

Editorial

AIDS, NATIONAL DEBTS AND HUMAN RIGHTS – NEWS IN THE MAKING

What rank diseases grow,
And with what danger...
Henry IV Part II, III.1.39–40

As the ebb and flow of international events has occurred over the last few months, two international matters of considerable medical importance have occurred. Although given due consideration in the public media at the time, they have quickly become submerged and lost from the public arena as other, yet more momentous and newsworthy items displaced them from the front page and the headlines.

The first of these events: the Thirteenth International AIDS Conference of the United Nations Congress of Nations, held from 9 to 14 July lead to the lively, vociferous and agitated popular protests witnessed in Johannesburg and in Durban. The choice of South Africa for this international meeting was quite apposite at a time when the whole continent of Africa is being extensively ravaged by this disease; indeed AIDS had gained the sobriquets of 'Africa's Apocalypse' and the 'Plague of Africa'. Millions of people, of all age groups, are known to be infected with, and are dying from this virus, in spite of a major amelioration in the overall standards of nutrition, housing and of living in general. It is projected that the life expectancy of many African countries will be reduced to about the 30 year mark within this current decade because of this illness, and despite the major impact on longevity that the improvement in living standards should have made. These predictions are not just for South Africa but also for many other Asian and African countries such as Zambia, Mozambique, Niger, Chad, Tanzania, India and Bangladesh; indeed 24.5 million persons who are HIV-positive reside in sub-Saharan Africa – accounting for 71.5% of all those infected with this virus worldwide.¹

The United Nations has set itself the target of reducing HIV infection and AIDS by 25% by the year 2010; this project is certainly not proceeding on the expected course. Indeed in the survey carried out by ING Baring, it is anticipated that population growth in South Africa will be a negative by the year 2003, by which time almost 12% of highly skilled workers, 20% of skilled workers and 27.3% of low-skilled workers will be HIV-infected. According to the Joint United Nations Programme on HIV/AIDS, one fifth of all adults in South Africa are infected.

This infection rate will have serious repercussions in terms of the future economy and development of these countries, given that those in the age group 15 to 49 years appear to be the most vulnerable and in whom the highest mortality is recorded. These are the years of life when one expects workers to be most productive. Carol Bellamy, Executive Director of UNICEF, speaking at this conference cited the organisation's report *Progress of Nations 2000*.² She reminded delegates that ten million of those suffering in this epidemic are between 15 and 24 years of age, with

young women and girls being twice as likely to contract the virus as men and boys of the same age group. The metaphor that she used to raise the awareness of the overwhelming and cataclysmic effort that is required to improve the education of young adults worldwide in terms of AIDS prevention, was that of an all-out *war of liberation*: 'virtually every society understands what is meant to wage a struggle of liberation. . . . It means sparing no effort and brooking no diversions until all of society is liberated.'

A particularly brave and poignant intervention at this AIDS conference was that of Edwin Cameron, a white Constitutional Court Judge, who openly proclaimed his direct personal interest in this condition and in the plight of the South African population because of his own HIV-positive status. Two of the themes which he addressed in the Jonathan Mann Memorial Lecture were the educational needs of the population in relation specifically to HIV transmission and the inability to provide anti-retroviral therapy on a universal scale, particularly in attempting to avoid vertical transmission of the virus from the mother to the unborn child. Many of these infections, and the suffering and deaths that ensue over the succeeding months or years of life are deemed by him, and by many others, to be preventable, at least in part.

This public disclosure of his had yet another important impact; he has assisted in dispelling the frequently accepted false image (to some extent erroneously generated by the media), that this condition effects solely the poor and unwaged, an added burden of the lower socioeconomic multiply-deprived classes of society. Indeed, although like most other illnesses, there is bias towards the socially deprived and the poorly housed, the disease knows of no such socioeconomic boundaries.

In the last two years of the last century, about \$1 billion (US) were spent by the South African government on health education on HIV. The Congress of South African Trade Unions – mindful of its responsibilities for the health of its membership and of the need for a continued and viable future for South Africa in terms of its continuing to thrive as a productive, self-supporting and exporting nation – took it upon itself to train 7,000 shop stewards about health education in terms of prevention of HIV spread. Pamphlets, leaflets and free condoms were made available to the workers by these trade union activists turned health informants, in addition to the direct instruction offered regularly to them on the assembly lines and on the shop-floor, and yet the relentless and inexorable spread of this infection continues to proceed. The hidden agenda of trade unions, in addition to their direct civic responsibility to the nation in terms of the labour force, is that they are bound to honour the pension rights of their members. Lengthy periods of unproductive disability and chronic illnesses, followed by early deaths, have gradually been bankrupting the funds of such organisations and threatening their very existence.

Although such educational efforts have made some

inroads, they have failed in the wholesale prevention of HIV infection. The progress spearheaded by the public educational programmes, in South Africa and in other developing countries such as India and Bangladesh, has been far from the impact made by similar public health education programmes made in Western countries. While educational measures have acted as the flood gates against the perceived torrents of the HIV/AIDS epidemic in Western countries, the same cannot be said for other countries.

The sexual transmission of this disease is intricately bound with deeply engrained sexual mores, which have proved hard to alter in any effectual manner; the messages that are getting through from the politicians to the community at large are often mixed and confusing, and perhaps not as incisive and clear as they could be. Doubt lingers as to the actual methods of transmission of the diseases and the old traditional ways that have been practised for centuries are difficult to eradicate.

The sex industry continues to thrive and flourish and unprotected unsafe sex is still very much the norm. In spite of all that has been attempted.

New ideas for a more imaginative and effective delivery of the message at a hamlet and village level have to be conceived and put to the test. One such method of delivery that has been tried, and appears to have been successful at least in raising public awareness of risk-taking behaviour, was the direct and unobtrusive incorporation of HIV public education into the ubiquitously followed and serially broadcast soap operas. In countries such as Kenya and Zimbabwe this is a cheap and effective way of reaching many homes and all strata of the population.

Criticism was laid at the feet of pharmaceutical companies by masses of protesters in South Africa; in the face of such an epidemic, their country cannot reasonably afford the financial outlays in terms of medication. The moneys, which are currently required to enable the health services to purchase enough quantities of anti-retroviral drugs at their market price for the entire population are not only straining the health budgets but indeed making it impossible for them to cope. As Marina in conversation with Lysimachus states: 'Diseases have been sold dearer than physic.'³

Even ensuring that HIV-positive mothers have access to these particular drugs during pregnancy is proving too costly. In addition, multiple drug therapy in AIDS remains mostly beyond the bounds of public resources. It has been estimated that it would cost about \$3,500 to treat each AIDS patient in a continent in which about 300 million persons subsist on less than \$1 per day.

Pharmaceutical companies are already in the spotlight in a number of other countries, in terms of what is perceived by governments and the public media to be excessive profit making. A well-tested strategy involves the judicious use of legal loopholes to prevent cheaper generic drugs becoming more widely available on the market; consequently the counter effect is continued reliance on the more expensive drugs, which are covered by patents. Yet these companies are also expected to seek and develop new drugs, to test and manufacture these, a process which is lengthy and extremely expensive. The United States Congress is already deeply involved in a debate over how to decrease drug costs, particularly for the constantly increasing proportion of its elderly citizens, especially those

who have no insurance to cover the medication that they require on a regular basis, often for many years.

Carefully designed and executed drug trials, such as the SAINT trial in South Africa for neviraprine and the joint zidovudine and lamivudine⁴ trials in Uganda have shown a considerable efficacy in combating HIV infection, if prescribed and given in the course of a pregnancy from as late as the twenty-eighth week of the pregnancy, and thereafter – this medication also has to be maintained in the offspring for 18 months. Breast feeding in the post-neonatal period, a deeply ingrained cultural phenomenon, which was further consolidated on medical advice, can be a further source of infantile HIV infection.⁵ Shorter treatment regimens have been field-tested in Thailand,⁶ and although not shown to be as effective as the lengthier periods of treatment of mothers and babies, they are more easily affordable (about \$174 per pregnancy as compared with \$800), more readily complied with, and much easier to put into action; particularly in pregnancies which do not come to medical attention until the third trimester.⁷

Thus there are no glib and easy solutions to the conundrums and challenges that the AIDS pandemic has put into the path of the medical profession. There is little doubt that an appropriate channelling of resources, and particularly a universal boost to literacy and increased educational standards can *per se* empower a population, not least in terms of enabling it to move away from tradition and lore, and perhaps from superstition and ethnic medicine, into a more enlightened and healthier era of effective prevention, prophylaxis and cure.

The exhortation to supply financial aid, or at least to decrease the debt burden of developing countries, in an effort to improve their poverty and to eradicate malnutrition and preventable illness was the rallying battle-cry of another, even more organised, and more belligerent group of protesters: those at the G8 summit in Okinawa, Japan. This diplomatic get-together was held against a backdrop of an allocation by the hosts of \$300 million, to ensure that the wealthy and honoured head-of-nation guests attending this meeting were indeed replete with the opulence that they had been expected to have become accustomed to.

The leaders of the world's richest nations (the United States, Japan, Germany, France, Great Britain, Italy, Canada, Russia and the head of the European Union) on getting together indulged in a certain amount of self-congratulation: demonstrating one to another, that the state of the world resources and economy was generally in the pink but particularly so in their own countries. Although there had been a concerted attempt to ensure that debts owed to them from developing countries were to be forgiven and forgotten, and financial aid had been granted to others, this has not worked as well as expected. Bureaucratic and other more nefarious machinations had to some extent stymied and delayed the continuing distribution of this largesse with only nine countries qualifying for some debt rebates. Countries that wished to apply for such debt cancellation had to meet certain specified criteria in terms of their general economic housekeeping. Only eight of the 41 countries, which the previous G8 summit in Cologne of 1999 had decided to assist in this manner had managed to comply with these stipulations, the rest had not been able to give the requisite assurances and therefore could not benefit fully from the handouts which were being offered.

The summit in its final communiqué decided to sidestep

this issue and instead hitched their banner to the concept of a universal requirement to encourage the continuing spread of educational campaigns and anti-illiteracy drives that had already started or were about to commence, particularly in the primary school sector. In this context the use of modern information technology was to be promoted; \$18 billion were donated in kind by the Japanese government. The United States in an effort to make school more attractive donated another \$300 million to provide free school meals.

The universal education of all nations, in whatever level of society that one happens to be born into and be brought up in, is a goal that is worth aiming for. Indeed, a sound education provides an eventual passport to prosperity, and an unalienable key to self-determination. Perhaps no better example than the Scottish nation, whose educational standards have been maintained at a high level in spite of war, famine, deprivation, unemployment, and even annexation with another country. Throughout Scotland and in every town, village and island, no matter how remote or isolated, the deep truth of this conviction can be vouched for.

To be literate is to be able to explore the minds of others, to become conversant with the culture and literature of other nations, to be able to express in words and writing one's thoughts and hopes, to be able to breed new thoughts. To be led out of ignorance is to be given a gift that cannot be corroded, and misspent. The *Book of Wisdom* states:

the spirit of wisdom came to me. I esteemed her more than sceptres and thrones; compared with her I held riches as nothing. I reckoned no priceless stone to be her peer, for compared with her, all gold is a pinch of sand, and beside her silver ranks as mud. I loved her more than health or beauty, preferred her to the light since her radiance never sleep. . . .⁸

This strategy of using education to improve the lot of a nation is sound and worth pursuing actively. But it also requires resources, and crippling international debts do little to foster and generate educational programmes and initiatives for the less privileged and financially insecure nations where inflation is rampant and wages miserably low. The balance has to be right and it behoves all of us who elect our politicians to their high ranking office, to question abiding to political dogma and principles, and tenets put forward by economists, no matter how sound they may appear.

All this protesting reaches Britain at a momentous time when a major upheaval to the laws of the land has taken place: the introduction into the Statutes of this country of the Human Rights Act 2000, which incorporates the rights and freedoms already long enshrined in the European Convention of Human Rights. The individual and personal rights referred to, have already formed in this convention, an integral and elementary part of 'common law' and of the unwritten constitution of this country. In this new Act these rights are more explicitly and simply expressed, and codified. The rights to life, the prohibition of torture, the rights of liberty and security, the right to a fair trial, the right to respect of private and family life, the right of freedom of expression, the right to marry and the right to be protected against discrimination are all basic rights which have been championed and upheld in Britain for many centuries. Now the ordinary citizen has a charter to look

at and to make use of, and that cannot be but a step forward.

Obviously there might well be direct implications to the medical profession: in matters of informed consent to treatment in competent persons, in minors and specifically in those who have been rendered incompetent by illness; patient rights in terms of access to medical and nursing care; the right to have matters regarding resuscitation more explicitly addressed; the rights of those in custody and in jail to full medical treatment equal to that of free citizens in the country at large. A proven denial or alienation of such fundamental rights will carry with it a right to full compensation and redress. All citizens have been empowered even further by this explicit declaration which has augmented the burden of responsibilities and the accountability of all those with duties of care, not least in the health services.

REFERENCES

- ¹ Gottlieb S. UN says up to half the teenagers in Africa will die of AIDS. *BMJ* 2000; 321(7253):67.
- ² <http://www.unicef.org.uk>
- ³ Shakespeare. *Pericles* IV. vi. 98.
- ⁴ Guay LA, Musoke P, Fleming T *et al*. Intrapartum and neonatal single-dose nevirapine compared with zidovudine for prevention of mother-to-child transmission of HIV-1 in Kampala, Uganda: HIVNET 012 randomised trial. *Lancet* 1999; 354(9181):795-802.
- ⁵ Coutsoudis A, Pillay K, Spooner E *et al*. Influence of infant-feeding patterns on early mother-to-child transmission of HIV-1 in Durban, South Africa: A prospective cohort study. South African Vitamin A Study Group. *Lancet* 1999; 354(9177):471-6.
- ⁶ Lallemand M, Jourdain G, Le Coeur S *et al*. A trial of shortened zidovudine regimens to prevent mother-to-child transmission of human immunodeficiency virus type 1. Perinatal HIV Prevention Trial (Thailand) Investigators. *N Engl J Med* 2000; 343(14):982-91.
- ⁷ Peckham C, Newell ML. Preventing vertical transmission of HIV infection. *N Engl J Med* 2000; 343(14):1036-7.
- ⁸ Book of Wisdom 7:7-11.