

---

## Editorial

The world at large is grappling with the realisation that it is failing to control the further spread of the HIV/AIDS epidemic. This failure makes it important to reflect on our attempts to make an impact on the epidemic and to understand the lessons to be learnt from our efforts thus far. What are these lessons?

The most common response to the epidemic has been one of denial. Communities most at risk to infection continue to disbelieve in AIDS as a real problem. This situation is unlikely to change until individuals infected and sick with HIV/AIDS feel confident and sufficiently supported to speak about their experiences with the disease.

A further form of denial is evident in the lack of commitment of governments and political leaders to allocate sufficient resources to controlling the epidemic. The South African government is particularly guilty in this regard. Its own figures highlight the seriousness of the epidemic in this country. In 1990, 76 people in every 10 000 were infected. In 1991, the figure was 149 per 10 000 and, in 1992, it increased to 269. South Africa generates more wealth than most other African countries, yet the government spends less on AIDS per person than almost all these countries.

The epidemic was initially most prevalent in the white homosexual community, but is now spreading rapidly amongst heterosexuals. A close examination of who becomes infected has shown that the disease occurs most frequently in situations where it is difficult to maintain stable relationships. The societal factors that act to destabilise sexual relationships are not well enough understood, but there are perhaps two central factors. Migrancy between urban and rural centres, as well as within urban centres, leads to complex patterns of sexual networking. The subordinate position of women in our society, who lack the power to protect themselves in sexual relationships, exacerbates the spread of the disease.

The expectation that modern technology would provide a vaccine and a cure for this disease has not been met. It is now clear that this virus is changing more rapidly than most other disease-causing micro-organisms and is able to easily resist the drugs and vaccines that have been tried so far. Most scientists now agree that a vaccine and a cure is unlikely until the next century.

The fundamental lesson learnt from prevention programmes is that sexual behaviour change is very difficult to maintain. Initial successes achieved by gay communities, especially in America, to adopt safer sex practices and more stable relationships are now being reversed. New infections are spreading in these communities. Many reasons are put forward for this: new individuals, who are unfamiliar with the tragedy of AIDS and are not convinced about the need to protect themselves, have entered these communities; fewer resources are put into these communities; and those individuals who have witnessed so much death and suffering have lost the will to continue protecting themselves.

The relationship between other sexually transmitted disease and HIV infection has

become ever more clear as the epidemic has progressed. All sexually transmitted diseases, not only those causing open sores, lead to higher rates of transfer of the virus from one individual to another. HIV prevention campaigns cannot achieve any measure of success until other sexually transmitted diseases are brought under control.

Finally, there is a clear need to integrate HIV prevention and care programmes into already existing services and community initiatives. No single country in the world has been able to continue financing a pure HIV/AIDS programme. It is crucial that we achieve a degree of commitment from all sectors, both private and public, to address the prevention and care needs arising from this epidemic.

## **AIDS and Poverty**

In this edition, *Critical Health* attempts to explore these lessons, with the view to enhancing our capacity to fight the disease. The first section starts with an article by Clive Evian, in which he argues that HIV/AIDS spreads particularly rapidly in poor and unstable communities. AIDS, in turn, further impoverishes these communities. The AIDS Consortium highlights the failure of the South African government to provide the necessary resources for prevention and care.

The next three articles critically assess some of the attempts that have been made to respond to the epidemic. Given the lack of government intervention, non-government organisations (NGOs) have a crucial role to play in providing much needed services. The National AIDS Programme evaluates its own achievements in this regard. Brouard, Goldstein and Tallis argue that certain counselling courses provide valuable participative training. However, there is a need for better selection of trainees and longer courses to prepare them for the problems faced in real counselling situations.

The Workplace Information Group (WIG) assesses the advances made by trade unions in developing their own AIDS programmes. The authors argue that the unions need to establish and strengthen their health and safety departments to overcome certain limitations in the programmes.

## **Options for Prevention and Care**

In the second section, various options in responding to the epidemic are debated. Ron Ballard argues for the need to improve measures to control the spread of sexually transmitted diseases. The upgraded structures can be used for active partner notification of people found to be HIV positive when this becomes socially acceptable. In a response, Evian and Schneider emphasise the social implications of HIV infection. They suggest that HIV positive people, especially women, who notify their partners face unforeseeable consequences.

South Africa has been slow to prevent HIV spreading and we now face the challenge of caring for the growing number of people with AIDS. Our photo essay depicts two HIV positive men at a hospice, comforting and caring for each other. It

shows that institutional care can be humane. It also shows HIV positive people living, not with death, but with change in their relation to others. Mary Crewe points to the merits of home based care. It can cater for the needs of HIV positive people, by encouraging family and community support. It is cost effective and allows families to improve their understanding of AIDS.

## **AIDS and the Sexes**

Worldwide, HIV is spreading fastest among women. A group of South African women met for a number of weeks of therapy and Robyn Berman documents how they gradually came to share their feelings and experiences and, in the process, became friends.

There are three articles on safer sex. Anne McKay suggests that unsafe sex practices are related to the fact that women tend to be more responsible in their approach to sex, but that men tend to be more assertive. She argues that partners need to get to know each other and become assertive about responsible sex. Beverly Oskowitz stresses that sexuality education must be based on the understanding that sexuality is about our whole being, about feelings, identity and beliefs. In order to discourage risky sex practices, educators must encourage the best in people's expression of their beliefs. Critical Health attended the launch of the Congress of South African Students' (COSAS) National AIDS Campaign, at which speakers emphasised the need for AIDS and sexuality education. COSAS is establishing links with other organisations in order to meet this need.

Critical Health provides a resource list of organisations in South Africa which are responding to the epidemic. We also include a short reading list of books on HIV/AIDS and people living with AIDS.

## **Health Care for Workers, Radical Welfare**

In the first article in the general section, Yogan Pillay looks at trade union responses to the crisis in state health services. Some unions are looking to health maintenance organisations to provide health care for their members. The author argues that workers should rather fight for state provided services for all.

Last year, we published an edition on developments in the welfare sector. Ann Ntebe encourages further debate by calling for a radical transformation of the welfare system. She locates welfare problems within a broader socio-economic context and argues for the need to address basic human needs. Her argument finds resonance in the call for comprehensive primary health care, a topic we intend to cover in future editions.