

Pandemic is Not “New” in Africa

As the Minnesota AIDS Project turns 20 and we reflect on the shifting history of HIV in our state, there are many joyful milestones to celebrate. With the advent of antiretroviral therapy, HIV is now a chronic illness somewhat manageable with medication; women with HIV have a better chance of having healthy babies; and children born with HIV are entering their twenties. But as the amFAR ads on Minneapolis buses remind us: “1 million being treated for HIV/AIDS... only 41 million to go”.

For the vast majority of the people living with HIV in the world, HIV is a fatal illness; the virus is passed from mother to child at high rates; and children born with the disease die very young. If there is any one reason that the epidemic has reached such frightening proportions in the developing world, it is neglect. Neglect by political leaders in affected countries, neglect by international institutions designed to safeguard the world’s health and neglect by the citizens of wealthy countries. In this article you will find a

timeline of some of the major milestones in the history of HIV in Africa. This is not a comprehensive history of the effects of this disease, but just enough facts and stories to give you a sense of the vast differences in the history of HIV in Africa and the history of HIV in Minnesota. This history is most striking in what is missing: the critical actions that were not taken that could have stemmed the spread of the epidemic or given more people access to life saving medications.

History of HIV in Africa

1959

A man dies in the Congo in what researchers now agree is the first proven AIDS death.

1983

Dr. Luc Montagnier at the Pasteur Institute in France discovers HIV, the virus that causes AIDS. The modes of transmission of the virus are still not completely understood. Most scientists believed the disease was exclusive to gay men and called it GRID, or Gay-Related Immunodeficiency Disease.

1984

A heterosexual AIDS epidemic in Africa is revealed. The New York Times reports “some specialists in Belgium and Zaire have expressed the fear that the disease may be spreading in Africa through normal sexual contacts between men and women.” (NYT, *AIDS in Africa: Disease Is Especially Alarming in Zaire*, April 17, 1984) Few believe this report from Zaire, and the

researchers who first documented heterosexual transmission could not get their results published in any mainstream scientific journals. (Washington Post, *The Belated Global Response to AIDS in Africa*, July 5, 2000)

1987

The United States shuts its doors to HIV-infected immigrants and travelers. Africa’s first community-based response to AIDS (The AIDS Support Organization or TASO) is formed in Uganda. Uganda adopted the ABC model: Abstain, Be faithful, or use Condoms. This program becomes a model for similar programs around the world.

1991

HIV prevalence in young pregnant women in Uganda begins to decrease - the first significant downturn in a developing country. The success is attributed to countrywide mobilization against the epidemic.

1992

At the World Bank, an internal report by the population and human resources department finds that “if the only effect of the AIDS epidemic were to reduce the population growth rate, it would increase the growth rate of per capita income in any plausible economic model.”

1995

The United Nations and other international organizations begin to plan the creation of a new organization to be called UNAIDS. Internal memos from The World Bank emphasize that it would “assume no liability” for UNAIDS and wishes to have “as little involvement as possible” in the new organization.

1997

Fela Kuti, legendary and internationally popular Nigerian musician, dies of AIDS. It was the first time a prominent Nigerian was associated with HIV.

1998

200,000 Africans die in war, but more than 2 million die of AIDS. In the first ten months of 1998, Zambia loses 1,300 teachers to death or illness, or two-thirds of the new teachers the country trains each year. Duff Gillespie, director of USAID’s programs on population, health and nutrition summarizes the US policy on AIDS in the developing world as follows: “buy time until a vaccine or some other yet-to-be-identified tool becomes available.”

South African AIDS activist Gugu Diadini, is beaten to death by her neighbors after announcing she is HIV-positive on Zulu television.

1999

HIV becomes the primary cause of death in Africa. The World Health Organization does not mention that fact in the 1999 World Health Report. The Washington Post writes “officials [from the World Health Organization] said new prominence for AIDS would bring pressure on other health budgets in rival departments”. (Washington Post, *The Belated Global Response to AIDS in Africa*, July 5, 2000)

2000

The 13th International AIDS conference is held in Durban, South Africa – the first in a developing country. Thabo Mbeki, the president of South Africa, denies that HIV causes AIDS. He says, “A virus cannot cause a syndrome. A virus can cause a disease, and AIDS is not a disease, it is a syndrome.”

The Clinton administration declares HIV a national security threat, the first time in modern memory that a disease warranted such a declaration.

2001

12-year-old AIDS activist Nkosi Johnson of South Africa dies. He had been born with HIV. His funeral drew 1,000 people to Johannesburg’s central Methodist church. When he was 7, Nkosi was said to be the country’s “longest-surviving AIDS baby.”

A group of 39 multi-national pharmaceutical companies withdraw from their legal battle to stop South Africa from importing generic AIDS drugs. The decision to drop the landmark court case is hailed as a major victory for the world’s poorest countries in their efforts to import cheaper drugs.

The pharmaceutical industry continues to be the most profitable industry in the United States, with profit margins nearly four times the average of other Fortune 500 companies.

At a hearing before the International Relations Committee of the House of Representatives, USAID Administrator Andrew Natsios stated his opposition to funding of antiretroviral drugs to treat people in Africa. He said Africans in rural areas could not use antiretroviral drugs properly because they lack the necessary understanding of time. Natsios said: “People do not know what watches and clocks are. They do not use Western means for telling time, they use the sun. These drugs have to be administered during a certain sequence of time during the day.”

2002

The South African Supreme Court rules that the government of South Africa must attempt to prevent mother to child transmission of HIV by making HIV drugs available to all pregnant women giving birth in public hospitals

2003

Life expectancy in the United States increased, mostly due to a decrease in HIV-related mortality resulting from the use of HIV medications. Average life expectancy in Botswana has decreased by 20 years due to HIV. Swaziland is found to have the world’s highest rate of HIV, with almost four out of 10 adults infected.

In his State of the Union address, President Bush asked Congress to commit to spending \$15 billion over the next five years to combat HIV in Africa and the Caribbean.

Future?