

Title: Zambia: The three decade burden of HIV/AIDS

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African Charter Article# 16: Every individual shall have the right to enjoy the best attainable state of physical and mental health.

Summary & Comment: This article by a Zambian doctor is headed by a photo of an eye-catching local sign: ABCD - Abstain, Be Faithful, Condomise or Die. The author calls for "a total re-think of public health policy in Zambia" and concludes with eight forceful suggestions. J.Stamp

HIV/AIDS in Zambia: a three decade burden

<http://www.zambianwatchdog.com/2010/07/25/hivaids-in-zambia-a-three-decade-burden/>

Nearly everyone has now heard about the disease that was first defined in homosexual men in the USA in the early 1980s. The disease ravaged the immune system of its victims and they presented with symptoms similar to those who had some form of lack of immunity. Later on in France a virus was isolated from a Zairean woman who had lumps in the neck. On one side of the Atlantic, the disease became known as GRID (Gay related Immune deficiency), because the subjects were usually homosexual and the presentation was usually with Kaposi's sarcoma (KS) and Pneumocytosis. For political reasons, the name was changed to the Acquired Immune Deficiency Syndrome (AIDS). A French researcher Luc Montagnier called the virus 'isolated' from his patient Lymphadenopathy Associated Virus (LAV); an acronym sounding like 'love'.

At about the same time that GRID appeared on the scene, Robert Gallo was working with Retroviruses and their effects on the T-Lymphocytes that he had cultured in the laboratory. He called the retroviruses Human T-leukaemia or lymphoma viruses (HTLV). A year after Montagnier's publication, and a month before publication in a Peer-reviewed journal, the U.S. Department of Health and Human Services Secretary announced at a press conference that Robert Gallo, had 'discovered' the probable cause of AIDS, and it was named HTLV III. It is interesting to note that a Government official made the announcement! Was the virus of national security interest? Montaignier's group has been credited with the discovery of the virus by the Nobel committee, but Montaignier was not so certain whether LAV caused AIDS. It is now water passed under the bridge. Within 5 years, it was clear that this viral infection was transmitted through contaminated needles and risky sexual activity.

Thirty years on, one in eight Zambians is now infected with the virus. In the mid 1980s, Professor Anne Bayley, a surgeon at the University Teaching Hospital in Lusaka, published articles about a type of Kaposi's

sarcoma (KS) in Zambian patients that was 'atypical.' This cancer of blood vessels was first described by a Hungarian Pathologist in Vienna, Austria in 1872. The disease was indolent and affected elderly men and is now distinguished from AIDS defining KS as 'Classic KS.' It was not too long after that, that we saw an exponential rise in hospital admissions with patients complaining of weight loss, unexplained acute and chronic diarrhoeas and fevers of unknown origin. Other diseases like Tuberculosis also made a horrific come back. Cancers such as cervical cancer and lymphoma too became widespread. We now know that all these cancers are associated with viral infections.

The 1980s were also the age of 'baby boom' as hundreds, yea thousands of young women and teenagers were coming into hospitals with pregnancies; orthotopic and ectopic, miscarriages and all other burdens of pregnancy in the Tropics, such as malaria and anaemia. The 'floor bed' was invented as hospital wards burst to the seams! No new hospitals or wards were built to cope with the influx of in-patients. The burden of disease exacted a terrible toll on the fragile health service and the economy. The IMF and World Bank never put AIDS into the equation when they pursued the Kaunda administration to recover soaring debts! HIV infection makes 'well looking' people weak. Morbidity and mortality rates rose. The employees of the 'goose that laid golden eggs' the Zambia Consolidated Copper Mines (ZCCM) were not spared.

Much of mining and farming work is physical and tasking. Billions of 'man-hours' lost through sick leave inevitably led to fall in production. Falling production led to job losses. Jobless miners had no access to health services and many succumbed to disease and neglect, leaving armies of orphans and 'street kids' behind. The cycle was self perpetuating, as unscreened infected blood was infused into un-infected patients, such as the large pool of women of child bearing age and children, to treat anaemia etc infection spread relentlessly. Sickle cell disease patients tend to have frequent blood transfusions. Many could have got infected. Shortage of transfusion blood meant that hospital blood banks went to Police camps, Army barracks and even prisons to get blood! No one has ever been compensated in Zambia for transfusion HIV infection. Health care staff were also at risk in the course of their duties. A Christian Missionary worker in Zimbabwe is documented to have contracted HIV through 'needle-stick' injury.

A blood screening test appeared on the scene by 1986. Thank God that blood is now universally screened for HIV. The country is truly broken. The Zambian population in the immediate post-independence era was young and many diseases that afflicted the people were short term and primarily related to infections. In the majority of cases, hospital admissions were not necessary, and complete recovery within a week was usual. The scenario now dramatically changed as patients stayed longer in hospital and returned too frequently soon after discharge. In the 1980-90s there was much ignorance and anti-retroviral therapy was not so widely available.

What I have tried to elaborate above is that HIV/AIDS plays a crucial role in the economy of the country. If Zambia is to achieve its Millennium development goals by 2030, there must be a very strong HIV/AIDS policy. Besides this, there are some quiescent infections that are inexorably spreading through the communities which play a very crucial role in worsening the course of HIV infection. I have mentioned Virus induced cancers like cervical cancer, Kaposi's sarcoma and lymphomas. There are other viruses like Herpes, Varicella, Hepatitis B and C which have never been acknowledged as a public health problem of importance in Zambia. Hepatitis viruses cause Liver cancer and Herpes increases the risk of contracting HIV. There must be a total re-think of Public health policy in Zambia. We have spent millions of dollars 'mopping' the flooded floor while the causative leaking tap is running!

Here are a few suggestions:

- 1. HIV/AIDS must be declared a national disaster.** I am glad that this was in the Patriotic Front Manifesto (2006). It is more than a partisan issue. We need the help of cooperating partners to deal with this, yes, but also ALL politicians and the highest office of the land must be directly involved. Awareness campaigns must extend beyond highlighting HIV infection alone, but other viral infections as well. This is why the issue of condoms is crucial.
- 2. Testing.** When there was no treatment available, it was quiet right to be as discreet and confidential as

possible while dealing with this pandemic. But now, the life saving drugs that are available, not only prolong life, but also reduce the risk of spread of infection. All gloves are off. Treatment centres can deal with the problem of confidentiality by using numbers alone for identification. These test results must be fed into a central database so that the exact extent of the problem can be known.

3. Treatment as a form of Prevention. It has been shown mathematically that treating every HIV positive person can lead to no new infections within ten years. If hospital staff were able to test universally, they could be able to commence treatment of patients, and if one million Zambians were on treatment it will go a long way in reversing our fortunes.

4. Male circumcision. Circumcision must be offered as a part of the national health strategy.

5. There must be School health services . A public health nurse must be assigned to every school in the country. Every school going child must have a Health card in which vaccinations received are documented. Measles, Rubella, Meningitis etc should be a priority. Health education and confidential counselling must be part of the education curriculum.

6. Limiting Co-factors . Whether HIV positive or not, screening must also include other viruses such as Hepatitis as well to begin with. In addition to this, there must be wide dissemination of information on adequate nutrition. Perhaps the 'milk biscuits' must make a come back. Assessment of nutrition status is crucial for both preventing infections as well as promoting quick recovery.

7. A Virology Research Institute must be established in the country. We need to be able to identify any emerging viruses in the country because HIV is not going to be the last. There are many more to come up. We must be ready.

8. Preservation of woodland and natural habitats , including forests. The rate of deforestation in Zambia is alarming. We are preserving wildlife for the satisfaction of Western eyes, but we are destroying our forests at an alarming rate. We know that certain trees like the Moringa species have nutrition and medicinal value. Herbs may be a source of cheaper drugs in future and there must be established a research institute that will collect, cultivate and collate information on all known herbals and preserve them for posterity.

This disease can be defeated and it will take concerted efforts to do so. We need to take away stigmatisation. Insurance companies must not segregate against sufferers. To minimise risk to the Insurer, the State must be able to under-write Life Insurance policies where the Insured undertakes to be diligent with treatment, follow up and non-risky behaviour. Every Zambian who is in employment and HIV negative must be encouraged to take Medical Insurance. By its own characteristics, the more people subscribe, the cheaper insurance becomes. Employers should contribute to Medical insurance of their employees. This should be enforced by statute law.

We are a very poor country notwithstanding the vast untapped resources. Until we reach our potential, we cannot afford a free to all healthcare service, like we had immediately after independence. The pandemic of HIV/AIDS has shown that we cannot run health services as we did before. Every citizen must take responsibility for their personal and family health but Government must provide the means and incentives to do so. I am not claiming to have the answers, but we should have a real debate about this and if there are any bright ideas out there, let us bring them on the table. Zambia must be saved. Victory is in our hands.

The Author Dr Charles Ngoma is Former Zambia Medical Association Vice President, 1998.
