

Chapter 1

Introduction

HIV/AIDS – A Global Epidemic, A Global Responsibility

The HIV/AIDS epidemic is believed to have started, in the 1970s, in Central and Eastern part of Africa and in the early 80s in North America. The epidemic has since spread, and to date no continent is spared from the epidemic and has affected nearly all countries in the world.

As estimated by World Health Organization (WHO), the cumulative total of people living with HIV/AIDS (PWHA) in the world by the end of 1998 was 33.4 million. In 1998 the new HIV infections was estimated to be 5.8 million with 2.5 million deaths. A cumulative total number of deaths due to HIV/AIDS were estimated to be 13.9 million.

Due to the seriousness of the epidemic, viewing from the point of its alarming speed of transmission the United Nations Development Program has set up a body known as the UNAIDS which is taking various measures to combat the widespread of the epidemic.

It has also set up the International AIDS Economic Network (IAEN) an online conference, which provides data, tools and analysis for compassionate, cost effective responses to the global epidemic.

1.1 HIV/AIDS – a biological summary and how it spreads.

HIV – Human Immunodeficiency Virus is a deadly virus, which infects the white blood cells called T4 cells, which is also known as the helper T cells and macrophages. These cells are the body's first lines of defense against diseases and infections. When we contract an illness they spring to life and fight the infection. But when the HIV invades them, it becomes progressively harder for them to do their job. Thus, the body's immune system and the ability to repair damage become less effective.

As the immune system weakens, diseases such as pneumonia, diarrhoea and wasting a rare form of skin cancer called Kaposi's sarcoma results. HIV also may damage different types of nerve cells causing neurological disorders and dementia. All these opportunistic infections either singly or in combination can lead to a condition referred to as AIDS (Acquired Immune Deficiency Syndrome)

AIDS is considered to be a terminal illness in which the virus destroys the ability to fight diseases leaving the infected individual vulnerable to a wide range of infections as described above.

1.2 How it spreads

Like other sexually transmitted diseases, (STD) HIV is difficult to transmit except by sex or direct contact with bodily fluids of an infected person. Major modes of transmission are sexual intercourse, reuse of contaminated syringes by injection drug users, infection via birth or nursing from mother to child, reuse of needles in medical settings, transfusions of contaminated blood or blood products.

About three-quarter of HIV transmission worldwide is through sex; of these sexual transmissions about three quarter involve heterosexual intercourse and a quarter involve sexual relationship between man and homosexuals. (Mann, Tarantola, Netter,1992)

The next important means of transmission is through unsterilized needles amongst intravenous drug users. This is the primary mode of transmission in China, South East Asia, except Thailand where heterosexual transmission outpaced transmission by needle sharing. Fifteen to twenty percent of all HIV infections in Africa occur in infants affected by their mothers. Worldwide, mother-to-child infection is 5 – 10 percent (Quinn, Ruff & Halsey, 1994).

HIV through infected medical syringes used for injection account for less than five percent of all HIV infections. Transmissions through blood transfusions in high and

medium income countries is eliminated due to routine screening procedures whereas in developing countries where the HIV prevalence is high and screening being not routine, it has yet to be eliminated. In other words there is still a possibility for transmissions through blood transfusions.

AIDS is a combination of opportunistic infections, which in most cases leads to death. Opportunistic infections are those, which find it easy to invade the body when the immune system is damaged. To date there is no cure for AIDS although there is much effort on medical researchers to invent drugs for the treatment of the disease. Hence, the only solution to contain the incidence of new HIV/AIDS cases is to educate the public on the dangers of high risk behavior e.g. unprotected sexual intercourse (i.e., without a condom) with many partners (heterosexual), homosexuality or sharing of unsterilized injecting equipment

1.3 The Incidence of HIV/AIDS

Two decades after the appearance of the HIV, the World Bank estimates 30 million people had contracted the virus. Developing countries cannot ignore the AIDS/HIV pandemic. According to UNAIDS about 1.5million people died from AIDS in 1996. Each day, about 8,000 people including children become newly infected. About 90 percent of these infections occur in developing countries where the disease is likely to exacerbate poverty and inequality. HIV is already widespread in many countries in sub-Saharan Africa and may be on the verge of explosion to other regions.

AIDS is clearly taking an immense toll on human lives. Despite, news of treatment breakthroughs, many die, leaving families to face profound emotional loss. Since, AIDS affects mostly prime-aged adults, it increases the number of children who lose one or both parents, some of these orphans suffer permanent consequences due to poor nutrition or withdrawal from school.

1.4 HIV/AIDS in Malaysia

The first AIDS case in Malaysia was reported in December 1986. By the end of 1997, the cumulative total of HIV cases reported to Ministry of Health was 24,002 cases, out of which 1,368 were AIDS cases. Most of the AIDS cases (71.8%) and the HIV infected persons (83.7%) are within the age group of 20-40 years. By ethnicity, the majority of the reported HIV infected individuals are Malays (72.8%), followed by Chinese (14.6%), Indians (9.3%), minor ethnic groups (0.8%) and foreigners (2.5%). The use of contaminated needles and sharing of needles among drug users (IDU) is the main mode of HIV transmission in the country. These accounts for 55 percent of the total reported AIDS cases and 76.4 percent of total HIV-infected cases. Transmission through sexual intercourse is 24.2 percent of total AIDS cases and 8.4 percent of total HIV cases.

1.5 Organizations

In 1988, a National AIDS Task Force (NATF) was established to deal with the epidemic. It was responsible for developing government policies, strategies and to co-ordinate the implementation of the HIV/AIDS prevention and control programs. The members of the task force consisted of officers from various government agencies and non-government organizations.

In 1992, a cabinet committee on AIDS was established. The members of the committee consisted of Ministers from various ministries and the Minister of Health chaired the committee. In 1993, the National AIDS Task Force was abolished and was replaced by two National Committees on AIDS that is the National Technical Committee and the National Co-ordination Committee on AIDS.

At the state level, the State Director of Health Services heads the State AIDS committee and the district level District Health Officer heads the district AIDS Committee.

Besides all this government committees several non government organization (NGO) were set up namely the Malaysia AIDS Council, (MAC) the Malaysian AIDS Foundation, (MAF) Positive Living, (PL) Pengasih and Tenaganita.

1.6 The Objective of the study.

HIV/AIDS has always been seen as health and social problem and is generally associated with public health policy. The purpose of this study is to shift perspective and examine the economic impact of HIV/AIDS. Much effort on this has been done by the UNDP and the World Bank organizations to combat the spread of the virus as well as to support research on possible medical cure for the illness.

The objective of this study, then among others will be

- To identify the problems and constraints encountered in control and treatment of AIDS/HIV
- To examine the microeconomic impact of the AIDS/HIV on household's income, savings expenditure on health bill and economic welfare. In short, the direct and indirect costs to the family
- Examine the macroeconomic impact on labor productivity and GDP..
- The cost of not carrying out widescale prevention measures on the economic development and poverty eradication.
- To look at the increased government expenditure and non-government expenditure for the prevention and treatment of this epidemic.

1.7 Methodology

This research paper uses both qualitative and quantitative research methodologies. As the subject matter is relatively new and there is limited availability of past data and information there is a need for exploratory research as well.

Most of the data and information gathered are secondary data and attempts to collect primary data will be done through surveys and interviews with people from the relevant bodies. Methods of data collection include

- File data and secondary data from newspapers, published articles, and Internet articles
- Books and unstructured interviews
- Data based on questionnaires and face to face interviews

Besides that, various government and non-government bodies will be approached to obtain information and data to make this study possible which includes

- The AIDS/STD Unit, Ministry of Health
- Malaysian AIDS Council
- Other NGOs such as Positive Living, Tenaganita, Pengasih

1.8 Significance of this Study

This study aims to highlight the short-term and long-term effect of the HIV/AIDS pandemic on household income, saving, medical expenditure on the micro perspective. It also aims to show the negative consequences on the macroeconomic perspective especially on the long-term economic development of a nation.

Coherently, the significance of this study should point out that the HIV/AIDS cannot simply be overlooked as a social or behavioral problem which only affects high risk individuals but should be considered a national problem as its impact on the socioeconomic is far more devastating than it may seem to appear.

Henceforth, this study will be of importance to policy makers to view seriously the economic cost of not taking widespread prevention effort and the need to device effective policy measures and allocation of scarce resources to combat the HIV/AIDS crisis.

1.9 Limitations of Study

This study has many limitations, which mainly points to the fact that there is inadequate accessibility to data. This is mainly due to the fact that AIDS is so heavily stigmatized that the authorities tend to cast a shroud on any relevant socio-economic information on PWHAs. There is a need for more time, information and resources to make this study more complete. Apart from the budgetary and time constraints that seriously limited the scope of this study, the fact that AIDS is a highly sensitive and controversial issue makes it all the more difficult to have open discussions with affected families, individuals and government bodies.

Moreover, the actual number of cases may be even higher, exceeding the recorded numbers as only reported cases are recorded. Again, due to the stigmatization of the issue, many cases go unreported.

There has been no proper model used to measure the socio-economic impact of HIV/AIDS in Malaysia and hence, the implications discussed here is rested on theoretical assumptions. Studies on socio-economic impact on the various sectors have to be more elaborately and concisely done to draw a better conclusion. A simple study on the analysis of the scale and scope of the impact in a simple study manner should be done

1.10 Organization of Study

This report comprises of 5 chapters. Chapter 1 is the introduction, which briefly outlines the biological aspects of HIV/AIDS and the modes of transmission. It also shows the statistical data of the number of HIV/AIDS cases prevailing in the world today. This chapter will also discuss the purpose, methodology and the significance of this research.

Chapter 2 will involve the literature review of previous studies on the HIV/AIDS epidemic and its economic impact. Most of this work has been done by the UNIAIDS, which is a joint program with the UNDP (United Nations Development Program), which is set up primarily to combat the epidemic worldwide.

Chapter 3 discusses the methodology used throughout this research and how the database was set up. The hypothesis to be tested will also be contained in this Chapter. Generally, data is obtained from secondary sources as well as from field-based survey of households with recent experience of an HIV/AIDS related mortality or morbidity.

Findings of the research will be compiled and interpreted in Chapter 4 and the final Chapter will give the overview of the entire study as well as the necessary policy recommendations that would be useful for Malaysia in containing the impact of this epidemic.