

**The HIV/AIDS epidemic and Poverty: A Human Perspective**

**by**

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## PART I. Background Considerations

### *Lucy's Story*<sup>1</sup>

*By the time my sons became ill with AIDS, one of my daughters-in-law had already died of tuberculosis, and the other had become mentally sick. So I was the closest person to my sons. I had to resume the role of a mother caring for her sick children. I was the only one who could ensure that their physical and emotional needs are met. It was very touching having to nurse my sons again and watching them bed-ridden and deteriorating day by day. My heart shrunk whenever I thought of caring for my grandchildren after the death of their fathers. Their sickness had started encroaching on the savings I had made for my own welfare in old age. It was very painful watching them die. When I was a young girl of 17 getting married, I never dreamed that someday I would see three of my sons die.*

*My sons left behind 6 orphans, and now I am once again a mother to children ranging in age from 8 to 15. Two of my grandchildren were also HIV infected. One has already died, and one is still living at age 8, though she has started falling sick. I am taking care of them alone because in our culture, it is the family of the father who must care for orphans. This is a great challenge having to look after young children again after counting myself among those who had graduated from the responsibility of being a mother.*

*Before my sons became ill, I had hoped that my role as a grandmother would be to care for my grandchildren occasionally during school holidays, but now I am alone in caring for them. In the old days, children were not exposed to so many outside influences, but now Uganda society has changed so much. I find that some of the tactics I used to instill discipline in my own children no longer yield the desired response from my grandchildren. I find the children less respectful and undisciplined in spite of my effort. I feel so sad that I have gone back to the beginning and I have to struggle to get resources to ensure that their basic needs are met, such as school fees, medical care, clothing and other needs. – Lucy*

### **Economic Perspective:**

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<sup>1</sup> UNDP on the WWW, Poverty and HIV/AIDS in Sub-Saharan Africa- Lucy's Story , Retrieved March 22, 2004<<http://www.undp.org/hiv/publications/issues/english/issue27e.html#HIV%20PREVALENCE%20%20THE%20EVIDENCE>>

A recently published World Bank report<sup>2</sup> entitled, *Long Term Economic Impact Of HIV/AIDS More Damaging Than Previously Thought*, warns that HIV/AIDS causes far greater long-term damage to national economies than previously assumed. The report found that most studies of the macroeconomic costs of AIDS, as measured by reduced GDP growth rates, do not pay enough attention to the ways in which human knowledge and potential are created and subsequently lost. The report cites this issue as one of the key channels influencing long-term growth. Shanta Devarajan, co-author of the new research findings and Chief Economist of the World Bank's Human Development Network had this to say on the issue:

*Previous estimates overlooked the impact of HIV/AIDS on children if one or both parents die, how they can suddenly become orphans, how they become vulnerable to dropping out of school, and how, in this way, the disease weakens the ability of today's generation to pass on its skills and knowledge to the next. ...In those countries facing an HIV/AIDS epidemic on the same scale as South Africa, for example, if nothing is done quickly to fight their epidemic, they could face economic collapse within several generations, with family incomes being cut in half.*

The report by focusing on human capital formation identifies how HIV/AIDS combines three major debilitating processes to sharply reduce economic growth, even to the point of economic collapse.

First, AIDS selectively destroys human capital, which the authors describe as, peoples' accumulated life experiences, their human and job skills, and their knowledge and insights built up over a period of years. AIDS is primarily a disease of young adults. As these infected adults become increasingly sick, they steadily lose their ability to work.

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<sup>2</sup> The World Bank on the WWW, News Release No:2003/24/S, Long Term Economic Impact Of HIV/AIDS More Damaging Than Previously Thought, Retrieved March 22, 2004  
<<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20120894~menuPK:34463~pagePK:34370~piPK:34424~theSitePK:4607,0.html>

Eventually, the disease kills them in their prime, thereby destroying the human capital built up in them over the years through child-rearing, formal education, and job training.

Second, the report finds that AIDS greatly weakens or sometimes halts the mechanisms that generate human capital formation. In family homes, the quality of child-rearing depends heavily on the parents' human capital. If one or both parents die while their children are still young; the transmission of knowledge and "potential productive capacity" across the two generations will be weakened. At the same time, the loss of income due to disability, existing job-market discrimination, and early death reduces the lifetime resources available to the family for investments towards child health, nutrition, and education needs.

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Third, the chance that the children themselves will contract the disease in adulthood makes investment in their education less attractive, the report finds that this is the case even when both parents themselves remain uninfected.

The report warns that with too little education and knowledge gathered from their parents, as well as being deprived of parental love and guidance throughout their childhood, the children of AIDS victims later become adults who themselves are less able to raise their own children and to invest in their education. This process precipitates a downward spiral in levels of human capital and productivity. The authors see this process as being insidious in nature, as the effects are felt only over the long run, as the poor education of children today translates into low adult productivity a generation later. On the national level the epidemic creates deep inequality issues while simultaneously

eroding a country's tax-base. The fear is that if nothing is done, the report claims, the outbreak of the disease will eventually precipitate economic collapse.

Clive Bell,<sup>3</sup> a visiting World Bank Research Fellow, and Professor of Economics at Heidelberg University succinctly relates the major implications of this report.

*This report confirms how important it is for policymakers to act swiftly and effectively to prevent the spread of HIV/AIDS, and to treat those with the disease...Keeping infected people alive and well, especially parents, so they can continue to live productive lives and take care of the next generation, is not only the compassionate thing to do, but it is also vital for a country's long-term economic future.*

Lucy's heartrending story does not only give credence to the findings of the report, but reminds us that what is at stake is much more than a crisis of "dollars and cents."

Lucy reminds us that AIDS truly is an agent of dehumanization, and its victims are not just "those other people" thousands of miles away, but rather they're individuals much like ourselves, who possess a family and loved ones. These victims like most of us have dreams and expectations of living long and fulfilling lives; AIDS robs this opportunity.

Lucy reminds us that what is at stake is our humanity and should encourage nations to do all in their power to assuage this completely preventable tragedy.

### **The quickly closing Window of Opportunity in Central America and the Caribbean**

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<sup>3</sup> The World Bank on the WWW, News Release No:2003/24/S, Long Term Economic Impact Of HIV/AIDS More Damaging Than Previously Thought-Response, Retrieved March 22, 2004 <<http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:20120894~menuPK:34463~pagePK:34370~piPK:34424~theSitePK:4607,0.html>

*There is growing recognition that HIV/AIDS is not just a serious health issue in developing countries, but a major developmental catastrophe that threatens to dismantle the social and economic achievements of the past half century - World Bank 2000<sup>4</sup>*

HIV/AIDS epidemic is now in its third decade and continues to grow steadily in the Americas. In late 1999 the official and undoubtedly low estimates report that 1.7 million people were infected with HIV in the Latin America/ Caribbean region: approximately 1.3 million in Latin America and 360,000 in the Caribbean. The Joint UN Program on HIV/AIDS (UNAIDS) estimates that 600 to 700 new HIV infections occur in the region everyday and that by the year 2000 more than half a million had died from the disease. In the majority of the countries in the Americas, the virus does not broadly affect the general population, but has reached alarming levels in certain areas of Central America and the Caribbean.

There is a growing recognition that the Central American and Caribbean regions are now at a crucial juncture in its HIV/AIDS<sup>5</sup> prevalence status. HIV/AIDS experts who have tracked the spread of the epidemic in Sub-Saharan countries identify the 5% prevalence rate in the general population as a major cut-off point, as prevalence levels have tended to explode once this critical level has been achieved, as shown in Fig 1.<sup>6</sup>

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<sup>4</sup> The World Bank on the WWW, HIV/AIDS in the Caribbean: Issues and Options, Report No.20491-LAC pg 2, retrieved February 12, 2004 <[http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/\\$FILE/HIVAIDSCaribbean.pdf](http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/$FILE/HIVAIDSCaribbean.pdf)>

<sup>5</sup> The World Bank on the WWW, HIV/AIDS in the Caribbean: Issues and Options, Report No.20491-LAC, retrieved February 12, 2004 <[http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/\\$FILE/HIVAIDSCaribbean.pdf](http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/$FILE/HIVAIDSCaribbean.pdf)>

<sup>6</sup> US Agency for International Development on the WWW, HIV/AIDS in Southern Africa, retrieved March 22, 2004 <<http://www.policyproject.com/pubs/countryreports/SoAf10-01.pdf>>

## Projected HIV Prevalence

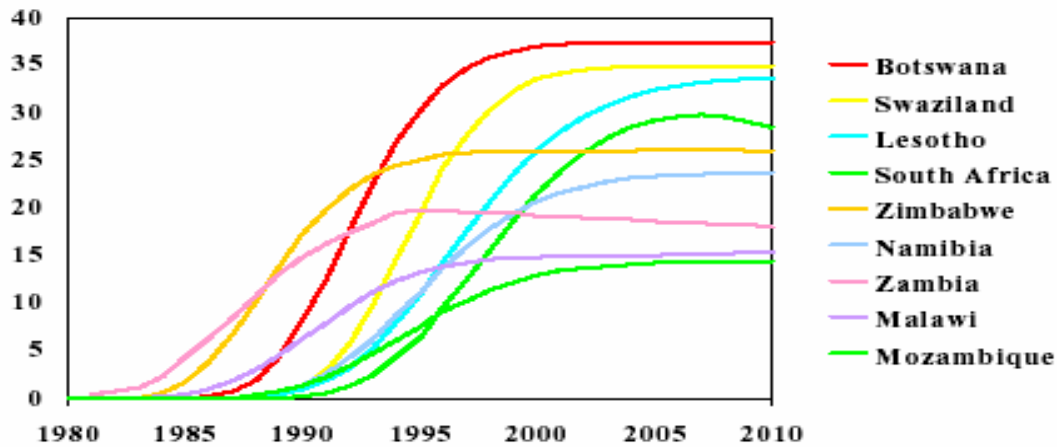


Fig. 1

These regions are quickly approaching this 5% prevalence, a level already achieved in one country, Haiti. Fortunately, these same experts believe that there is still an opportunity in these regions to prevent the epidemic from escalating to the levels found in some Sub-Saharan countries. The governments in these regions agree that now is the time to act and are now retooling present health systems to better address this epidemic.<sup>7</sup>

### The Role of Health Systems

This paper explores the health system's role in the HIV/AIDS response. I feel as if these systems at this critical time must be a major part of the solution to the spread of the epidemic in these regions. A retooled Health System more responsive to the issues concerning this epidemic must be the vehicle that provides much needed legitimate leadership in these regions.

<sup>7</sup> The World Bank on the WWW, HIV/AIDS in the Caribbean: Issues and Options, Report No.20491-LAC, retrieved February 12, 2004 <[http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/\\$FILE/HIVAIDSCaribbean.pdf](http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/$FILE/HIVAIDSCaribbean.pdf)>

My exploration of the health system's role will focus on two major underlying issues: first the health system's definition and its subsequent impact on the HIV/AIDS response and second the rationale behind the recommendation for improving overall health system performance as the best response to the epidemic and the need for governments' leadership in these efforts.

The importance of carefully defining a health system is many times overlooked, but as I will illustrate, a health system's definition dictates the design and execution of any health initiative. I will then go on to make the argument that the HIV/AIDS epidemic is too complex to be effectively addressed by an out-dated and narrowly defined health system, one that limits itself to the institutions under the direct control of the Department of Health.

The second issue of improving overall health system performance is now of particular importance as currently multi-million dollar programs are now underway that focus exclusively on HIV/AIDS at the expense of health systems as a whole.<sup>8</sup> I will make the argument that such parallel programs are short-sighted in their approach as in the long-run they funnel away the already limited number of trained health workers and so weaken the overall health system.

I will focus on three countries, Costa Rica, El Salvador, and Jamaica; the first two are found in Central America and the other is the third largest country in the Caribbean. The HIV/AIDS threat in each country is real, and each country has launched a different response with varying success. I will use these countries to illustrate the relevance of

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<sup>8</sup> HIV and Hepatitis on the WWW, Public Policy Advocacy- HIV/AIDS Funds Must Strengthen Developing Nations' Health Systems, retrieved on March 29, 2004 < [http://www.hivandhepatitis.com/hiv\\_and\\_aids/public/052101.html](http://www.hivandhepatitis.com/hiv_and_aids/public/052101.html)>



these issues and explore how they have worked to shape the HIV/AIDS response. From this cross-country analysis, I will identify lessons that have been learned so-far and three successful policies that could possibly be adopted by other countries in this region.

### **The Importance of the Health System Definition in the HIV/AIDS Response**

A strong health system requires that its role, branches, and mission be well defined. This definition dictates the scope and consequent health initiatives undertaken. The Pan American Health Organization (PAHO) in its paper<sup>9</sup> entitled, *Health Systems Performance in the Americas*, identifies four of these major definitions.<sup>10</sup>

The narrowest definition acknowledges only the institutions under the direct control of the Department of Health. This only includes mainly the health professionals and medical services aimed specifically at health improvement. This definition excludes personal health programs provided by other government sectors, and initiatives by missions, NGOs or the private sector.

The second definition is a bit broader and includes personal medical and non-personal health services such as programs to reduce public health risks and the dissemination of general health information. However, inter-sectoral—action that involves the coordination of efforts from many sectors of government—health initiatives such as safe water and adequate sanitation would be excluded.

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<sup>9</sup> Health Systems Performance Assessment and Improvement in the Region of The Americas, Pan American Health Organization Publication, 2001.pp1

<sup>10</sup> Health Systems Performance Assessment and Improvement in the Region of The Americas, Pan American Health Organization Publication, 2001.pp2-4.

The third definition extends itself even further to include any action with a primary goal of health improvement and most significantly embraces inter-sectoral action. Yet another option is to include all initiatives that contribute to improving health, but not necessarily having this as its primary intent. The fourth and final definition encompasses a whole host of activities ranging from direct projects of environment protection and medical research to the more indirect initiatives of improving education and industrial development. However, it must be emphasized that these broader definitions for the health system are not calling for the consolidation of several government departments under the health portfolio. Instead, these definitions would encourage health policy-makers to think beyond basic medical services and empower them to extend their influence to improve health, whether in the provision of services, partnerships with private providers, or through advocacy for inter-sectoral action.<sup>11</sup> Each definition calls for very different levels of accountability, where health policy-makers would have very different roles. Therefore, each definition would also have very different implications for the HIV/AIDS response.

The narrowest definition, which limits itself to resources under the direct control of the Department of Health, would precipitate a response similarly limited in scope. Such a response would be confined to the prevention measures of testing for HIV and other sexually transmitted infections, the disbursement of condoms, and the improved screening of donor blood.<sup>12</sup> The therapeutic portion of this response would include the provision of anti-retro-viral (ARV) drugs and public (patients receiving therapy from a

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<sup>11</sup> Health Systems Performance Assessment and Improvement in the Region of The Americas, Pan American Health Organization Publication, 2001.4.

<sup>12</sup> Averting HIV & AIDS on the WWW, A total package of treatment and care, retrieved on April 3, 2004. < <http://www.avert.org/hivcare.htm>>

public health provider, health clinic, hospital etc.) care for HIV-related opportunistic infections.

The second definition extends itself to include both personal and non-personal health services provided by missions, NGOs or the private sector. Therefore such a definition would most noticeably increase the number of agents involved in the HIV/AIDS response. These health services would include, for example, education programs aimed at improving sexual reproductive health, reducing mother to child HIV through breastfeeding and replacement feeding practices, and counseling resources.<sup>12</sup>

The third definition opens the HIV/AIDS response to include inter-sectoral action and partnerships that have health improvement as their prime intent. Therefore this definition would for example call for the involvement of the Departments of Agriculture and Trade to improve food and nutrition programs for AIDS patients, and the involvement of the Department of Education to increase HIV/AIDS awareness in the classroom. This definition would also enable a country to secure additional funding for HIV/AIDS therapy through inter-sectoral partnerships. It is the services of these partnerships that is unavailable to many people, like Lucy for example, whose needs are not just confined to healthcare, but rather may include a wide range of services such as counseling, financial assistance, and education.

The fourth definition is again more inclusive and involves all actions that contribute to improving health. This definition enables the HIV/AIDS response to be advanced through the larger, more holistic approach to healthcare. This definition encompasses all previously stated initiatives from previous definitions and includes any program that has health improvement as an outcome. For example, this response would

involve the advocacy of initiatives ranging from the broad goals of improved economic development and better education systems to the more specific objectives of retooling law enforcement agencies to crackdown on prostitution rings and better monitoring of the epidemic in penal institutions and its subsequent migration into the general population.

Arriving at a consensus on the definition issue has proven to be an elusive undertaking in the Caribbean and Central American regions. The World Health Report of 2000,<sup>13</sup> which focused on health systems, has sparked even more debate on this issue of defining and evaluating health systems among member states on the regional level. At a regional consultation on Health Systems held in 2002<sup>14</sup> at the PAHO headquarters in Washington D.C., experts representing countries from all over the Americas presented many different opinions on the matter. A number of participants argue that each country has its own unique definitions for its health system, and consequently expected its government to be responsible in different ways. They argue that as a result it is not possible to define some form of recommended common framework. Other participants argued that international comparisons were useful; they advocated using a common framework that could then be tailored to suit the differing dynamics of each country.

This problem is further aggravated by legal variations that are many times imprecise and outdated. As a result much confusion exists about the roles of healthcare providers and the use of financial and non-financial resources. Most definitions tended to reduce the importance of subsystems of self-care and informal care.

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<sup>13</sup> Health Systems Performance Assessment and Improvement in the Region of The Americas, Pan American Health Organization Publication, 2001.pp11-13.

<sup>14</sup> Health Systems Performance Assessment and Improvement in the Region of The Americas, Pan American Health Organization Publication, 2001.pp19.

In most countries, health policy makers tend to be responsible for actions associated with the delivery of personal and non-personal health services. To date there has been little consensus on how broadly or narrowly to define the system or for precisely what health policy stewards should be held accountable. The PAHO cites this issue as a major challenge and an “area that requires much more work.”<sup>15</sup> The real tragedy is that while integral players of the healthcare system stumble to find their role, the epidemic continues to decimate the afflicted.

### **The Need for a Broader Health System Definition in the Fight against HIV/AIDS**

The word, epidemic, is useful when classifying HIV/AIDS. However, when used in its strictest sense this term gives only a mere description of prevalence rate levels, and says nothing about the other associated far-reaching aspects that make HIV/AIDS the phenomenon the world has never seen before. No other disease has created such tremendous challenges and raised such compelling questions on so many levels. These challenges and questions are not strictly health related, but rather involve moral considerations, issues of inequality, imperfect distribution of information, and economic development. Nevertheless, they are all real and pertinent. In other words, HIV/AIDS is a social and humanistic phenomenon that exploits individual, societal, and even cultural shortcomings.

Health policy makers must bear these considerations in mind when shaping the modern-day HIV/AIDS response. The multi-faceted nature of the epidemic calls for a

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<sup>15</sup> Health Systems Performance Assessment and Improvement in the Region of The Americas, Pan American Health Organization Publication, 2001.pp21-22.

deeper understanding of healthcare one, which recognizes that health crises such as HIV/AIDS cannot be successfully addressed within a vacuum. Instead, what has been successful, in Sub-Saharan Africa for example, is partnerships consisting of a wide variety of institutions that provide preventative measures<sup>16</sup> and care for individuals as the infection progresses. Health systems need to be defined in such a manner that makes them accountable for all aspects of the HIV/AIDS epidemic. Only this level of accountability will require the health system to tackle the epidemic on all fronts, and provide them with the much needed legitimate demand for the necessary tools.

### **The Case for Strengthening Health Systems and the HIV/AIDS Response**

HIV/AIDS can be seen as the acid test for Health Systems worldwide. The disease tests all facets of a health system, and the mechanisms required for a successful response are the same that comprise any good health system. These mechanisms can be separated into preventive and therapeutic measures. The former tests a health system's ability to effectively communicate with its clients (society at-large) by thoroughly disseminating information about the disease and protection devices such as condoms. The latter requires adequate health system responsiveness which includes, among other things, "respect for persons (their dignity), autonomy and confidentiality" as well as increased "client orientation, including prompt attention, access to social support networks, quality

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<sup>16</sup> The World Bank on the WWW, AIDS, Development, and the Vital Role of Government Speech delivered by Callisto Madavo, Retrieved March 12, 2004 < <http://www.worldbank.org/aids-econ/madavo.htm>>

of basic amenities, and choice of provider."<sup>17</sup> This responsiveness issue is a very broad and must be bolstered by adequate funding, and the commitment of all parties involved in providing this service. A responsive system reflects an initial understanding of the nature of its client's needs and displays the willingness to design mechanisms to cater to these needs.

Therefore, the requirements for a successful HIV/AIDS response and those for a successful health system are synonymous. International health policy experts like Michael Bailey, head of policy and practice at the charity, *Save the Children*, understand this relationship and thus argue for the strengthening of health systems as a whole as the most effective way of addressing the HIV/AIDS crisis.<sup>18</sup>

This sentiment is not shared by everyone. Many internationally funded programs are now springing up throughout the Americas that specifically target the HIV/AIDS epidemic. These well funded programs draw many of the remaining trained health workers from what is left of the public sector and reduces the governments' ability to plan and provide basic health services for their people.<sup>19</sup>

A stronger health system translates into a better HIV/AIDS response, but the reverse does not necessarily hold true. The funding of many AIDS therapy programs is often consumed in the purchasing of expensive anti-retro-viral drugs. These drugs, though effective, have a low overall impact on health outcomes. On the other hand, strengthening health systems improve health outcomes across the board, including those

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<sup>17</sup> The World Health report 2000, pp 77, World Health Organization Publication

<sup>18</sup> HIV and Hepatitis on the WWW, Public Policy Advocacy- HIV/AIDS Funds Must Strengthen Developing Nations' Health Systems, retrieved on March 29, 2004 < [http://www.hivandhepatitis.com/hiv\\_and\\_aids/public/052101.html](http://www.hivandhepatitis.com/hiv_and_aids/public/052101.html)>

<sup>19</sup> HIV and Hepatitis on the WWW, Public Policy Advocacy- HIV/AIDS Funds Must Strengthen Developing Nations' Health Systems, retrieved on March 29, 2004 < [http://www.hivandhepatitis.com/hiv\\_and\\_aids/public/052101.html](http://www.hivandhepatitis.com/hiv_and_aids/public/052101.html)>

related to the HIV/AIDS epidemic. Still, government leadership is needed to bring the health system into the fore of the HIV/AIDS response. However, such action requires governments to first acknowledge the real threat that the epidemic presents and secondly recognize that a strong health system provides the best response.

### **Why Governments should be actively involved**

Callisto Madavo, Vice President of the arm of the World Bank with responsibility for the Africa region, correctly states that HIV/AIDS is a development issue,<sup>20</sup> and so must be a priority of any government. He argues that “AIDS is turning back the clock on development.”<sup>20</sup> He cites the life expectancy as one of the best overall measures of development, which increased by 24 years in the developing world from 1950 to 1990 and that AIDS is now turning back those decades of progress as life expectancy has already declined by as much as 12 years in some countries.

As discussed above AIDS thrives on poverty and further deepens it. Therefore, this epidemic is in direct tension with a major goal of development—to better the lives of the poor. AIDS also greatly threatens a country’s economic stability which is one of the major roles of most governments.

Madavo also importantly observes that development itself in the way of labor migration, urbanization, and cultural changes, for example, can contribute to the spread of the epidemic. Therefore governments must bear these costs in mind when planning strategic development projects.

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<sup>20</sup> The World Bank on the WWW, AIDS, Development, and the Vital Role of Government Speech delivered by Callisto Madavo, Retrieved March 12, 2004 < <http://www.worldbank.org/aids-econ/madavo.htm>>



Madavo highlights several aspects of the AIDS epidemic response that only governments can achieve. First, the government is needed to design a clear national agenda with AIDS at its center. Second, governments are needed to create more favorable conditions for other players such as NGO's and religious groups to play their roles. Experts like Madavo see these partnerships between government, the private sector, churches, and people affected and infected with the epidemic as being a necessary facet of any successful initiative. Third, history has shown that a most effective tool is the dissemination of adequate public information about the epidemic (a public good) and this is most effectively achieved through government programs.<sup>21</sup> Fourth, governments are needed to relieve the legal and social barriers associated with HIV/AIDS prevention and treatment. This involves more than subsidizing healthcare costs as governments can make all HIV therapy more convenient and less embarrassing through more progressive social marketing and legal maneuverings. And finally, the most significant role is to provide advocacy for the poor who are most vulnerable to the epidemic.

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<sup>21</sup> The World Bank on the WWW, AIDS, Development, and the Vital Role of Government  
Speech delivered by Callisto Madavo, Retrieved March 12, 2004 < <http://www.worldbank.org/aids-econ/madavo.htm>>

## PART II. – Cross Country Analysis

### Overview of HIV/AIDS Epidemic in Central America:

The HIV/AIDS epidemic in Central America is acute and worsening, where four of the six countries with the highest estimated HIV prevalence in Latin America are found in this sub-region.<sup>22</sup> The prevalence of this epidemic is greatly underestimated as testing is not widely available, and upwards of 70% of all cases of HIV are only diagnosed once people become symptomatic.<sup>23</sup> HIV transmission is predominantly through unprotected heterosexual relations (Costa Rica is the sole exception.) To better assess the extent of this epidemic, the Central American HIV/AIDS Prevention Project (PASCA) recently conducted a multi-country survey. This survey showed that the epidemic is concentrated in high risk groups- men who have sex with men and commercial sex workers.<sup>23</sup>

The term "commercial sex worker"<sup>24</sup> (CSW) refers to a person who is involved in any one of a broad variety of activities, from pornography, pay-for-view voyeurism, and stripping to the purchase and sale of sexual services and trafficking. Commercial sex workers are at high risks because their clients frequently do not use a condom and sex workers do not insist on their use, either because they underestimate the risk of infection,

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<sup>22</sup> The World Bank on the WWW, HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention, Report No.20491-LAC. pp1. retrieved February 12, 2004<  
<http://wbln0018.worldbank.org/LAC/LAC.nsf/ECADocbyUnid/A323B430E178853F85256DBF0054CE44?Opendocument>>

<sup>23</sup> The World Bank on the WWW, HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention, Report No.20491-LAC.pp 2. retrieved February 12, 2004<  
<http://wbln0018.worldbank.org/LAC/LAC.nsf/ECADocbyUnid/A323B430E178853F85256DBF0054CE44?Opendocument>>

<sup>24</sup> Jordan, Ann, Commercial Sex Workers in Asia: A Blind Spot in Human Rights Law in WOMEN AND INTERNATIONAL HUMAN RIGHTS LAW, Volume 2, Askin and Koenig (eds.), (Ardsley, N.Y. : Transnational, 2000) pp.526

do not have access to condoms, or earn more money by providing unprotected sex.<sup>25</sup> Clients of commercial sex workers act as a bridge between this high risk group and the general population. In all countries in the region, prevalence rates are much higher—generally two to four or five times higher—for commercial sex workers working on the street. Homosexual behavior accounts for a significant amount of HIV transmission and prevalence rates ranged from 17.7% in El Salvador to 9.3% in Nicaragua.<sup>26</sup> The men in this study represented a diverse pool of self-reported sexual orientations consisting of homosexuals, heterosexuals, bisexuals, and transvestites.

Recently, the use of generic medications has enabled a reduction in treatment cost without diminishing the quality of treatment. Governments are strengthening efforts to prevent sexual transmission of HIV and transmission from mother to child. Many governments throughout the region support universal provision of information and education on HIV prevention. In response they have developed programs to reinforce sexual education in the schools, as well as among out-of-school youth, including migrants, commercial sex workers, and men who have sex with men.<sup>27</sup>

Two of the three countries chosen for this research, Costa Rica and El Salvador, are found in this region and follow these major trends.

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<sup>25</sup> The World Bank on the WWW, HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention, Report No.20491-LAC. pp3. retrieved February 12, 2004<<http://wbln0018.worldbank.org/LAC/LAC.nsf/ECADocbyUnid/A323B430E178853F85256DBF0054CE44?Opendocument>>

<sup>26</sup> The World Bank on the WWW, HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention, Report No.20498 .pp5. retrieved February 12, 2004<<http://wbln0018.worldbank.org/LAC/LAC.nsf/ECADocbyUnid/A323B430E178853F85256DBF0054CE44?Opendocument>>

<sup>27</sup> The USAID on the WWW, Health HIV/AIDS - Central America Regional Program, retrieved March 5,2004 <[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/caregion.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/caregion.html)>

## **Costa Rica:**

Sexually transmitted cases of AIDS began to appear in Cost Rican men in 1985, and by the 1990s, the epidemic spread to women and newborns. In 2000, Costa Rica had a total of 2,003 registered AIDS cases. Adult HIV prevalence at the end of 2001 was 0.6% and Sexual Transmission accounted for 61% Of the cumulative cases for which the mode of transmission was known. Homosexual behavior is the predominant mode of HIV transmission, as by the end of 1999 men accounted for 75 % of all HIV cases.<sup>28</sup> The very low prevalence rates in sexually active women, including sex workers could be owing to survey methods. The testing was voluntary and probably underestimates the true level of infection among sex workers, because women who know they are infected or think they might be may avoid testing for fear of losing clients.

In response to the increasing prevalence of the disease, the Costa Rican government began to renew its effort in 1998 by enacting a general law on HIV/AIDS and enabling regulations.<sup>29</sup> This legislation secures the Human Rights and responsibilities of patients and defines a series of requisite healthcare procedures. With this legislation Costa Rica became the only country in Central America to provide antiretroviral therapy (ARV) to all patients through the Social Security system. Costa Rica's broadly defined health system is evident in the HIV/AIDS response which it has mounted. This system is best described by the third definition, as it is defined broadly enough to include inter-sectoral actions that have health improvement as a major objective but does not extend to include all initiatives that impact health. The Health System has successfully employed the resources of many multi-sectoral alliances and public-private partnerships such as the

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<sup>28</sup> The USAID on the WWW, Health HIV/AIDS-Country profile: Costa Rica pp1. retrieved on March 5, 2004. < [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/costaricadbrief.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/costaricadbrief.pdf)>

<sup>29</sup> Health in the Americas, Vol 2., 2002 Edition, 196. Pan American Health Organization Publication

People Living With HIV/AIDS (PLWHAs) into checking the spread of the epidemic.

These initiatives have produced improvements in the following areas of emphasis:<sup>30</sup>

- Education and communication for HIV prevention
- Quality and coverage of voluntary counseling and testing services
- Quality and coverage of care and support services for those living with HIV/AIDS including monitoring of adherence to treatment protocols
- Reduction of treatment costs
- HIV/AIDS surveillance

These programs, though effective, have proven to be also very expensive.

According to the Iniciativa Regional sobre SIDA para America Latina y el Caribe (SIDALAC), HIV/AIDS expenditures in Costa Rica totaled US\$21.4 million in 2000, 68 percent of which came from public sources.<sup>31</sup> However, although the state is the main provider of the health services, the partnerships formed with NGOs, charities (both local and foreign), and the private sector have played an important role in filling the gaps left by the government and Social Security system.

The Costa Rican government in 1994 began a major package of reforms to strengthen its health system. These health sector reforms can be broken down into three major areas: leadership in health, adaptation of the model of care, and adaptation of the system of financing.<sup>32</sup>

Costa Rica has used reforms in leadership to create a more accountable health system. Using a multisectoral approach, the Ministry of Health has assumed a leadership role in the national health system that goes beyond the sector. These reforms have

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<sup>30</sup> The USAID on the WWW, Health HIV/AIDS-Country profile: Costa Rica pp3. retrieved on March 5, 2004. < [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/costaricadbrieff.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/costaricadbrieff.pdf)>

<sup>31</sup> The USAID on the WWW, Health HIV/AIDS-Country profile: Costa Rica pp2. retrieved on March 5, 2004. < [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/costaricadbrieff.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/costaricadbrieff.pdf)>

<sup>32</sup> Health in the Americas, Vol 2., 2002 Edition, 201. Pan American Health Organization Scientific Publication; 569.

extended the Health System's role in addition to management and leadership in health to also include regulating the development of health, monitoring health, and scientific research and technological development.

The adaptation of the model of care entailed adjustments to handle local health problems appropriately and in a timely manner, and simultaneously stressed the promotion of community participation and the curtailment of public spending. The model utilizes health teams that provide basic services, which are further subdivided into five comprehensive care programs.

The financial restructuring portion of the reforms focused on efficiency and sustainable financing by promoting equity in the distribution of social burdens and benefits. The use of equitable, modern and efficient controls has encouraged people to subscribe to the social security system, therefore reducing tax evasion.

These reforms have greatly improved the resiliency of the health system and its ability to respond to the HIV/AIDS epidemic. First, the new leadership status of the health system has enabled the Ministry of Health to orchestrate the previously discussed inter-sectoral initiatives to address the epidemic, particularly in the way of securing much needed generic medications. Second, the adaptation of the model of care has produced a more equitable and responsive health system, one that more efficiently communicates with the people, through education programs, improved testing, and better comprehensive healthcare for HIV/AIDS patients. Lastly, financial restructuring has enabled Costa Rica to fund more initiatives and to fairly distribute this cost to its people.

## **EL Salvador:**

The AIDS epidemic is currently on the rise in El Salvador. By July 2002, the cumulative number of reported cases was more than 10,000, but UNAIDS estimates underreporting may be as high as 60 percent. Three-fifths of reported AIDS cases occur in the 20 to 39 age group, and the male-to-female ratio is approximately 3:1. About 60 percent of reported cases were found in the metropolitan area of San Salvador. El Salvador is considered to have a concentrated epidemic, with HIV/AIDS prevalence consistently exceeding 5 percent in one or more vulnerable populations. Surveillance data in the 1990s found low prevalence levels among groups such as pregnant women and blood donors (ranging from zero to 0.26 percent in various locations around the country); and prevalence among women and the general population was slightly higher, but generally still under 1 percent.<sup>33</sup>

Among HIV/AIDS cases, more than 70 percent are reportedly owing to heterosexual contact. But researchers report that the high male-to-female ratio may be as a result of existing cultural stigmas that dissuade the reporting of homosexual and bisexual transmissions.

The government began its initial HIV/AIDS prevention programs as early as 1988, but the disease still remains largely hidden and too often is associated with inevitable death, homosexuality, and punishment for immoral behavior. Unfortunately, El Salvador's HIV/AIDS response is far behind its neighboring countries and can be described as inadequate at best (El Salvador is one of the lowest capital spenders on HIV/AIDS in the region, at US \$1.59 per capita.) These shortcomings are an accurate

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<sup>33</sup>The USAID on the WWW, Health HIV/AIDS-Country profile: El Salvador pp1. retrieved on March 5, 2004. <[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/elsalvadbrie.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/elsalvadbrie.pdf)>

reflection of its ailing health system. Past studies<sup>34</sup> reported that the AIDS epidemic is concentrated in the capital city of San Salvador; therefore, treatment and testing is almost completely isolated to this city. The same trend is found in its health system that is based on the first and very narrow definition that confines the health system to only the resources under the direct control of the Ministry of Health. The problem is further aggravated by the already limited health resources being concentrated in the capital city, where a third of the nation's 6.2 million people live.<sup>35</sup> El Salvador provides the text book example that supports my thesis that a weak and narrowly defined health system cannot mount an adequate response to an epidemic of this scale.

Only recently (June 2003) have serious reforms, that is reforms calling for fundamental changes in the scope and delivery of healthcare, been put into effect to address the health system's problems. This reform package better known as the Public Modernization Program calls for a thorough reorganization and modernization of the health system. Adjustments are now being made for the coming fiscal year to increase government spending on healthcare, and further the reorganization process of decentralizing the health system to cater to the entire population.<sup>36</sup> These new reforms made El Salvador the last country in the region to pass legislation protecting patient rights and guaranteeing access to treatment. El Salvador has also with the aid of other countries, negotiated price reductions in antiretrovirals with major pharmaceutical

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<sup>34</sup>The World Bank on the WWW, HIV/AIDS in Central America: An Overview of the Epidemic and Priorities for Prevention, Report No.20498 .pp12. retrieved February 12, 2004<  
<http://wbIn0018.worldbank.org/LAC/LAC.nsf/ECADocbyUnid/A323B430E178853F85256DBF0054CE44?Opendocument>>

<sup>35</sup> World Gazetteer on the WWW, Country and Regions-El Salvador, retrieved on April 4, 2004.  
<[http://www.world-gazetteer.com/fr/fr\\_sv.htm](http://www.world-gazetteer.com/fr/fr_sv.htm)>

<sup>36</sup> Health in the Americas, Vol 2., 2002 Edition, 265. Pan American Health Organization Scientific Publication; 569.



manufacturers, and as of this year, some 1650 people were reported to be receiving treatment.<sup>37</sup>

The government is also moving to a more broadly defined “Costa Rican style” health system as the general policy set by the Department of Health. This new definition as described by the Minister of Health will serve “to improve the level of health of the Salvadorian population through the development of inter-institutional programs that focus on comprehensive care...”<sup>37</sup> The spirit of these reforms is now being echoed in the country’s new HIV/AIDS response where the goal is to decentralize services and to develop and integrate public, private, and nongovernmental organization participation.

I think that these reforms are a step in the right direction as strengthening the health system will enable an adequate HIV/AIDS response by revealing the true extent of the epidemic. El Salvador will also begin to address the funding shortfalls that now exist by promoting a unified multisectoral response.

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<sup>37</sup> The USAID on the WWW, Health HIV/AIDS-Country profile: El Salvador pp 9. retrieved on March 5, 2004. <[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/elsalvdbrief.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/elsalvdbrief.pdf)>

## **Overview of Epidemic in the Caribbean:**

*The Caribbean Region currently has the highest HIV prevalence rate of any region in the world other than Sub-Saharan Africa- World Bank 2000*<sup>38</sup>

Official estimates– which are undoubtedly low – indicate that 360,000 people are living with HIV/AIDS in the Caribbean region, and the percentage of adults ages 15 to 49 living with HIV/AIDS is approaching 2%.<sup>39</sup> However given wide scale underreporting it is estimated that more than half a million people are infected with HIV. In most Caribbean countries the epidemic is concentrated in populations groups who engage in high risk behavior: commercial sex workers, men who have sex with men, and injecting drug users, but is rapidly spreading into the general population. Currently, the primary mode of transmission is through heterosexual contact. Women now account for a third of all HIV/AIDS cases in the Caribbean.

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## **Jamaica:**

HIV/AIDS and sexually transmitted infections are the leading causes of death for women 20–29 years of age in Jamaica. Since 1999, HIV/AIDS has been the second leading cause of death in children under four. By the end of 2001, more than 20,000 people were estimated to be infected with HIV and approximately 3,700 had died from

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<sup>38</sup> The World Bank on the WWW, HIV/AIDS in the Caribbean: Issues and Options, Report No.20491-LAC pp 1, retrieved February 12, 2004 <[http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/\\$FILE/HIVAIDSCaribbean.pdf](http://wbln0018.worldbank.org/LAC/lacinfoclient.nsf/d29684951174975c85256735007fef12/0191899ca02a3f6885256905007be3d0/$FILE/HIVAIDSCaribbean.pdf)

<sup>39</sup> Health in the Americas, Vol 1., 2002 Edition, 225. Pan American Health Organization Scientific Publication; 569.

AIDS. However, Jamaica's overall HIV/AIDS prevalence, 1.4 percent, is relatively low compared to neighboring Latin America and Caribbean countries.<sup>40</sup>

Jamaica's HIV/AIDS epidemic is characterized as general. There is concentrated infection however, especially among commercial sex workers, homosexual and bisexual men, and those with an existing sexually transmitted infection. Sixty percent of new HIV infections are transmitted through heterosexual intercourse and almost as many women as men are infected. The individuals at greatest risk for new HIV infections are infants and children under five and adolescents, particularly adolescent females.<sup>41</sup>

HIV and AIDS are placing significant stresses on the healthcare system. The virus is spreading steadily, and, though Jamaicans have a high awareness of HIV/AIDS, certain myths persist. For example, one survey found two out of every three adults believe HIV is transmitted via mosquito bites. Most HIV-infected Jamaicans do not seek medical care until they develop symptoms of AIDS, which limits the benefits they can receive from prophylactic and early treatment of tuberculosis and other opportunistic infections. The delay in seeking health care among people living with HIV/AIDS has been attributed to a variety of factors, including but not limited to, the cost of care and the associated stigma.

The Jamaican Government has taken an active approach to confronting the HIV/AIDS epidemic. The National HIV/STD Control Program within the Ministry of Health developed a medium term plan (1997–2001) prior to the current National Strategic Plan (2002–2006). The National Strategic Plan, approved by the Parliament in June 2002,

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<sup>40</sup> The USAID on the WWW, Health HIV/AIDS-Country profile: Jamaica pp 1. retrieved on March 5, 2004. <[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/jamaicabrief.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/jamaicabrief.pdf)>

takes into account the expanded response to HIV/AIDS in the region, as well as the worsening epidemic in Jamaica.<sup>41</sup>

However, Jamaica has failed to address the deep-rooted stigma and subsequent discrimination against HIV/AIDS victims. This discrimination is present in all levels of society and has even extended into the health system; where it is not uncommon to hear horror stories of fear and scorn from health-workers and frequent violations of confidentiality and trust.<sup>42</sup> This discrimination is based on the myth that HIV/AIDS is a “dirty” disease of homosexuality and prostitution; therefore, Jamaicans being a very religious people popularly believe that the disease is a “punishment from God” (This idea is advocated by many church leaders.)<sup>43</sup> Jamaican health experts such as Trotman (2000)<sup>44</sup> have found that “discrimination and stigmatization drive infected people away from the support, care and information they need, thus encouraging the spread of infection.”

Again we see how shortcomings in a health system can frustrate the HIV/AIDS response. This discrimination issue must be addressed in Jamaican society as a whole, but I believe that this change must begin within the health system, which can then take a leadership role in the education of the larger population.

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<sup>41</sup> The USAID on the WWW, Health HIV/AIDS-Country profile: Jamaica pp 3. retrieved on March 5, 2004. <[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/jamaicabrief.pdf](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/jamaicabrief.pdf)>

<sup>42</sup> Carr, R. (2002), Stigmas, gender and Coping: A Study of HIV+ Jamaicans, *Race, Gender, and Class*, 9(1):132-133

<sup>43</sup> Dinnall, M.E.T., & Bain, B.C. (1994). What Church leaders know about the human immunodeficiency virus infection and how they are responding to the AIDS epidemic- A Study from Kingston and St. Andrew, Jamaica. *West Indian medical Journal*, 43(1):21.

<sup>44</sup> Trotman, L. (2000). HIV/AIDS in the workplace: The workers perspective. In G. Howe & A. Colobey (Eds.), *The Caribbean AIDS epidemic*, pp.147. barbados/Jamaica/Trinidad and Tobago: University of the West Indies Press.

Jamaica's current National Strategic Plan, though long overdue, includes initiatives to broaden the health system's role to a system that is similar to that in Costa Rica. However, more reforms will be needed before the health system can satisfy the requirements of the third definition (as described by PAHO on pp. 10). The steps taken to make the transition to a "Costa Rican" style system will aid in the subsequent building of an effective multisectoral HIV/AIDS response. These initiatives will enable the health system to work more closely with two major independent island-wide initiatives; the National AIDS Committee and the Jamaica Adolescent Reproductive Health Project. I think that these groups can play a major role in advising the Ministry of Health on HIV/AIDS policies issues and aid in coordinating participation from other sectors.

These private organizations were created to fill the void left behind by the failings of the health system. The National AIDS Committee serves as an umbrella agency for more than 100 organizations that represent government ministries, the private sector, churches, and community and civic organizations. A partnership with this committee would not only raise funds to assist in the management and implementation of AIDS control programs but also provide a direct link with the all important religious institutions to address the discrimination issue.

The partnership with the Jamaica Adolescent Reproductive Health Project is also very important because, as noted above Jamaican youth are most at risk. It is this aspect of the epidemic – that it targets the nation's youth – that is perhaps most crucial. A strong broadly defined health system will go a far way in addressing this problem through education programs aimed at changing sexual attitudes and behaviors and improved screening to reduce mother-child transmission.

## **Conclusion:**

HIV/AIDS is much more than a global pandemic of such proportions that it clearly ranks as one of the most destructive microbial plagues in history. It has now befriended poverty, discrimination, and other debilitating social ills. What started as a health crisis has now adopted new dimensions that threaten to undo many of mankind's achievements of the last century. However, there is good news that is communicated best by the World Bank Vice President, Callisto Madavo, who insists that "HIV/AIDS is one hundred percent preventable. This adversary moves quickly. Those countries who delay, invite defeat. But those countries who take fast, forceful, coordinated action can control this scourge and keep clear the path for development."<sup>45</sup>

The Central American and Caribbean regions are at a pivotal point in the evolution of this historic phenomenon and action must be taken immediately to prevent the epidemic from escalating to the levels found in Sub-Saharan Africa. Government involvement is needed to bring the HIV/AIDS response to the forefront of their individual national agendas.

The Health System must also be the vehicle that coordinates and is held accountable for this new HIV/AIDS agenda. However, these systems must first be empowered before they can adopt this new role. This empowerment includes the overall strengthening of the

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<sup>45</sup> The World Bank on the WWW, AIDS, Development, and the Vital Role of Government  
Speech delivered by Callisto Madavo, Retrieved March 12, 2004 < <http://www.worldbank.org/aids-econ/madavo.htm>>

health sector and the broadening of its definition to extend its influence through partnerships between the public and private agents.

The three countries (Costa Rica, El Salvador, and Jamaica) bear testimony to the importance of the health system and provided real world examples of how the AIDS epidemic exploits a nation's shortcomings on a variety of levels. The heartening part of the story is that all three nations seem to realize the important role of the health system and are making the requisite adjustments. Some countries, like Costa Rica, are further down this road and serve as a good example for other nations to follow. El Salvador and Jamaica are significantly poorer nations and so may progress more slowly, but they nevertheless demonstrate a true understanding of the epidemic and the requirements of an effective response. What remains to be seen is if there is a genuine political will and commitment by the health systems to confront and successfully address this most daunting phenomenon.

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