HIV/AIDS SOCIAL/ECONOMIC IMPACT

PAPER PRESENTED BY

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In Africa, Kenya inclusive, HIV is still spreading like slum/wild fire and the impact of AIDS is devastating.

In this paper, I shall capture some real life situations that are affecting social economic status of Kenyan society.

According to NASCOP et al, HIV prevalence is 15% in general population, which translates to 2.2 million people who are HIV positive. This figure will rise to 3.0 millions by the year 2005.
Table I below demonstrates this:

Projected Number of People Infected with HIV

![Bar chart showing projected number of people infected with HIV from 1980 to 2010.]
NASCOP et al also documents that annual death of the cream of society that is 15-49 years age group will increase by 4 folds.

Table II: Annual number of Deaths to Adults (15-49)
Finally on this point, there are 560 deaths per day due to AIDS related diseases. And the sad thing is an equal number is being infected daily.

To demonstrate how this state of affairs is ravaging our society, I would like to give a scenario observed in Kadibo Location of Kisumu District.

A woman (Joy, not her real name) has lost four brothers and 3 sisters due to AIDS. The brother who is living has HIV and Tuberculosis and his wife is HIV positive. This is certainly a disaster.
In that division, there are homes, which do not have male adults. AIDS has taken them away. Other homes are deserted. Also demographic pattern of the people is forcefully changed by AIDS because there are more aged and children alive than those aged 15-49 years.

If I may come back to Joy, she said, “my experiences and pain has taught me to care”. By the same vein she has mobilized 350 AIDS orphans in different locations who are between 5-14 years and organized them into five groups.
They receive informal education in identified and corresponding centres. A visit to these centres is instructive and heartbreaking. For example, when the children sing to welcome the visitor, what they are saying is “we want ‘Nyuka’ (porridge). And yet, it is clear from assessment that they need more food with more nutrients than “Nyuka” for lunch if they are to enjoy normal growth and development.
The other social factor about this is that only a few of these children will manage to go to formal school due to lack of school fees. Their aged grandparents who they live with cannot afford. It was also observed that some of these old people are suffering from delayed and repeated episodes of mourning. This affects their capacity to think and perform as far as care of the children is concerned. The communities are certainly being made poorer by AIDS.

There are many other areas of Kenyan experiencing similar situation (minus or plus) the huge burden of AIDS.
The second scenario is of a 25-year-old man who was returned from abroad when it was discovered he had AIDS. He died two months after his return to Kenya. What he used to say brings into focus the social economic loss at individual, family and community level and I quote, “The sun will never shine again for me”. He would then lament that the community contributed to a Harambee organized to send him for higher education. His parents sacrificed what they had and yet he will not be available first to complete his education and secondly to participate in national development after graduation. Again here, how many more youths and professionals whose lives have been made redundant and short due to AIDS.
Impact of AIDS on Firms:

According to a World Bank Strategy (1995) report: AIDS Prevention and Mitigation in Sub-Saharan Africa, a Kenyan company spends about US$ 45 per employee per year for HIV/AIDS related costs or 3 percent of company profits. It is projected that this cost will increase to US$ 120 per employee per year, equivalent to 8 percent of company profits, by the year 2000. The report further notes that in 1992, an average company in Kenya incurred mean annual costs associated with AIDS of approximately US$ 140,000. This cost was expected to rise to US$ 403,000 by the year 2005.
As for commercial agriculture, it has not been spared. A study on impact of HIV/AIDS in 5 commercial agro-estates in Nyanza, Rift Valley, Eastern provinces revealed that AIDS in this sector account for 30%, 12% and 3%, respectively.

<table>
<thead>
<tr>
<th>Annual Cost of HIV/AIDS Treatment in Sub-Saharan Africa</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Type of Treatment</strong></td>
<td><strong>Approximate Cost (US$ per patient per year)</strong></td>
</tr>
<tr>
<td>- Palliative care</td>
<td>$20</td>
</tr>
<tr>
<td>Opportunistic infectious</td>
<td></td>
</tr>
<tr>
<td>- Inexpensive</td>
<td>$30</td>
</tr>
<tr>
<td>- Expensive</td>
<td>$200</td>
</tr>
<tr>
<td>Anti-retroviral therapy</td>
<td>$10,000-20,000</td>
</tr>
</tbody>
</table>

**SOURCE:** AIDS in Kenya Background Projections Impact Interventions Policy 1999 by NASCOP
A 1992 study (Forsythe, et al) estimated the cost of hospital care for an AIDS patient at Kshs.27,000. The Sessional Paper No.4 of 1997 on AIDS in Kenya estimates the direct cost of treating a new AIDS patient at Kshs.34,680 while indirect costs (lost wages) amounts to Kshs.538,560. This brings the estimated cost of AIDS (direct and indirect) to over Kshs.573,240 per patient. The direct cost of AIDS comprises cost of drugs, laboratory test, radiology and hospital overhead costs while indirect cost encompasses the average productive life-years lost.
It is to be noted that this cost does not include counselling (psychological support) and attention to diet and other lifestyle charges. HIV/AIDS can therefore be termed as an expensive disease. And so in order to reduce HIV/AIDS impact prevention programmes in Kenya must be focussed at all levels and areas. As has been documented it is cheaper to prevent than to manage HIV/AIDS and impact. Let us examine prevention positive responses.

1. Male Condom:

For every 100 HIV infected prostitutes, 1200-1680 new cases of HIV are prevented annually. This translates to 3-4 clients per day.
In a programme such as Pumwani one where 1000 women participate in, 12000 – 17000 cases of HIV would be prevented by proper use of male condom and always. The cost is approximately US$6 per woman per year. This compares well with other public health strategies such as immunization at about US$10.

2. Female Condom:

Unfortunately, female condom which would most certainly increase the number of protected sexual intercourse are unavailable in Kenya, and still, far too expensive i.e. about 35 shillings each compared to 10 shillings for 3 male condoms.
3. Prompt and Proper Treatment of STD coupled with counselling, compliance, condom use and contact tracing should be part of this package. This will reduce HIV transmission rate, subsequently morbidity and mortality.
NOTE THAT STD TREATMENT IS CHEAPER AS SHOWN BY THE TABLE BELOW:

<table>
<thead>
<tr>
<th>URETHRAL DISCHARGE</th>
<th>VAGINAL DISCHARGES OR PRURITIS</th>
<th>LOWER ABDOMINAL PAIN</th>
<th>GENITAL ULCER DISEASE (GUD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st line treatment = US$ 23.5</td>
<td>Vaginitis – 1st line Rx = US$1.025</td>
<td>Pelvic Inflammatory Disease (PID) US$ = 24.75</td>
<td>1st line Rx = US$ 13.14</td>
</tr>
<tr>
<td>OR</td>
<td>If pregnant = US$11.0:</td>
<td></td>
<td>If penicillin allergy = US$ 33.6</td>
</tr>
<tr>
<td>Alternative Rx 2nd line = US$ 24.77</td>
<td>Cervicitis 2nd line Rx = US$23.496</td>
<td>If pregnant: Refer for Obstetric Evaluation</td>
<td>Alternative 2nd line Rx = US$ 14.35</td>
</tr>
<tr>
<td></td>
<td>If pregnant = US$22.64 OR US$34.4</td>
<td>if PID is suspected</td>
<td></td>
</tr>
</tbody>
</table>
4. Screening of all blood for transfusion and giving the same selectively.

5. Making appropriate antiretroviral drugs such as AZT and Nevirapine available for prevention of mother to child transmission.

6. Proper care across continuum that has medical, nursing, counselling and social support components must be put in place in order to break the chain of HIV transmission and AIDS impact.
CONCLUSION:

With focused and aggressive HIV/AIDS prevention programme that reaches every Kenyan whether rural or urban, regardless of class, there will be less people who will say “the sun will not shine for me” and less orphans just crying out for basic needs “we want Nyuka”. To guard the family/community structures through meaningful HIV/AIDS prevention and care is the way ahead for the national social economic development. Otherwise, in my view we may even loose a whole century.