a time when many governments have been forced to cut social services as part of economic structural adjustment.

Adjustment programmes will mean that there is not enough money to run regular services in the initial phases, let alone expand to meet the threat of AIDS effectively.

Medical aid societies in Zimbabwe have recently introduced a home care nursing benefit, the purpose of which is to remove AIDS patients from hospitals and have them treated at home where they can be close to families in a caring and loving atmosphere.

A hospital bed can cost up to US\$64 per day, and if an AIDS patient is treated at home, the cost can be reduced to less than US\$13 per day with a daily visit by a State Registered Nurse.

However, the main reason why patients are sent home is to place them in a family atmosphere where they are not alone. It is not just a system designed to save money.

In early 1987, the Chikankata programme in Zambia was designed to give AIDS patients the option of being treated at home and has been running with phenomenal success. According to doctors at Chikankata, a rural hospital about 130km from Lusaka, 95 percent of patients have opted to be with their families.

To date, AIDS education campaigns have had some effect. In a study in Malawi to find out how many people are aware of AIDS, more than 90 percent were aware of the disease and its implications. However, as in most of the countries in the region, knowledge has not necessarily been transformed into a change in sexual behaviour.

"People know what AIDS is and how to prevent it, but they find it difficult to practice what they know. They do not want to change their behaviour and casual style of sex." says Henri van Asten, an epidemiologist with the World Health Organisation (WHO) in Tanzania.

Considering the low literacy levels in rural areas throughout the region, educational efforts may be much more difficult to implement.

However, in Angola, the use of condoms is being vigorously promoted. But, in a country where there are many shortages, condoms easily fall into the list of short items.

"Condoms have to be circulated like bread here, but unfortunately, in Angola, it is very difficult to get bread – and it is difficult to get condoms." commented Torres.

There is no one solution to the problem of AIDS, but until one is found, health facilities will continue to be overburdened. So far, measures are being taken to reduce the burden with some degree of success in each country. (SARDC)

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