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AIDS:
a shadow
in our world

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Council University of
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AIDS
A worldwide effort will stop it.



AIDS DISCUSSION GROUP
organised by Mrs Yrsa Berner, UN Committee Chairman (centre), through NORAD with speakers Dr Chandra Mouli, NORAD Consultant, Zambia and Mrs Susan Deverell, AIDS Co-ordinator Kenya Red Cross Society.



Council photos supplied by Mrs S. Mitchell.

AIDS REPORT

The Zambian Experience

Norad Consultant and Field Work Co-ordinator for a Zambian Copperbelt Health Education Project, Dr Chandra Mouli, focused the ACWW Discussion Group on the problems of the HIV pandemic in a country where less than seven children out of ten reach the age of five and the scale of existent health problems is 'phenomenal'.

WHAT, he began, was the extent of HIV infection and HIV related diseases in Zambia today? The Zambian Ministry of Health's AIDS Surveillance Committee had announced recently that by the end of May 1988, 854 cases of Aids had been reported in Zambia. Up to the end of June 1988, a little over 100,000 cases of Aids had been reported to the World Health Organisation from 138 countries worldwide. Zambian cases, therefore, constituted less than one hundredth of the total. But were these figures authentic?

To answer this question, Dr Mouli quoted from an article by Dr Jonathan Mann, Director of WHO's special programme on Aids: 'The magnitude of the HIV pandemic and its broad impact have been seriously underestimated. The current numbers of reported cases from many areas of the world do not reflect the actual Aids situation. Reticence in reporting cases combined with a failure to recognise Aids has meant that the number of Aids cases represents only a fraction of the total.' WHO thus considered the trend more indicative of the scope of the HIV pandemic than the actual number of cases reported. Examine the Zambian trend, for example, where up to the end of November 1986, 250 cases of Aids had been reported to the Ministry of Health. The corresponding figure for May 1988 was 854; a 242 per cent increase in one and a half years. And this, he warned, was just the tip of the iceberg.

There were more funerals in Zambia these days, he said. But the increase in the

spate of deaths could still be explained away by this or that. In a few years, this would not be possible. The Aids epidemic was still evolving in Zambia. The catastrophic explosion was not yet here. But it was not too far ahead.

Was Aids seen as a serious problem by the government of Zambia and the Zambian people? The answer was a firm yes, but Dr Mouli reminded ACWW that Aids was just one of a long list of health problems facing the Zambian Ministry of Health. And health itself was just one of a long list of problems facing the government.

Was Aids seen as a serious problem by the people of Zambia? The death of a child in Zambia was not a calamity, he explained. In fact, for many Zambian families, it was one of the facts of life. And neither was the sudden death of a previously healthy adult a rare event. Malaria was endemic in Africa and claimed the lives of more than one million adults and children every year in sub-Saharan Africa alone. And from time to time, sudden and devastating epidemics of infectious diseases like meningitis and typhoid also take their toll. Countless women still died of complications related to childbirth, particularly in the rural areas where specialised surgical care was not available.

Possibly because of this catalogue of perils and disasters, suggested Dr Mouli, many African people were a little fatalistic

in their approach to things. They did not see Aids with Western eyes. Yet, because of aggressive public education campaigns, people were gradually becoming aware of the dangers of Aids. But whether they really believed that Aids is a disease that could kill them, or whether many people had changed their lifestyles to avoid the disease, it was hard to say. A small, but vocal, group of non-believers were convinced that Aids was a myth; that money and effort spent on public health education on the subject was wasteful and unnecessary.

What was so special about the Copperbelt Province? Why was it found necessary to have a special health education project for this province? Dr Mouli explained that the discovery of minerals, their exploitation and the consequent chain of events over the last fifty to seventy-five years had led to the formation of a unique community in the Copperbelt province of Zambia. The Copperbelt was unlike any other province, because it was the most highly populated and urbanised.

When it was first set up, the Copperbelt was a cluster of small towns built around the mines and designed to accommodate the mining community only. Pre-independence, there were strict regulations to prevent an uncontrolled influx of people from the villages and to ensure that miners returned home to their villages when their services were terminated. Post-independence, these

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Aids exhibition at Council: on display were posters, booklets and leaflets relating to Aids around the world.