

30TH NOV-2ND DEC HIV/AIDS,STIS CONFERENCE
HELD IN ATLANTA GEORGEA

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TITLE

- **THE PANACEA AND PERFIDY ASSOCIATED WITH ARVS AND HIV/AIDS DISEASE IN SELECTED COUNTRIES OF THE DEVELOPING WORLD.**

PROBLEM STATEMENT

- This researcher thinks that the cost and burden that ARVs imposes to the tax payers is huge but is taken for granted both by the citizens and the beneficiaries in many countries.
- The researcher also thinks that many people especially those living with HIV/AIDS in AIDS affected countries are not embracing adequate behavioural change to reduce their vulnerability to HIV/AIDS and its transmission to the others. There is also a huge need for PLWHA especially to observe the medical regimen. Also revelations of the costs associated with treatment of HIV/AIDS clients such as the costs of ARVs need to be owned by especially the beneficiaries. They need to own that ARVs are a huge burden to the tax payers.

Background

- Since the advent of HIV/AIDS, different countries reacted differently. While countries such as Uganda and Thailand responded to the disease, some countries such as S. Africa dragged their feet.
- During Mbeki era, there was denialism, confusion and myths surrounding ARVs. Mbeki indicated that HIV was not causing AIDS and that AIDS was caused by malnutrition and poverty. PLWHA were then advised to eat beetroots, carrots and garlic as a solution

Background

- The need to prevent massive deaths in the beginning of last decade (2001-2010) by countries hardest hit led the WHO to initiate what was called 3X5 initiative. This initiative asked each government of the countries such as S. Africa and Botswana to ensure a certain quota of its population was accessed ARVs by the year 2005.

Background

- Because of the South African not taking the global advice from WHO and buy the ARVs to its population with HIV/AIDS, this led Treatment Action Campaign to take the government to court and in 2002 the TAC won and the government then started rolling out free ARVs.

Background

Literature backed by observation on the ground especially in Southern African countries suggest that the cost impact of HIV/AIDS blurredly triggers people's mind upon learning through print and electronic media of how funders especially from the Western world give their countries million and millions of foreign aid to tackle and mitigate the impacts of HIV/AIDS.

Apparently there has not been cost awareness especially targeting people at a micro or mezzo on the cost implication of HIV/AIDS

Background

- However, the psychosocial costs are largely understood at the grassroots level because of the demand of caregiving that the government of countries such as Botswana and S. Africa shares its burden through running together community home based care programmes.

Panacea Associated With Dispensing ARVs

- *Elongation of life*
- Indubitably, ARVs are miraculous and gives the PLWHA a new lease of life
- Countries hardest hit by the epidemic due to ARVs are reverting upwards their life expectancies
- People are increasingly becoming stronger to work and contribute to their countries' GDP
- ARVs has given countries hope of existence

Perfidy Associated with ARVs

ARVs Drains National Coffers

- They are expensive to the countries. They are making countries to stop other development endeavours in order to meet the costs of the ARVs.

Perfidy Associated with ARVs

- *ARVs Deter Commitment to Behavioural Change*

in South Africa and Botswana, the access to ARVs by the PLWHA has apparently been abused by the beneficiaries.

- Cases of increased excessive alcohol intake and pregnancies among the PLWHA in Botswana and S. Africa show less care and possibly more unprotected sexual interaction.

Perfidy Associated with ARVs

- Because of the ARVs, there is empirical and subjective observation that some people do not commit themselves to behavioural change because the ARVs are free.
- For example before 2010 in S. Africa, some subjective information suggests that some people would initiate unprotected sex and also abuse alcohol in order to heighten chances of getting infected so that they could benefit from the grant money that was then given to those who were HIV positive

Perfidy Associated with ARVs

- The many cases of drug defaulting in Botswana and South Africa is a clear testimony of the fact that access to ARVs make people relax their commitment to behavioural change (TAC 2007).

PLWHA Succumbs to Dependence Syndrome

PLWHA that receive the food basket/ grant have not been showing adequate interest to work for themselves.

Perfidy Associated with ARVs

- *Discrimination Associated with ARVs and Living with HIV/AIDS*

Taking ARVs is still stigmatized making the PLWHA to take their medication secretly.

This has sometimes in Botswana make the PLWHA to opt to go for ARVs in clinics far away from their places of abode where they are not known. This poses some social and psychological costs.

Also their HIV/AIDS disclosure still remains low.

Perfidy Associated with ARVs

Discrimination towards PLWHA has a historical dimension in S. Africa since the killing in 1998 of Gugu Dlamini upon disclosing her status.

Feminization of HIV/AIDS

In some African countries, more women than men are getting infected giving strength to the concept, feminization of HIV/AIDS. In the nascent stages of the HIV/AIDS campaign in Botswana, men were associating the disease with women, with some men refusing to take ARVs but take those that their female

Perfidy Associated with ARVs

Violence metted to women after disclosure

When women take initiative to know their status before men in order to take advantage of ARVs, this has led men to disown them, ostracise and sometimes physically abuse them, with some indicating it is the women who brought the disease to them (and that is why they wanted to test)

Perfidy Associated with ARVs

- *ARVS side effects*

It is believed that those who take ARVs become bulgy especially around the stomach and disfigures some other parts of the body. That makes the PLWHA discomfort able

Perfidy Associated with ARVs

- ***ARVs and Sexual Libido***

Although this does not present an explicit

Pecuniary cost, it presents an important latent cost.

For people living with HIV and AIDS, some report that

ARVs increases their sexual libido to an extent that

their will to achieve a positive behavioural change

diminishes. In a research done in Botswana by

Kang'ethe (2010), PLWHA asked whether there was

any medication they could be given to lower their

sexual libido.

Perfidy Associated with ARVs

- *ARVs and Sexual Libido*

'It is not that we like too much sex. It is these ARVs that make us have great sexual urge. Sex is irresistible.'

'These ARVs are making most people to be sexually active. We need the libido effect to be reduced'

Perfidy Associated with ARVs

Lowered accountability to behavioural change

Among the PLWHA in several African countries such as Botswana and South Africa, the call by their government to adopt positive behavioural change for their own health and to reduce viral transmission has sometimes fallen on deaf ears. This indicates lowered accountability on the costs that they make to the country to bear through buying of the ARVs.

Perfidy Associated with ARVs

Lowered Accountability to behavioural change

In Botswana, documented cases of ARVs pills being left in the bars and cases of increased repeat pregnancies among the PLWHA is proof enough of poor record of behavioural change.

Conclusion

It is pertinent that discourses and debates surrounding the actual costs and burden associated with HIV/AIDS are mainstreamed to the society generally. This is because of the apparent low pace of behavioural change by individuals especially those benefiting from ARVS in both Botswana and South Africa. This mainstreaming will hopefully raise awareness of the costs and possibly raise their sense of accountability through adopting adequate behavioural change.

THE END

- THANKS A LOT- ENGLISH
- MUCHOS GRACIAS- SPANISH
- MUITO OBRIGADO- PORTUGUESE
- MERCI BEAUCOUP- FRENCH
- ASANTE SANA- SWAHILI