

FOCUS ON WORLD'S AIDS DAY

A killer on the rampage

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average citizen by 31 per cent. Evidently, therefore, Aids strikes those with higher income/ better paid jobs than the average citizen.

Since the average Aids patient loses 22 years of working life, the corresponding average loss of income to the Aids patient and the nation is Sh430,000.

Using these estimates, Dr Gitu says the discounted loss of income as of 1991 is approximately Sh5 billion and projects that by the year 2000 the figure is estimated to be Sh18.3 billion, other things being equal and using the lower scenario.

• Aids is a costly affair in term of health care expenditure.

• Medics have identified six stages of Aids disease in human patients.

• A part from the latent stage which may last 10 years or more, the other stages will call for varying amounts of medical care.

• According to available statistical evidence, the most costly stages of Aids are the final stages when the patient needs hospitalisation.

At these states, the patient may suffer from a number of opportunistic diseases. These include: TB, Severe diarrhoea, mental disorder, visual defects, cancer and inco-ordination.

These are painful stages which are a torture to the patient and his family.

The only statistical information available relate to costs of treatment in hospital.

This leaves out any costs on home based care and traditional healers. We have no way of telling which of these is higher.

However, casual observation may suggest that the monetary equivalent of home based care is higher.

The estimates average per day cost of hospital care suggest that:

• The highest per day cost is that of overhead/labour which is 82 per cent.

• That the very labour which is most crucial in Aids treatment could be a victim of Aids since he/she is at risk.

• Aids has undesirable effects on a number of variables which are important for planning.

• The emergence of Aids has introduced a new dimension into the equation of most of our projections for development process.

• The computation of population and other demographic statistics are no longer accurate without adjusting for Aids.

• Any projections of these statistics must take Aids into consideration. The simple reason is that the most populous age group is the most hard hit group.

Since population statistics permeate every conceivable development variables, such variables cannot be computed without taking Aids factor into account: Labour force statistics, cost of living indices, Gross Domestic Product (GDP) and GDP per capita.

Planning cannot ignore the Aids factor and is not possible without correct population data.

How can the planner plan for the following facilities without the Aids factor: Hospitals, promotion of the use of safe blood in transfusions and promotion of the use of safe medical and traditional health care practices in safe: Injections, operations, acupuncture, ear piercing, circumcision and birth delivery (both traditional and modern).

It is difficult to give precise data on the success achieved by these efforts.

However, one can argue that without these efforts, the situation might have been worse.

Estimates from long range planning unit suggest that Aids incidents and deaths are growing.

Incidence of Aids is 1:21 per annum and average rate of growth of Aids deaths is 2.2 per annum.

With all these alarming data, what options do we have for our future?

The only option is to systematically approach this problem by incorporating the problem into our development planning.

The seminar is expected to come out with a series of answers that would enable us to incorporate Aids into our development planning, chief among the pertinent questions are:

Are the current programmes and projects in place enough to combat the spread of Aids?

If not, do we need additional programmes and projects of the same type orientation or do we need programmes and projects of different types orientation?

What are the socio-cultural constraints militating against the success of programmes designed to combat the spread Aids. How do we overcome these constraints?

Do we need legislative machinery to facilitate our efforts in combating Aids menace? If so, what proposals can we make on the structure of such a legislative machinery?

Highlights of some of achievements of the Kenya National Aids control Programme:

• First Kenya HIV/AIDS/STD conference.

• Development of an Aids Impact Model.

• Production of guidelines for community home-based care.

• Production of guidelines for rational use of blood.

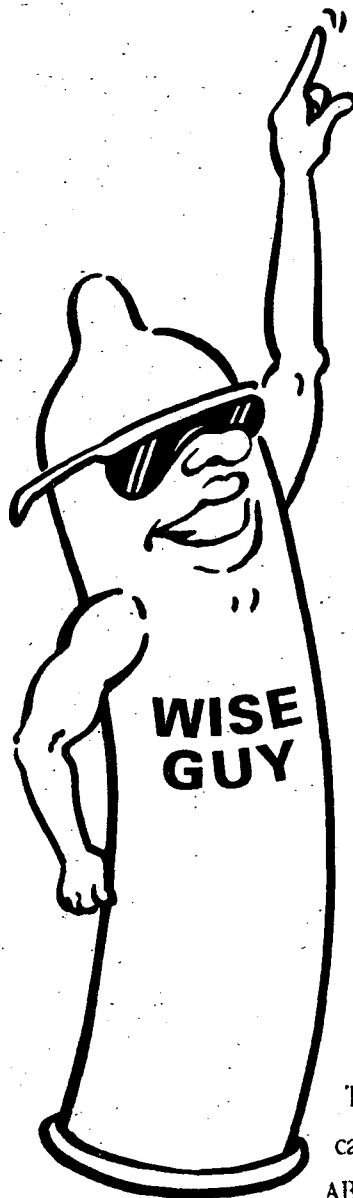
• Workshops for media professionals in the print and electronic media.

• Aids education programmes for several private sector concerns: Firestone, Barclays Bank, Kenya Breweries, Lonrho EA, Magadi Soda Company and Standard Chartered Bank.

• Through the support of the United National Development Programme - workshops held for PCs and DCs - Co-ordinated jointly with OVP and MPND, senior civil servants - co-ordinated by the Director of Personnel and management - attended by deputy secretaries, permanent secretaries - co-ordinated by the Office of the President.

UNICEF has supported Aids education for youth in schools through the Kenya Institute of Education and has a number of district-based Aids education initiative.

The public is educated about Aids through seminars organised for public health officers and leaders who help to spread the Aids message and the dangers of loose sexual morals both in rural and urban settings.
- File picture



TRUST TRUST AND YOU CAN PROTECT YOURSELF AGAINST AIDS

The only way of combating AIDS is by preventing HIV infection (the virus that causes AIDS). And the only way of preventing HIV infection is by practising the ABC of safer sex:

- A. ABSTAIN from sex altogether OR
- B. BE mutually faithful to one uninfected sexual partner OR
- C. CONDOMS. Use a condom properly each and every time you have sex.

So if you are sexually active, the safest, surest way to protect you and your loved ones from HIV/AIDS, other STD's and unwanted pregnancies is by using a condom correctly each and every time you have sex.

The condom to trust is TRUST.

TRUST condoms are made to the highest manufacturing standards using the highest quality materials.

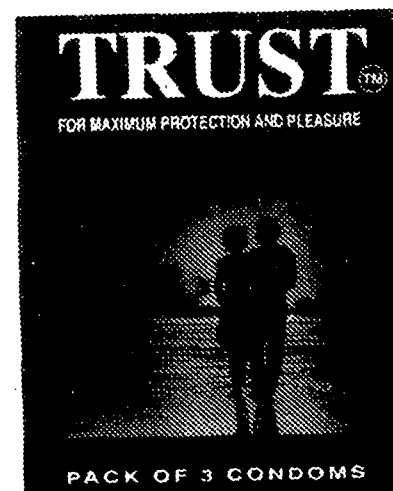
Each one has been tested to make sure it is 100% reliable.

TRUST condoms are widely available in all types of shops at a price you can afford - only Kshs. 10/- for a pack of 3.*

As Wise Guy says: "You can trust TRUST". And in today's world, no one should pay the price of not using a condom."

THE CONDOMS FOR MAXIMUM PROTECTION

* Trust condoms are the product of P.S.I., a non profit making social marketing organisation.



Dr J. Ndinya, the chairman of the National Aids Committee.