

# HIV DISEASE AND PROSPECTS FOR ANTIRETROVIRAL THERAPY IN AFRICA

*The small prospect for extending effective antiretroviral treatment to the HIV-infected populations of African nations and the political, social, and economic factors contributing to this disastrous situation were discussed at the International AIDS Society-USA national CME course by Susan A. Allen, MD, MPH. Her presentation was divided into discussion of "happy delusions," "sad realities," and "competing demands."*

## HAPPY DELUSIONS

A number of "happy delusions" regarding the ability to institute effective programs for antiretroviral treatment of HIV-infected individuals in Africa continue to be harbored even by those with first-hand experience of the daunting obstacles to such an endeavor. Among these delusions are the beliefs that (1) antiretroviral drugs will be inexpensive enough for use by these populations in the foreseeable future; (2) efficient distribution systems will be established; (3) adherence will be better than it has been for other diseases; and (4) governments and donors will prioritize HIV disease over other major causes of death. Short rejoinders to these hopes include the facts that in Africa, which currently hosts more than 80% of the world's HIV infections, average annual income is approximately US \$100; attempts to set up efficient distribution systems for other widespread life-threatening diseases that are more easily treated have had limited success; adherence to simpler regimens than that required for HIV disease treatment has been poor; and there are major health problems that are more urgent or that can be addressed more cost-effectively than HIV disease. However, a fuller appreciation of the magnitude of the barriers confronting effective treatment programs requires appreciation of current environmental and socioeconomic aspects of life in much of Africa.

## SAD REALITIES

Factors contributing to the unlikelihood of extending effective anti-HIV treatment to the broad population of infected individuals include (1) regional and national political instability; (2) a combination of growing populations and shrinking resources; (3) existence of other endemic health problems (including childhood diseases, malaria, other sexually transmitted diseases, and tuberculosis); and (4) inefficiency, corruption (5) and apathy at international, national, and local organizational and governmental levels.

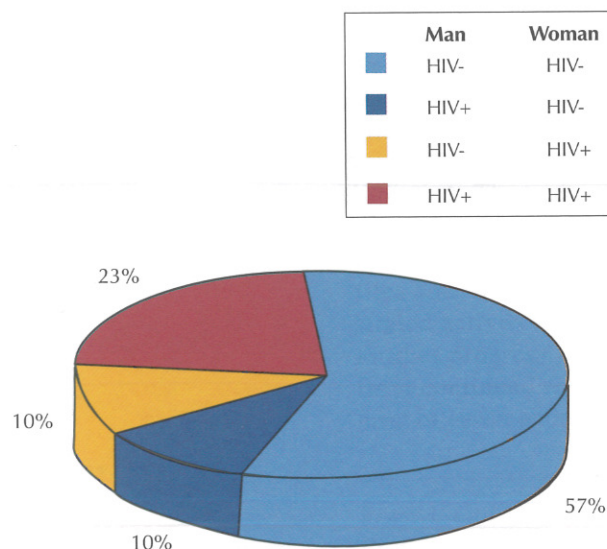
Difficulties in establishing effective treatment programs are illustrated by the status of tuberculosis treatment efforts in Africa. Sub-Saharan Africa has among the highest incidence rates of tuberculosis in the world. Although curative drug therapy exists and is relatively inexpensive (approximately US \$100 per clinically active case), and despite the existence of both an international donor agency that provides drugs to developing country governments and national programs to diagnose tuberculosis and distribute the drugs, the disease remains

woefully undertreated. In part, this is due to infrastructure limitations. Trained personnel and electricity required for diagnostic microscopy and chest x-rays

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are often lacking, as are funds for x-ray film. Drug distribution systems often are weak, primarily as a result of theft of drugs at every point in the distribution system.

Financial incentives also lead to the common practice of patients taking several weeks of medication until they feel



**Figure 1.** HIV-positivity rates among 12,000 cohabiting heterosexual couples in Lusaka, Zambia. Adapted from McKenna SL, et al. AIDS. 1997;11(suppl 1):S103-110.