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***At the heart of HIV/AIDS lies the  
politics of race, gender, sex,  
power, death and money***

***HIV is ... just a virus ... a metaphor  
... a human disaster***



## ***HIV/AIDS & SKEWED DEVELOPMENT ACROSS THE NORTH & THE SOUTH***

- **95% of HIV/AIDS – in developing contexts (genetic + socio-economic factors)**
- **70% - Sub-Saharan Africa**
- **5 million in South Africa**
- **Worldwide – over 13 million children – orphaned.**
- **Approximately 660 000 children are orphaned on account of HIV/AIDS in S.A.**
- **Increase in child- headed households**
- **In S.A. - 6 million HIV/AIDS related deaths expected by 2010 – leaving 3 million orphans**

# Women disproportionately affected

- **Biological, socio-economic and cultural factors**
- **20-24 year age group – 24.5% women infected compared with 7% of men (MRC, 2004).**
- **25% of women delivering babies in public clinics are HIV+ (1 in 4 chance of a child having a HIV+ mother)**



# ***HIV/AIDS IN SOUTH AFRICA***

- **Jaipur paradigm – HIV prevalence influenced by two key factors: 1) degree of social cohesion; and 2) overall levels of wealth.**

**S.A.**

- **Lack of social cohesion**

- **Mistrust of condom use**

- **Skewed income distribution**

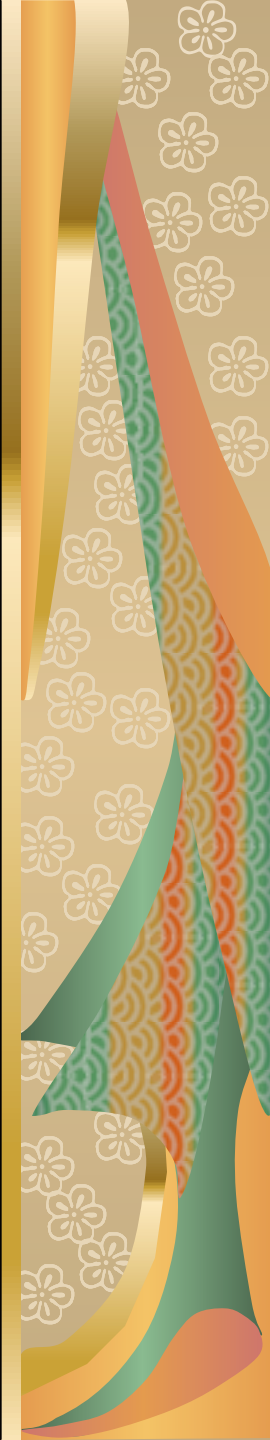
- **1.6% of the population earns 72% of South Africa's wealth.**

- **Over 50% of the population is poor.**

- **Impact of neoliberal capitalism**

**Harsh/stringent financial measures, cutback in State expenditure, curbing of interest rates, privatization of state assets, trade liberalization.**

**Individualism, corporate greed, competitiveness & profit-making**



# S.A. – 45 Million people

**%age of population**

**%age HIV+ (15-49  
age group)**

- **75.2%      -      Black      18.4%**
- **13.6%      -      White      6.2%**
- **8.6%      -      Coloured      6.6%**
- **2.6%      -      Indian      1.8%**
- **43% of the population is under 19 years of age.**
- **60% of children live in poverty**
- **60% of households do not have piped water**
- **21 million – inadequate sanitation**
- **22% of households – hunger on a daily basis**

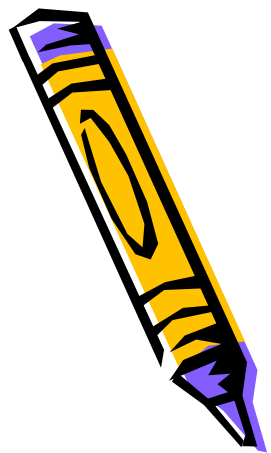


# *HUMAN DEVELOPMENT INDEX*

- Blacks ranked 118th
- Whites ranked 18th
- 40% - unemployed

Past 12 years over a million jobs  
lost.

WTO "unfair trade"





APIRO®

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LET THE  
COMPETITION  
BEGIN!...

WTO

1ST WORLD

SUBSIDIZED

3RD WORLD



# ***LIFE EXPECTANCY***

- **2010**
- **Without AIDS       -       68 years**
- **With AIDS       -       36 years**
- **Limited access to ARVs – only 2% of people on the African continent with AIDS receive ARVs**
- **IPRs & patents – “profits above people”**

***2001 – 360 000 deaths from AIDS in S.A. In USA in 2001 the **cumulative** number of deaths from AIDS since 1981 was 467 910***

***Stephen Lewis – UN special envoy on AIDS in Africa: rich world’s “genocide by indifference”***

***“The world will be a better place, with less misery and fewer avoidable deaths, when we achieve a system of intellectual property protection that protects consumers as much as it benefits large corporations” (Edwin Cameron, 2005)***



# CHILDREN LIVING IN HIV INFECTED HOUSEHOLDS

- 2011 – 56% of population in household with at least one person who is HIV+ or died of AIDS
- Burden of caring – impact on ‘infected’ & ‘affected’ households.
- Death of breadwinner – loss of income
- Increased expenditure – health care; transport; funeral costs; added nutritional requirements.
- No school fees & uniforms
- School drop out – caring for family member/s
- Reinforces the cycle of dependency, vulnerability and abuse → street children, sexual abuse



# ***THE IMPACT OF HIV ON CHILD HEALTH AND WELFARE***

- Reversal of gains made in the past few years.
- 1998 child mortality rate (CMR) – 59 per 1000 births → expected to rise to 100 per 1000 by 2010 (Thailand 38, Russia 25 and Paraguay 28)
- IMR – 1998 was 45 per 1000 births → 90 per 1000 by 2010 (Cuba 7, Vietnam 32)
- With current rate of infection the lifetime risk of dying from AIDS for a 15 yr. old is over 60% (MTCT)

## *The story of Sizwe*

- ✓ **Sizwe has no rights. He is a 10 year old boy living in one of the richest countries in Africa, under one of the best constitutions in the world, but he has NO rights. Sizwe looks after his dying mother and two sisters in a mud-block house north of Durban. He left school last year when his mother was sent home from hospital to die because her bed was needed by someone who might recover. He cannot return to school as there is no money to buy food and he cannot pay the school fees. Sizwe sends his sisters to beg for mealie-meal from neighbours, some of whom turn the children away and refuse to let them enter their yards. He leaves his mother sleeping while he makes his third trip of the day to fetch water from the standpipe. When he returns his sisters are there with a cup of mealie-meal. Sizwe lights the fire while the older girl rocks the toddler to stop her from crying. The mother sleeps between bouts of coughing. It is nearly time. Sizwe knows it and wonders how he is going to bury his mother.**

***Sizwe and his sisters will soon join the ranks of being children orphaned on account of AIDS***

**The `HIV/AIDS orphan' crisis is one of the greatest humanitarian and development challenges facing the global community (UNAIDS)**

# *Care giving in infected households*

- **35% households – female headed – 60% of these live in poverty**
- **Women - burden of care**
- **CHBC – preferred option → 19 000 care-givers - 4 000 stipends.**
- **Traditional systems of support saturated**
  - Poverty of grandparents**
  - Fear and stigma**
- **Domestic violence and abandonment**
- **67% ↑ in child abandonment over past 3 years - effective social security?**
- **Breastfeeding options**

# Management of HIV/AIDS

VCT or normalizing HIV?

GIPA Programme

CHBC

Alternative models of care for infected & affected children

Lobbying and advocacy:

- Treatment Action Campaign: universal access to ARVs

- Over 9000 protest actions against privatisation of basic services; water & electricity cut-offs & evictions

School and workplace based interventions

Material aid & social security: Debates on Basic Income Grant

Progressive legislation

Political will and political leadership

- Integrated approaches:: Care, treatment and prevention



# TREATMENT IS PREVENTION!

- Opportunistic infections
- Repeated re-admissions into hospitals
- HIV infection by reduction in viral loads
- Children orphaned on account of AIDS
- Primary infection by validating life
- Socio-economic decline
- Of ... DEATH!

The viral loads of the poor on treatment decline just as dramatically as those who are more affluent!

**Edwin Cameron**

# **“Witness to AIDS”**



**AIDS is above all a remediable adversity. Our living and our life forces are stronger, our capacity for wholeness as humans larger, than the individual effects of the virus. Africa seeks healing. That healing lies within the power of our own actions. In inviting us to deal with the losses it has already inflicted, and, more importantly in enjoining us to avoid future losses that our own capacity to action make necessary, AIDS beckons us to the fullness and power of our own humanity. It is not an invitation that we should avoid or refuse**