

HIV/AIDS in Nine Central and West African Countries

AIDS



The devastating impact of HIV/AIDS

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Accentuates the inequality between the poor and others

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Worsens poverty

..

Slows down economic and social development

The nine countries included in these projections:

Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Niger, Senegal, and Togo.

9.3% HIV/AIDS prevalence rate in 2010 in the nine countries combined

In the nine countries combined, the HIV/AIDS prevalence rate was estimated at 6.5% in 1999 and is projected to reach 9.3% in 2010 in the absence of a greatly expanded response that has a significant impact.

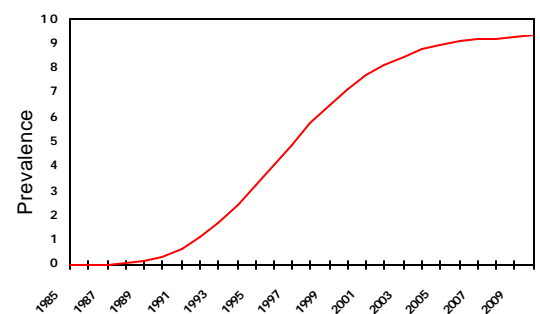
HIV/AIDS prevalence rates approaching 15% for many countries by 2010

The HIV/AIDS prevalence rate will approach 15% in several countries—Burkina Faso, Cameroon, and Côte d'Ivoire—where nearly one in six adults will be infected with HIV/AIDS.

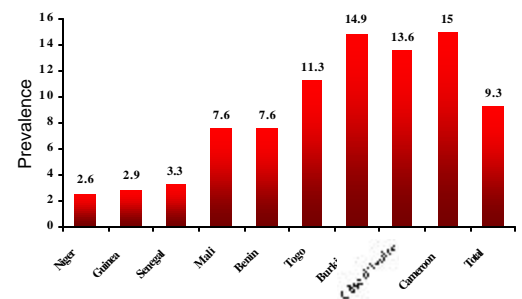
A decrease of 10 years in life expectancy at birth by 2010

The life expectancy at birth, which, in the absence of AIDS, would rise gradually to 60.6 years by 2010 in the nine countries, will only be 49.4 years because of the epidemic, a gap of more than 10 years.

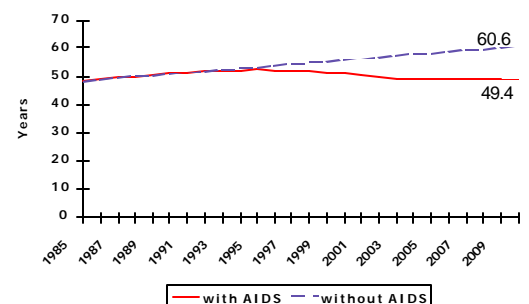
Evolution of HIV Prevalence



Projected HIV/AIDS Prevalence Rates for 2010 by Country

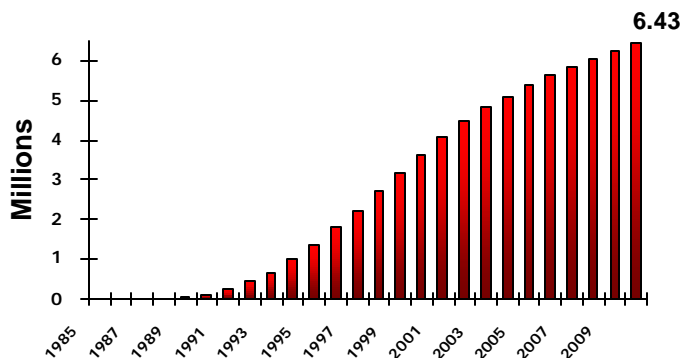


Life Expectancy at Birth: 1985 - 2010



In 2010, nearly 6.5 million people will be living with HIV/AIDS

Estimated Number of People Living with HIV: 1985 - 2010

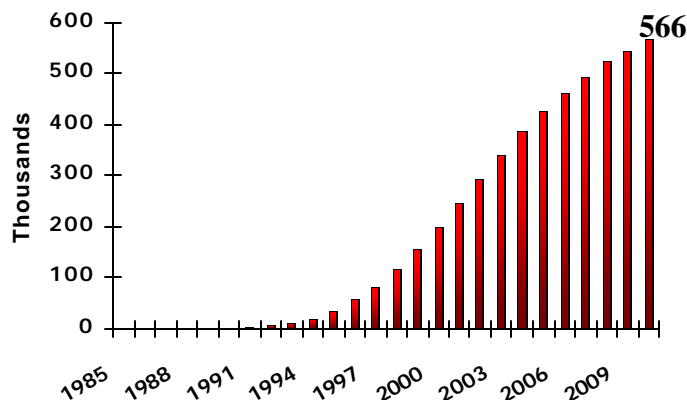


The nine countries featured in this presentation have a total of about 3,200,000 people currently living with HIV/AIDS. This number will rise to nearly 6,500,000 in 2010.

More than 550,000 new cases of AIDS for the year 2010 alone

In 1999, the annual number of new AIDS cases was approximately 155,000. If this number increases as projected each year, it will reach 566,000 by 2010, with more than 1,550 new AIDS cases each day.

Annual New AIDS Cases



ECONOMIC IMPACT

HIV/AIDS has a negative impact on health, economic growth, community development, and the quality of life.

The sexually active population (15-49 years), who are also the most productive workers, are affected the most by HIV/AIDS. The consequences will be felt in all sectors.

Ultimately, the loss of young adults—the most economically active age group—will compromise the quantity and quality of the available workforce, thereby affecting production. The qualified personnel who are now employed cannot all be replaced. This poses a human resource problem for the entire community.

AIDS is a costly disease, which requires medical care for patients and an increasingly significant proportion of available hospital beds. As a result, programs for the fight against AIDS run the risk of absorbing an increasingly large part of the health budget, at the expense of other programs and activities in the health sector.

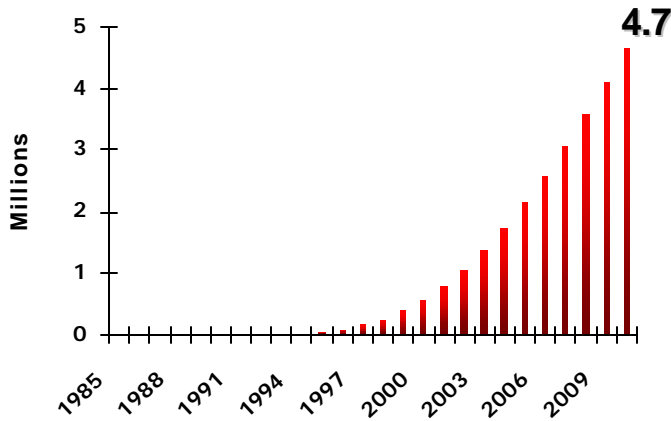
Moreover, public and private medical establishments are not capable of providing necessary care for AIDS patients. The significant increase in the number of AIDS patients will weaken a health system that is already fragile.

In addition, the increase in the number of tuberculosis cases due to HIV/AIDS worsens the situation in West and Central African countries, which are already seriously affected by this disease. The weakening of the immune system caused by AIDS makes those with tuberculosis even more vulnerable.

At the individual and household level, HIV/AIDS imposes a significant burden due in part to expenses associated with care for the disease and in part to the decrease in income resulting from unemployment experienced by its victims.

More than 4,500,000 cumulative deaths between now and 2010

Cumulative AIDS Deaths

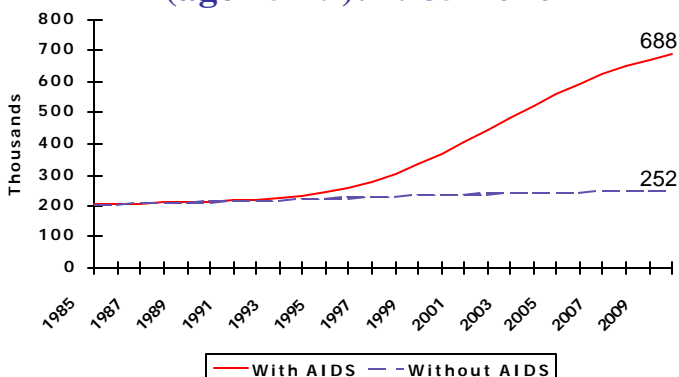


The total number of deaths due to AIDS was more than 410,000 in 1999. This number will reach 4,700,000 by 2010, which is equivalent to the current population of Togo. The majority of these deaths occur among the sexually active population (ages 15-49), the most economically productive age group.

688,000 annual adult deaths (ages 15-49) by 2010

By 2010, the number of deaths among adults in the prime working ages will be 688,000 due to AIDS, compared to 252,000 if AIDS did not exist. It is clear that the productive age group will pay a heavy price for the AIDS epidemic.

Annual Deaths Among Adults (age 15-49): 1985-2010



CONSEQUENCES

Families having one or more members living with HIV/AIDS face a reduction in their income.

Children give up school due to lack of support.

Society faces an increased social responsibility regarding orphans (their schooling and education) and health care.

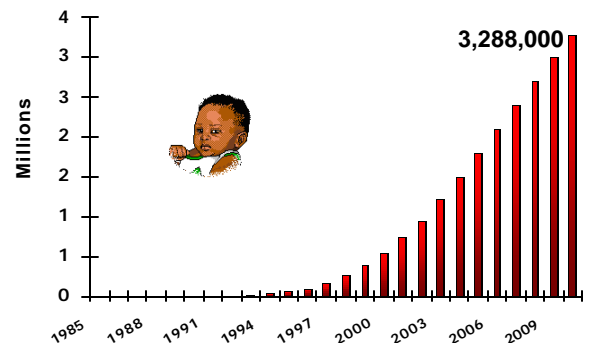
AIDS compromises results obtained by antenatal, child survival, and vaccination programs, and the treatment and prevention of diseases, such as diarrhea and respiratory illnesses.

An extraordinary increase in the number of new tuberculosis cases has a severe impact on the risk of infection from tuberculosis within the population at large.

More than 3,200,000 orphans between now and 2010

The number of AIDS orphans could reach more than 3 million (3,288,000) by 2010 in the nine Central and West African countries included in this presentation. Even more alarming is that the children, particularly vulnerable to sexual exploitation and at risk of HIV and other infections, could contribute to the rapid spread of HIV/AIDS. Since communities are finding it difficult to provide appropriate care for orphans in sub-Saharan Africa, there will be an increase in children who turn to the streets, juvenile delinquency, and violent crime.

AIDS Orphans



The Social Impact

The social consequences of the epidemic will be especially notable for the increased number of AIDS orphans and those children under 15 years of age who have lost their mother due to AIDS. Families will deal with an increase in expenses due to the high costs of medical care and traditional healers, given the limitations of medicine and beliefs about the disease in sub-Saharan Africa. Families are also faced with a drastic reduction in income, particularly in urban areas, due to the lower productivity of the patient and those who care for him/her. Family food security, the education and schooling of children, and household management are also seriously affected.

The health system must deal with the rapidly increasing number of new HIV infections and declared AIDS cases, which require medical care and social, psychological, and material support. The physician-population ratio remains imbalanced with tremendous inequalities between towns and the countryside. The costs of drugs and hospitalization together with the lack of availability of health care personnel will be a cause of dissatisfaction among AIDS patients and their families.

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POLICY

The POLICY Project is a five-year project funded by the U.S. Agency for International Development under Contract No. HRN-C-00-00-00006-00, beginning July 7, 2000. It is implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). POLICY works to promote an improved policy environment for effective reproductive health and HIV/AIDS policies and programs.

INTERVENTIONS

The most effective methods for reducing the spread of HIV infection require a coordinated multisectoral approach:

Information, Education, and Communication (IEC)

Intensifying IEC campaigns to change at-risk behavior, such as reducing the number of sexual partners and promoting fidelity between partners not living with HIV, would contribute to a slow down in the spread of the epidemic.

Promotion and Accessibility of Condoms

Social marketing and expanding the distribution system for sale of condoms have the double benefit of reducing the spread of HIV/AIDS and other sexually transmitted infections (STIs).

Control of STIs

Sexually transmitted infections have a multiplicative effect on HIV transmission, and it is therefore important to correctly diagnose and treat STIs.

Caring for People Living with HIV/AIDS

An effective battle against HIV/AIDS includes caring for people living with HIV/AIDS.

Strengthening Surveillance Sites

Data on seroprevalence of HIV infection and on the incidence of other STIs in rural and urban areas make it possible to follow trends of the epidemic and must therefore be collected periodically.

Legal and Ethical Measures

Legal measures must be enacted to fight discrimination against people living with HIV/AIDS.

Combined Interventions

Each of these interventions offers an important contribution to HIV/AIDS prevention. The greater the number of interventions, the greater the effect on HIV/AIDS prevalence.

The success of an HIV/AIDS prevention program requires the total commitment of policy decision makers, community leaders, and other leaders at all levels.