Health Impact Of HIV As A Global Health Issue

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Introduction

The age of globalization has resulted in good and adverse effects on the economy, culture, and other spheres of life. One of the major effects of globalization is the global effect on health issues due to consumerism and transnationalization. Thus, Health issues or diseases affect all people, not differentiating politics, culture, or geographical locations, and will spread faster across borders, affecting a larger population (McCracken & David, 2012). According to Skolnik (2015), health funding in countries that are economically rich enables these countries to manage health issues, while poor nations in Latin America, Africa, and Asia are struggling in the management of health issues because of a lack of funding. The most prevalent health issue among poor nations, especially in Africa, is the HIV pandemic, where two-thirds of the world's population affected by HIV is from Africa (Fouler, 2014). To address this health issue, which affects the development as well as the growth of the global economy, global support, coordination, and efforts must be put in place (MacCracken & David, 2012).

Based on this perspective, this paper will discuss the health implications of HIV as a health issue globally. This will be done by describing the major HIV statistics and political, economic, policy, epidemiology, and social factors in relation to HIV. Moreover, the paper will provide facts across countries in the world to indicate the impact of HIV globally, in addition to presenting the efforts put forth to address and reduce the HIV pandemic will be looked into. This analysis will also critically evaluate the weaknesses and the limitations of the current policy model and the methods for their implementation. Lastly, the paper will present its evidence-based recommendations on how to reduce the impact of HIV on a global scale.

HIV- AIDS As A Global Health Issue

Global issues such as health affect a larger population of people, notwithstanding country boundaries in relation to politics, economy, religion, policy, social and epidemiology factors. A global health problem and its implications are fit to be addressed at a global level through the collaboration of resources, expertise groups, and practices that are evidence-based. Such health issues include obesity, malnutrition, female infanticide, substance abuse, epidemics, environmental health, TB, and HIV (Scriven & Garman, 2005).

UNAIDS estimates that 40.9 million people were living with HIV in 2025, while approximately 1.2 million people newly acquired HIV and about 570,000 people died from AIDS-related illnesses during

that year. Since the beginning of the epidemic, an estimated 83.5 million people have acquired HIV and 43.2 million have died from AIDS-related illnesses. The burden remains especially severe in low- and middle-income countries, including countries in sub-Saharan Africa.

Therefore, in general, HIV is not only a serious public health crisis but a setback to growth and development because it impacts different sectors of countries' economies. The impacts of HIV are adverse as it causes decimation to employees, leaves children orphans, increases inequality and poverty and puts much pressure on social and health services. Moreover, its management is taking up higher Gross domestic product per capita income in countries with high poverty levels. In fact, HIV/AIDs causes a significant fall in the per capita growth in some sub-Saharan African countries, Asia and Latin America and poses a threat to the reversal of the achieved growth.

Critical Analysis Of The Case Study

HIV Statistics

A report by the World Health Organization asserts that the deaths resulting from HIV infections are approximately 35 million people globally. For instance, in 2016, 1 million people died globally due to HIV (UNAIDS, 2017), and 36 million of the global population is living with HIV. As of 2017, 76.1 million people have been infected, and most of these people do not know their HIV statuses. As a result, the global population is under threat of HIV infections, which poses a threat to every sector of the lives of the people, including economic, political, social, and more areas (Fouler, 2014).

According to WHO (2014), the key affected populations are those who are vulnerable and more at risk for HIV infection. For instance, "men who have sex with men, transgender people, people who inject drugs and sex workers. Most-at-risk populations are disproportionately affected by HIV in most if not all, epidemic contexts" (WHO 2014). HIV is spread through different elements such as unprotected sex, both oral and anal, transfusion of blood, pregnancy, breastfeeding, and utilization of infected needles. However, body fluids such as tears and saliva do not spread HIV (Kirch, 2008), and antiretroviral medications are the only treatment known for reducing the development of HIV and spread from mothers to their unborn children (Mandell et al., 2010).

HIV has various symptoms such as fever, larger as well as tender limp nodes, throat infection, mouth and genital sores, vomiting, rashes and diarrhea (Kallings, 2008; Kirch, 2008). The syndromes of HIV include Pneumonia, Esophageal Candidiasis, Cachexia, and infections of the respiratory tract (Mandell et al., 2010). A person can survive for an average of 11 years without treatment, but the detectable virus will result in AIDs (Avert, 2017). The major causes of death as a result of HIV are opportunistic infections and cancer because of the lower immune system.

Political

HIV originated in the democratic republic of Congo in the early 1920s when it was reported that it crossed from chimpanzees to human beings (Avert, 2017). The spread became vicious from the 1970s, and in the 1980s, it spread to South America, North America, Europe, Africa, and Australia. The pandemic is severe in Africa as it carries two-thirds of the world's HIV infections (UNAIDS, 2017). Generally, it can be concluded that the infections are high in countries with middle and low per capita income such as Africa, Asia, and Latin America. For instance, in sub-Saharan Africa, the number of infected people is estimated at 25.5 million. In Asia-Pacific, 5.1 million people are living with HIV, while in North America and Western Europe, only 2.1 million are infected (UNAIDS, 2017).

Social

HIV is a serious social problem as many people are still ignorant, and most of them fear infections. Therefore, the people infected are socially discriminated against through isolation, stigma, and exclusion from activities impacting society. For instance, gay people were violated as people thought they were the perpetrators of HIV (Heek & Capitanio, 1999). Most cultures do not want to associate, let alone marry an infected person. As a result, most of the affected lose their self-esteem, resulting in suicides and deaths among them. Other religions and cultures do not support the use of condoms in the prevention of infections, making the campaigns against HIV unfruitful (Catholicnewsagency, 2011).

Economic

The economy of a country suffers from the HIV pandemic as a large number of their per capita income is used in the management of the pandemic. According to (Devarajan & Gersbach, 2003), in Africa, the affected population is not in a position to work and contribute to building the economy of their nation. Most of these people will leave employment because of frequent illness, and others will fear employment due to fear of stigma and discrimination. Therefore, In addition to the high health expenses for their people, these economies bear the loss of human resources. As a result, the countries are not able to invest in other sectors of the economy, such as education and public health, resulting in them borrowing funds from donor organizations and countries, making them debt-ridden. Consequently, a country will not be able to keep up with the global development agendas as they would not be able to provide their populations with proper medicine, nutrition, healthcare amenities, and other important facilities (Devarajan & Gersbach, 2003).

Public Policies

With the significant impact of HIV globally, the role of public policies should be analyzed in relation to

reducing the effects of further affecting the global populations, especially the affected countries. The public health policies have had little impact on changing the severity of HIV infections until the year 2016. Despite the SDGs and the MDGs, only half of the infected people globally had access to ARVs (UNAIDS, 2017). Moreover, despite the presence of many agencies concerned with the HIV pandemic, such as WHO, the UN, and the International HIV/AIDs Alliance, and many policies in place, the reduction of HIV infections is still significantly slower. HIV is closely related to poverty, slower development, and socioeconomic conditions which are weak (Saguier, 2007). This means that poor countries have a higher prevalence of HIV. However, policy programs such as increasing awareness and prevention focus mainly on the communication aspects of medical and health behaviors. These are not substantial efforts that are needed to end underdevelopment and poverty in these countries. It should be noted that public education, access to quality health, and excellent health infrastructure are directly associated with the control and prevention of AIDs (Saguier, 2007).

Efforts

The prevalence of HIV/AIDS increased in 1983 to 3064 cases, which prompted the WHO to convene its first meeting, which aimed at organizing a surveillance campaign globally against AIDS (Mandell et al. 2013). Avert (2017) asserts that this move was the first time HIV was identified as a global health issue because of the scale, magnitude of the impact and ability to spread across national boundaries. Later, WHO introduced the world program for AIDS, aimed at creating awareness, promoting evidence-based practice (EBP) as well as the provision of technical leadership globally.

HIV has been identified by the UN Millennium Development Goals as one of the major objectives that should be achieved through proactive interventions due to its globalized nature (UN, 2017). Consequently, this led to a reduction in prevalence from 2.1 million in 2015 to 1.8 million in 2016 (AVERT, 2017). UNAIDS' latest global estimates report that adult HIV prevalence among people aged 15–49 was about 0.7% in 2024 and that new HIV acquisitions among children declined by about 69% between 2010 and 2025, from roughly 300,000 to 94,000. These declines can be attributed to factors such as a reduction in the infectiousness of the people living with HIV on ART as well as the introduction of programs that reduce harm. Such programs include outreach to the population at higher risk of infection and advocating for safer sex (Fetig, 2014). Despite these declines in infection, infection among young adults between the ages of 15-24 is increasing. This calls for the need to create awareness among the youths concerning safe sex, the benefits of testing, and treatment if found infected (AVERT, 2017). Moreover, public health funding and the incapability to access treatment are some of the challenges in African countries (UNAIDS, 2017).

Model/EBP

The focus of the surveillance technique formulated by WHO should change to monitoring the efforts for the prevention the HIV incidences. This would help in the identification of new infections. Thus, for

this new technique to succeed, the massive scale-up of HIV treatment, which made it possible for access to ART by 1.6 million people in the year 2012, must be continued. This is because despite 9.7 million individuals being on treatment at the moment, another 26.0 million need ART (WHO, 2013). Therefore, through the continued efforts for the expansion of access to ART, the infected persons will be identified and connected to HIV care. Thus, the major population of the infected people should be identified and provided with quality care, offering treatment as well as supportive services. The disparity in access to treatment between men and women, transgender and children in Africa should be a priority while addressing the HIV pandemic.

Recommendations And Conclusion

HIV as a global health issue should be addressed by cooperation between different agencies, countries, and organizations globally. Thus, identifying new infections will help in HIV preventive efforts (Kaplan, 2009). The continuation of the treatment efforts is recommended, along with addressing the risk factors through identification and prevention. Funds should also be invested in the research and the development of a strategy that will help in the invention of vaccines that will end the HIV menace by the year 2030 (Lancet, 2015). Treatment options based on evidence for HIV should be carried out globally, and epidemiological research of the population with a high risk of infections should be encouraged.

In addition, evidence-based practice and research should be linked to the policies through accountable and dynamic techniques. The global governance of HIV should improve its inclusivity, transparency, accountability, and coherence in addition to involving the infected people in decision-making both at the global and local levels (Lancet, 2015). Finally, the human rights of the people living with HIV should be protected through the formulation of local and global policies.

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Aids and HIV

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