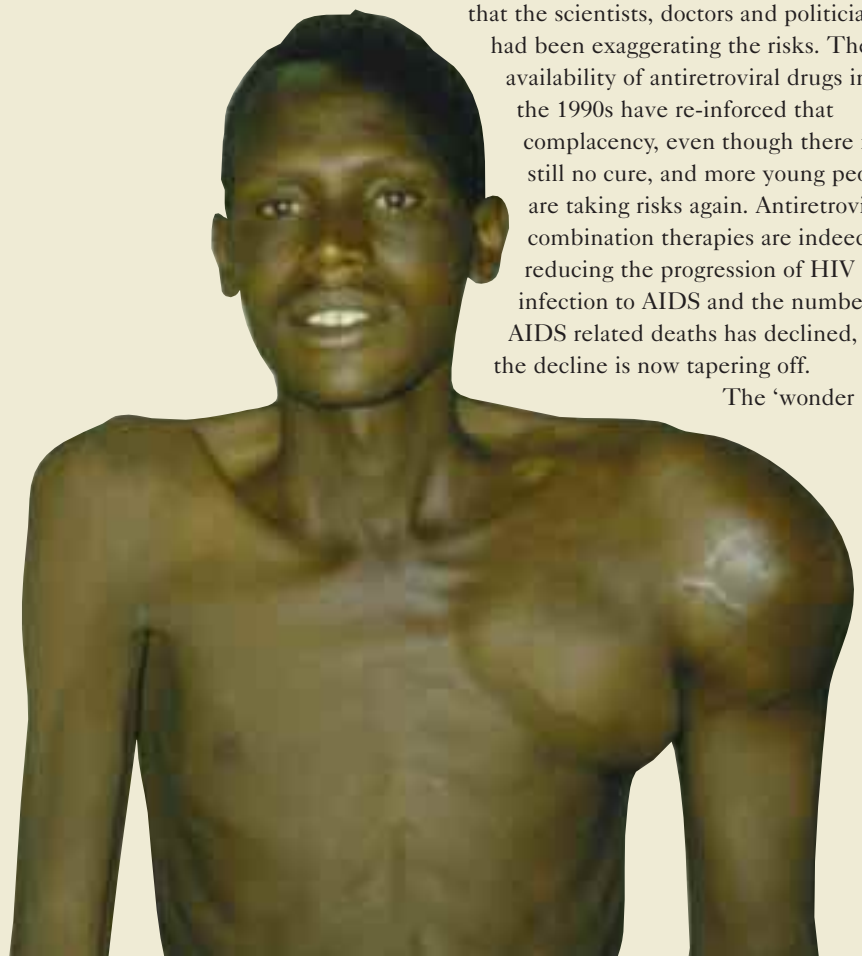
Veronica Moss
surveys the HIV pandemic and finds hope alongside all the despair

Gloom and

The HIV pandemic in the year 2000 is confronting the world with enormous challenges. The statistics and the predictions for the 21st Century are indeed gloomy. By the end of 1999 at least 50 million people had been infected by HIV. 33.6 million were still living with the effects of the infection and 1.2 million of these were children under the age of 15 years (UNAIDS/WHO estimates December 1999). Women, children and young people are the most vulnerable. Around the world, about 7,000 young people aged 10-24 years are infected with HIV every day; five every minute. Every year, 1.7 million young people are infected in Sub-Saharan Africa and close to 700,000 in Asia and the Pacific region.

Regional realities

In the industrialised countries, prevention measures have resulted in some plateauing of new infection rates. The worst predictions of the late 1980s in the UK did not materialise, which led to a certain amount of complacency and a feeling that the scientists, doctors and politicians had been exaggerating the risks. The availability of antiretroviral drugs in the 1990s have re-inforced that complacency, even though there is still no cure, and more young people are taking risks again. Antiretroviral combination therapies are indeed reducing the progression of HIV infection to AIDS and the number of AIDS related deaths has declined, but the decline is now tapering off.



The 'wonder drugs' have been found to cause their own problems, with side-effects, interactions, adherence issues and the development of resistance.

In Eastern Europe and Central Asia the epidemic is showing signs of increasing spread, much of it through intravenous drug use. In the former Soviet Union, reported HIV figures have doubled in the last two years, the steepest rise being due to drug injection. The total number of AIDS cases in the Middle East is still low in comparison to other regions, but drug injection is responsible for 66% of infections in Bahrain and for 50% in Iran.

Central American infection rates are rising, and the Caribbean has some of the worst epidemics outside of Africa: the adult prevalence rate for the Caribbean as a whole is 1.96%, second to Africa's 8%, with similar epidemiology. Brazil and Argentina have a similar epidemiological picture to other industrialised countries, and are providing antiretroviral drugs to HIV/AIDS patients.

6.5 million people were estimated to be living with HIV across Asia and the Pacific Region, four million of these in India where the epidemic is spreading at an alarming rate. People who are known to be infected in India are highly stigmatised, with women usually taking the blame for the spread. Women who are working as commercial sex workers in the Red Light District of Bombay, as well as in many other Indian cities and towns, have usually had little choice in the matter, many having been kidnapped, sold or lured (by promise of good work and money by pimps) into prostitution from Nepalese or Indian villages; others have been born in the District to mothers who are working there, and are naturally forced into the life. However, if there were no clients there would be no prostitution, and it is the clients who travel the truck and rail routes of India. There are high concentrations of people living with HIV in the large cities, but as yet the rural areas have not been so severely affected. Nevertheless, the potential for an epidemic approaching, or even surpassing, the African one is very real.

95% of people living with HIV are in developing countries where poverty, poor health systems, and limited resources for care and prevention encourage the spread of infection. In these countries, about 50% of those who are infected, acquire HIV before they are 25 years old and typically die before their 35th birthday.

Glory

EVERY YEAR, 1.7 MILLION YOUNG PEOPLE ARE INFECTED IN SUB-SAHARAN AFRICA AND CLOSE TO 700,000 IN ASIA AND THE PACIFIC REGION

Sub-Saharan Africa

70% of the world's HIV positive people, 23.3 million, live in Sub-Saharan Africa, which is home to only 10% of the global population. Most of them will die within ten years for lack of basic treatment for opportunistic infections or access to antiretroviral drugs.

In Malawi, the National AIDS Co-ordination Programme estimates that 25-50% of the urban working population will have died of AIDS by between 2005 and 2010. One of the major problems in Malawi in dealing with the care needs of those who are infected, is the lack of basic drugs. Patients who are diagnosed as having an AIDS related illness in hospital are, in many instances, simply assigned to 'home based care' where there may not even be access to paracetamol to treat the severe headache of cryptococcal meningitis.

In Kenya, one sugar estate found that 25% of its workforce was infected; in another one, 33% were positive. All over Sub-Saharan Africa, especially in East, Central and Southern regions, large commercial companies and banks are having to face the impact of HIV on their work output, and some are developing policies and employee services that take HIV into account. Government services, such as Health and Education Ministries, are severely crippled by the number of health workers and teachers who are infected, ill and dying.

AIDS is now the 4th leading cause of death in children under 5 years in Uganda and it is estimated (UNAIDS) that it may increase infant mortality rates by 75%.

15 studies conducted in rural and urban areas in nine Sub-Saharan countries suggest that 12-13 African women are infected to every ten African men. Girls aged 15-19 years are five to six times more likely to have HIV than boys of the same age. In Uganda, 62% of girls will have had a pregnancy by the age of 19 and 43% of all first pregnancies are in teenagers.

There are many reasons for the differences between the infection rates among boys and girls. These include the biological vulnerability of young girls, especially if they are forced into sexual intercourse through rape, and the fact that many older men will induce sexual compliance in return for school fees in countries where schooling is not free, and the only way out of the poverty trap is through education. This is the 'sugar Daddy' phenomenon, and can apply to other advantages as well as to school fees. The men may believe that having sex with a virgin will cure them of HIV - this, among other things, is leading to increasing rape figures of young children. Others will look for a young girl on the basis that she is unlikely to be positive and so will make a suitable girlfriend, wife or mother.

Children and AIDS

During 1999 an estimated 570,000 children globally were newly infected with HIV. Of these, 90% were babies born to HIV positive mothers, 90% of them in Sub-Saharan Africa. The cumulative total of children under 15 years of age who had lost their mother to AIDS, and maybe father too, had reached 11.2 million worldwide. By the year 2010, there will be almost 40 million such children in 19 African countries. From a study in eight African countries with high prevalence rates, it is estimated that 25% of all children in these countries who are less than 15 years old will be AIDS orphans.

Across Africa, grandmothers are burying their own children and taking in orphaned grand children, in some cases as many as 15-20. When a grandmother is unable, or unavailable, to take them in, siblings are separated and 'farmed out' to aunties and uncles; some are welcomed and well cared for, but others are resented and neglected; some end up on the streets. Some children are looked after by an older sibling, who may herself or himself be no more than 14 or 15 years old, in child-headed households.

GLOBAL SITUATION (UNAIDS/WHO)	
People newly infected in 1999	5.6m
Adults	5.0m
Women	2.3m
Children	570,000
People living with HIV in 1999	33.6m
Adults	32.4m
Women	14.8m
Children	1.2m
AIDS deaths since the beginning	16.3m

KEY POINTS

Whilst prevention measures and antiretroviral medication have eased the AIDS burden borne by the developed world, the epidemic continues to spread at an alarming rate in Eastern Europe, the CIS, Asia and Central America. But it is still Sub-Saharan Africa, with 70% of the world's HIV positive people, which is suffering the most devastating sociological and economic effects. The most distressing consequences are for children; both those infected, and those left behind as AIDS orphans. In the midst of this gloom and despair there are signs of hope with increasing international co-operation, new scientific advances, and the wide range of efforts, many pioneered by Christians, to supply both palliative care and preventive education. There remains a huge role for Christians to play - and every individual helped is a manifestation of God's glory.

COMPASSION AND ACCEPTANCE IS TAKING THE PLACE OF MORALISING AND CONDEMNATION

The Glory

Is it really possible to find any glory in the midst of all this gloom? The glory lies in seeing God's hand of love in the many efforts that are being made all over the world to prevent the further spread, to alleviate physical and emotional suffering, to support widows and orphans, and to seek for lasting answers and solutions.

Scientists are seeking to find effective and affordable vaccines that will prevent infection. They are also constantly seeking for more effective treatments, ultimately hoping for a cure. God is at work through their scientific skills. There is increasing co-operation and collaboration between governments and NGO's (non-governmental organisations, many of them mission hospitals and other Christian organisations, others are secular aid agencies) in seeking to prevent the spread and to deal with the effects of the virus on communities and individuals.

Many mission hospitals, which in most developing countries provide a substantial amount of the health care, are quietly dealing with overwhelming numbers of patients with HIV related illnesses and a resurgence of tuberculosis. Many of them are leading the way in setting up services such as HIV clinics and home care services for people with advanced AIDS. Some examples are Nsambya, Kitovu and Lachor Catholic hospitals, and Kisiizi and Mengo Protestant hospitals in Uganda; Chikenkata Salvation Army Hospital in Zambia and many, many others.

Compassion and acceptance is taking the place of moralising and condemnation. Churches, both Protestant and Catholic, are now not only teaching about Christian standards of behaviour, but setting up caring and supportive services, developing behaviour change programmes, and community, schools and youth projects, such as the Youth Alive Programme in Kampala. When Bishops find HIV in their own families their perspectives often change. In South India, a missionary doctor has developed a hospice for patients with AIDS; in Kenya and Uganda, Hospice Africa, primarily set up to provide home care for patients with cancer, also sees many patients with advanced AIDS and provides symptom-control and care for them.

Conclusion

A man was walking along a beach one day, and found it covered with stranded starfish. He looked up to see a young girl picking them up, one by one, and throwing them into the sea. He said to her: 'What is the point? There are so many here, you can't possibly make a difference.' The girl replied, as she threw another one in: 'It will make a difference to this one'. People all over the world who care are making a difference through

- supporting someone with HIV/AIDS
- prevention and behaviour change projects through churches, mission organisations and others
- scientific research into vaccines and treatments
- teaching and training about prevention and care
- providing care for sick people, widows, orphans and all those affected by HIV/AIDS in their communities
- supporting those who provide the care through prayer, interest and money

In Matthew 25:40, Jesus says: 'The King will reply: "I tell you the truth, whatever you did for one of the least of these brothers (or sisters) of mine, you did for me". '

Veronica Moss is Director of The Mildmay Centre Uganda and Medical Director of Mildmay International. Mildmay Mission Hospital in east London set up Europe's first specialist AIDS hospice in 1988. Its work has since expanded to Eastern Europe, Asia and Africa. This article is based on the Rendle Short Lecture 2000.

Howard Kelly (1858-1943)

Gynaecology pioneer Howard A Kelly was, with William Osler (medicine), William S Halsted (surgery) and William H Welch (pathology), one of the 'Big Four' of the Johns Hopkins Hospital in the USA. He was a skilled and artistic surgeon and it is claimed that he laid the foundations of modern surgical gynaecology, introducing many new techniques. One historian of the Johns Hopkins said of Kelly that he 'was the only surgeon I ever knew personally who indulged in prayer before he began operating'. Kelly venerated the Bible and was staunch in its defence. 'Where the Bible is dishonoured, life becomes cheap and science an early victim,' he once declared.