**Name**: AIDS

**Type**: Epidemic, economic burden, source of discrimination

**Date & Time**: Early 20th century – current; South-Africa where infection rates can be higher than 25% of adults. (3)

**Human Impact**: 22 million dead, 42 million infected (1). Heaviest hit countries have ~20% infection rate (1) for adults. 5% Typically causes a loss of an adult, leaving behind an orphan and a HIV-infected spouse. Loss of income and cost of caring plunges families into debt and live with a stigma (1) affecting the survivors. Africa accounts for (2/3) of the economic and social burden (4). Majority of infected are female (4) In developed countries infections are heavily slanted towards drug users, MTM (male to male) sexually active males, and sex works (7).

**Economic Impact**: Funds diverted from economic growth / stability to health care (1). Children forced to leave primary education, increases poverty and hunger rates; Aids effected households produce 50% less food in African nations (1). Progressive collapse of human capital and productivity within three generations in heavy hit areas as young adults in their prime fail to transfer human capital onto their children (2 pg 95). $2,000 -$5,000 per month in prescription drug costs in developed countries (5). Nearly ½ of people diagnosed in US do not have healthcare (5). $36.4 billion cost to American healthcare, with 80% attributed to loss of production, drug cost is offset my extended productivity (6)

**Resources needed:**

Support orphaned children and families that have lost breadwinners to halt human capital erosion (2).

HIV prevention education to halt spread and limit discrimination (3)

Programs that limit sexual partners, increase condom use, and delay of sexual debut are especially important. Programs targeted towards those most likely to be effected (sex workers, drug users, etc) show huge success (7)

Condom donation (3)

Voluntary HIV testing to make infected individuals aware, reduces transmission rates (3)

Make HIV drugs available through monetary donations (6)

People living in countries with high infection tend to have very low knowledge about how HIV/AIDS progresses, is transmitted, and harm reduction strategies (7)

**Ways to help**:

Donate money

**Citations**:

1. <http://www.un.org/esa/population/publications/AIDSimpact/92_CHAP_IX.pdf>
2. <http://siteresources.worldbank.org/INTPRH/Resources/Longrun_economic_costs_of_AIDS.pdf>
3. <http://www.avert.org/hiv-aids-africa.htm#contentTable1>
4. <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/EXTAFRREGTOPHIVAIDS/0,,contentMDK:21140970~pagePK:34004173~piPK:34003707~theSitePK:717148,00.html>
5. <http://www.npr.org/blogs/health/2012/07/27/157499134/cost-of-treatment-still-a-challenge-for-hiv-patients-in-u-s>
6. <http://www.medicalnewstoday.com/releases/52525.php>
7. <http://www.who.int/hiv/mediacentre/news62/en/>

External links:

* <http://www.un.org/millenniumgoals/>
* <http://www.avert.org/testing.htm>
* <http://www.aidforafrica.org/>

**Ryan White**

One of the first children to get diagnosed with Aids (12/17/84). Was a hemophiliac since birth and lived in an era without precautions. Expelled from school. God’s punishment for his homosexuality, his fault, etc. Opened up discussion about prevelant AIDs myths that existed in early 1980’s America.

<http://www.nytimes.com/1990/04/09/obituaries/ryan-white-dies-of-aids-at-18-his-struggle-helped-pierce-myths.html>

**Peter Duesberg**

Poster-man for the AIDs denialism movement that was spawned in the late 1980s and sparked a backlash against AIDs research. Proposed that the link between HIV and AIDs was correlative and causative. President Mbeki used Duesberg’s research as reasoning for withholding funding/government response to the growing HIV epidemic, arguably causing South Africa’s inundation with HIV today.

**President Mbeki of South Africa**

Claimed HIV did not cause AIDs. As a result, blocked legislation that would subsidize anti-retroviral medicines for South African citizens infected with HIV.

**President George W Bush**

Developed PEPFAR (President’s Emergency Plan for AIDs Relief) to fight global HIV epidemic. Focused on making ARVs widely available for the most heavily infected countries by subsizidizing said countries with over 15 billion dollars in relief. Promoted abstinence programs. Criticized as a moral agenda rather than a health one. Regarded as an effective program overall.

**President William Clinton**

Founded Clinton HIV/AIDs initiative which subsidized ARVs for over 750,000 people around the world. Brokered drug distribution agreements between African nations.

**Bill and Melinda Gates**

Leading target of B&M Foundation. Foundation has committed over 2.5 billion in HIV grants to orginizations around the world. Focus on sub-saharan Africa.

<http://www.gatesfoundation.org/What-We-Do/Global-Health/HIV#OurStrategy>