Comparing the burden of HIV/AIDS and blindness

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Rationale

- High public profile of HIV/AIDS and relatively low profile of blindness
- Inadequate advocacy?
- Inadequate comparative models?
# Worldwide disease occurrence

<table>
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<tbody>
<tr>
<td><strong>Prevalence (no.)</strong></td>
<td>42 Million</td>
<td>45 Million</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td>1.2%</td>
<td>1%</td>
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<tr>
<td><strong>Incidence (no. of new cases/year)</strong></td>
<td>5 Million</td>
<td>2 Million</td>
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<tr>
<td><strong>Developing countries</strong></td>
<td>95%</td>
<td>90%</td>
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# Childhood occurrence

<table>
<thead>
<tr>
<th></th>
<th>HIV/AIDS</th>
<th>Blindness</th>
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<tbody>
<tr>
<td><strong>Prevalence (no.)</strong></td>
<td>3.2 Million</td>
<td>1.5 Million</td>
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<tr>
<td><strong>Incidence</strong></td>
<td>0.8 Million/year</td>
<td>0.5 Million/year</td>
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Onset of concerted effort (WHO)

- HIV/AIDS - mid 1980s
- Prevention of blindness – early 1970s
- We had a decade’s advantage
<table>
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<td>3.1 Million/year</td>
<td>??</td>
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Prevention is better than cure

- HIV/AIDS – 100% preventable (primary)
- Blindness – 80% avoidable (mostly secondary)
Cost-effectiveness of interventions

- Cost utility of cataract surgery is 1.776 QALYs per patient treated

- Bilateral cataract surgery
  18 $ per eye
  Cost per DALY saved = $ 15.7
Funding

- HIV/AIDS - Global fund, UNAIDS
  - budget is stated on websites and media
  - US $ 9 Billion annually is needed
  - so far Global Fund has $2-3 Billion

- VISION 2020
  - budget?
  - progress?
Implications

- Funding
- Profile in public health issues
- Health promotion and public education
- National government involvement/commitment
- Need for incidence figures rather than prevalence. Surveys are old or non-existent.
- Evaluation and monitoring systems