

AIDS - THE CHALLENGE IN FRONT OF US

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AIDS - Acquired Immune Deficiency Syndrome is the greatest threat mankind has faced in modern times. The number of reported cases of AIDS is increasing world-wide. As at December 31st 1992, over 611,000 cases of AIDS had been reported to WHO. But considering the failures of reporting, it is estimated that the actual number of AIDS could be around 2.5 million.

These figures represents only the number of persons who have developed the final stage of the HIV (Human Immune Deficiency virus) infection - the full blown disease - AIDS, the actual number of persons infected with virus is estimated to be between 12 - 15 million. Out of this infected persons, vast majority would be from third world countries.

The number of HIV infected persons in Africa alone is estimated to be more than 7 million. South East Asia is estimated to have more than 1 million persons infected with HIV, with India and Thailand having the largest numbers. Myanmar has recently being reporting an increasing number of HIV infections. Nepal, Indonesia and Shri Lanka had reported almost equal numbers of HIV/AIDS cases.

Even today these countries are classified as countries with low prevalence of HIV/AIDS. The picture is changing rapidly. And that by the end of this year (1993) the situation in these countries would be quite different.

The first case of HIV/AIDS in Shri Lanka was reported in September 1986. For a number of years there-

after only few scattered cases were reported. At the end of December 1991, a total of 36 Shri Lankans had been detected with HIV. This picture changed dramatically in 1992. At the end of last year there were 63 cases of HIV infection in this country.

This sudden increase is a critical point in the evolution of the epidemic and has been the epidemiological pattern seen in other countries as well. The year 1992, could be regarded as the year in which Shri Lanka recorded exponential increase of HIV infections.

Analysis of the available data shows that the indigenous transmission (transmission from one Shri Lankan to another Shri Lankan or among Shri Lankans) accounts for 35% of all transmission, even though Shri Lanka

is still in its early stage of the epidemic. Going through the case histories of persons detected with HIV/AIDs, it appears that indigenous transmission has started as early as 1986, even though the first such documented case was in December 89.

The predominant mode of transmission has been through heterosexual intercourse (sex between man and woman). Homosexual (Sex between man with other man) transmission and Bisexual (men having sex with men as well as women) transmission contributed substantially in the initial stages. But now it is clearly established that as far as this country is concerned sex between men and women will be the predominant mode of transmission.

The total number of HIV positives (identified HIV infective cases) detected in Shri Lanka as at March 31st 1993 is 89 comprising 17 foreigners and 72 Shri Lankans. 24 of the infected Shri Lankans developed AIDs and 23 of them have died by 31st March. It is estimated that there are about 2500 persons who are infected in the country. Neither the health authorities know who the infected are, not the persons infected are aware that they are carrying this deadly disease.

This situation constitutes a real dangerous situation as unknowingly and silently this could be spreading the infection and could be the foci of future epidemic.

Once infected with the virus, there is no cure and it is a matter of time before clinical illnesses of varying severity affect the infected individual. Death occurs 8 - 10 years after infection. The period of survival after confirming the diagnosis of AIDs is about 3 years and is increasing in the developed countries but in developing countries such as ours is only one year or even less.

The detection of AIDs cases at present does not reflect the true and

present burden of HIV infection in the country. It is only a reflection of what happened in 8-10 years earlier. When one categorises Shri Lanka is yet a low prevalence country it means that 8 years ago only few persons were infected with HIV. What ever presumptions we made today depends on the picture of HIV/AIDs as it is applicable today and that does not leave any room for complacency.

Present epidemiological trends indicate that Shri Lanka could have about thousand cases by the year 1996/1997 and about 12,000 HIV infected persons. Since the data available is not sufficient to make accurate estimates and, this country is dangerous to make such predictions.

Nevertheless the need to develop strategies, plans and interventions for future, estimates has to be calculated and assumptions has to be made basing on the available data. Otherwise we would be caught completely unprepared when the epidemic does come. If we are to deal with thousand

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cases of AIDs by 1996/97 it will throw a great burden on our society and the country.

The focus has so far been on the medical issues of AIDs. It is true that looking after 1000 patients with AIDs will not be an easy task. It will certainly be a strain on the health services. But at the same time sufficient focus has not

be given to the social, cultural, ethical, legal, economic and political issues resulting from the increasing number of AIDs patients and HIV infected persons. Also at present there are two lots of children who will become AIDs orphans in the next 7-8 years. This is just the beginning. There will be several AIDs orphans when we face the full impact of the epidemic in the near future. Shri Lankans are world famous for it's compassionate people who gives priority in looking after their aged, children, orphans etc. But with the present economic squeeze, and various other pressures would, Shri Lankan will continues to do so or would more sections becomes the responsibility of state?

Events that unfolded recently have brought into focus issues like the rights of persons infected with HIV to their privacy, confidentiality etc. These will become major issues in the next few years. Recently the national AIDs committee submitting a report to the National Health Council pleaded that AIDs to be considered above politics. No political party should seek political advantages by using AIDs problem.

AIDs is a national calamity and it will not discriminate between political parties or ideologies. The economic issues related to AIDs are likely to surface in the next few years. The health sector will have to bear the added expenditure of caring for AIDs patients. The social service sector will need to deal with the loss of chief occupant or breadwinner with families becoming destitute with the death of one or both parents. At the turn of the century Shri Lanka may have to face a situation similar to what Africa's is facing today. Our industrial and agricultural projects would be seriously hampered by the loss of skilled manpower due to AIDs. Zambia's copper mines are a sad example of this. Though at present, it is creating awareness seems to be the most important, in years to come communities will need to get involved in dealing with AIDs issues to a greater extent.

As the AIDS epidemic extends its horizon the communities will have to learn to care for their sick. But what deters them from doing so is people's fear of acquiring the infection. The disease as it is known today has been around for about 14 years now and the methods by which it is spread are well known. Similarly how the virus does not spread is equally well documented.

Community would lose their fear once they realise the ways it could be spread and the ways it could not. But it may take several years for the people of Sri Lanka to reach that stage, and accept the reality behind AIDS/HIV infection. By the year 1995 most of us would know some one very close - a relation, a colleague, an associated, a friend who is HIV infected or having the disease AIDS. Till this happens the figures quoted by the authorities will be mere statistics.

The year 1993 could be a critical year for Sri Lanka as far as AIDS is concerned. The full impact of the disease could begin to feel. Sri Lanka would have to decide on certain policy issues dealing with this situation. Sri Lanka could either admit that we have a problem and face up to it by mobilising resources or we could make the mistake of denying that we have a problem and by the year 1996 we could be caught flat-footed with several thousands of infected persons with HIV/AIDS and unaware of what actions we should take to combat the issue.

The resources needed to face this challenge is not limited to financial resources. Financial resources no doubt are vital but that alone is insufficient. We need to mobilise the entire community on an unprecedented scale to the epidemic. The commitment for the prevention and control of AIDS should be more than lip service or should not limit only to words. Unless there is a demonstrable political commitment, it will be very difficult to mobilise the non-health sector for

dealing with all the problems associated with AIDS.

Dealing with AIDS is expensive. Even the governments of developed countries find it difficult to support the AIDS. There has to be greater responsibility on the part of non government, private and other sectors and organizations, to support the government in its AIDS prevention and control activities. In Sri Lanka there are large number of non government organizations working in the health and health related fields. These NGOs could help the programme in prominent way, specially when it comes to providing community care.

If during this year we can effectively deal with problems like discrimination of people with HIV/AIDS and their uninfected family members and close associates and marginalisation of persons whose behaviour do not conform to accepted social norms and practices would be taking a step in the right direction.

The year 1993, will be a critical for the prevention and control of AIDS in Sri Lanka. Irrespective of actions taken today by programme, new cases will be reported. These are the result of infections acquired 8 to 10 years ago. We should not be deterred by these but should forge ahead with strategies already developed.

