

A Challenge to the Medical Community
Responding to HIV/AIDS in sub-Saharan Africa,
one physician at a time

Pierre Plourde, MD

The United Nations Millennium Project has articulated eight Millennium Development Goals all targeting urgent global issues around poverty, deprivation, and ill health. Of the 18 specific targets identified within these goals, one states that the spread of HIV/AIDS will have halted and begun to reverse by 2015. This is a tall order that shall require a huge investment in sub-Saharan Africa, where well over 50 per cent of the global burden of HIV/AIDS continues unabated in 2005. Health, defined by the World Health Organization (WHO) as *a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*, considered by many Canadians to be an essential “human right,” is an elusive goal for many Africans.

Health disparities lead to economic and political destabilization. Health disparities, although found within Canada’s borders, are most dramatically accentuated when comparing Canada with sub-Saharan Africa. Average annual incomes in comparable dollar terms in Canada are 50 times those in the average sub-Saharan African country (\$30,000 vs \$600). Canada’s annual average healthcare expenditures per capita are 200 times greater (\$2,400 vs \$12). Not surprisingly, our health outcomes radically differ. Life expectancies at birth are almost 30 years higher in Canadians. Infant (under one year of age) and child (under five years of age) mortalities have been close to five 5 per 1,000 live births in Canada for decades, whereas in sub-Saharan Africa these mortalities continue to hover between 80 to 150 per 1,000 live births. We clearly live in two very different worlds.

Such disparities will only be overcome with a concerted and sustained effort on the part of wealthy G8 countries like Canada. On the surface, the Millennium Development Goals will not easily be realized. The estimated global development aid needed to meet the Millennium Development Goals is \$70 billion US; \$10 billion US alone is needed to adequately address HIV/AIDS. In 2005, G8 countries have collectively pledged \$34 billion US; but in 2002 the actual disbursement totalled only \$8 billion US, falling far short of the desired objective. The four-fold gap between what is pledged and what is given, and the almost 10-fold gap between what is required and what is given may appear insurmountable. However, to put these staggering sums into perspective, the current cost to the U.S. alone of the war in Iraq is over \$155 billion US and rising! As Canadians, we are in a position to help reshape global priorities.

Added to the already mentioned health disparities is the burden of the HIV/AIDS pandemic which first set foot in sub-Saharan Africa in the early 1980s and has continued at a relentless pace. In socio-demographic terms, it has continued to be an epidemic that knows no boundaries, affecting men and women, rich and poor, old and young alike regardless of ethnic or tribal affiliation. Whether infected or affected, no one has been left untouched by HIV/AIDS on the “dark continent.” By the mid-1990s, estimated general population prevalence of HIV infection in many sub-Saharan African countries was reaching, and in some instances surpassing, 30 per cent. The effect of such prevalent disease affecting younger members of society has reversed most of the achieved life expectancy gains between the 1960s and 1990s. Quoting David Satcher, U.S. Surgeon General speaking to the Committee on International Relations in the U.S. House of Representatives on June 29, 2000, “by 2010 the life expectancy in Zambia will have dropped by half due to the HIV/AIDS pandemic, from 66 years to 33.” Such bleak vital statistics have not been seen since the 18th century.

Faced with such devastation to a continent, how can individual Canadian healthcare practitioners (physicians, nurses, therapists, technologists, etc) assist in meeting the goal of halting and reversing the spread of HIV/AIDS in sub-Saharan Africa by 2015? Canadians can respond to such a daunting challenge in one of two ways: 1) unavoidable resignation and indifference to the fatal whims of natural selection, or 2) recognition that health disparities are an avoidable, remediable, and unacceptable evil that must be overcome.

We are living in a world where those who have less get less, and those who have more get more. We need to recognize that *those who have more, have more than they need; and those who have less have need of our more.*

There are many creative opportunities which Canadian healthcare practitioners can consider in order to become a part of the solution to HIV/AIDS in sub-Saharan Africa. Although most will not be able to make personal commitments to long-term overseas assignments in sub-Saharan African countries, there are a variety of alternative options. It is possible to make a significant contribution without leaving Canada. However, for those with a sense of adventure, a “calling,” and available time, there are opportunities with several humanitarian organizations to become involved with short-term medical healthcare missions in a variety of countries (Doctors Without Borders, Catholic Medical Mission Board, Scarboro Mission, Evangelical Medical Aid Society, and others).

One such opportunity is with a non-governmental organization (NGO) based in Ontario, the Evangelical Medical Aid Society (EMAS, www.cmds-emas.ca, 1-888-256-8653). The mission of this NGO is to provide opportunities for healthcare personnel to work with national groups in developing countries to provide assistance in healing through the delivery of short-term teaching medical and dental clinical services. Four of the 14 existing EMAS medical/dental teams operate in sub-Saharan African countries and in Haiti where HIV/AIDS needs are very similar. EMAS medical/dental teams often receive donated medical supplies and medicines from Health Partners International of Canada (HPIC), a Canadian medical aid agency. For more than a decade, HPIC has been equipping Canadian doctors with Physician Travel Packs (PTPs), portable kits for overseas service that contain about \$5,000 (wholesale value) of primary health care

supplies. Each PTP provides enough medicine for a healthcare team to treat up to 1,000 children and adults within the context of capacity-building teaching clinics. HPIC is committed to the World Health Organization Guidelines for Drug Donations, which means that HPIC only sends medicine that is truly needed and that can be used before its expiry date. PTPs are so portable that they can be checked as a second piece of luggage at no extra cost.

Healthcare providers who are unable to participate in short-term medical/dental missions can also contribute through sponsorship. The cost of sending one healthcare worker to a sub-Saharan African country on a one-week medical/dental mission is around \$3,500 (the cost for Haiti is only \$1,800); the cost of sponsoring a medical student's tuition for one year in a sub-Saharan African country is around \$3,000; the cost for carrying one PTP is \$550; the cost of generic antiretrovirals (manufactured in India or Brazil) to treat HIV/AIDS for one year in sub-Saharan Africa is \$350-\$700.

What kind of contribution does each Canadian have to make to meet our global development aid commitments? The G8 countries have pledged to target their annual donated development aid at 0.7 per cent of gross national income (GNI). Reaching this target would provide approximately \$34 billion US, half of the global development aid needed to meet the Millennium Development Goals of 2015. Canada's current annual contribution to development aid stands at a disappointing 0.35 per cent GNI. It may seem that we have a long road ahead of us. But put in different terms, the annual cost of doubling Canada's international development aid to 0.7 per cent of GNI would amount to the equivalent of one Big Mac per Canadian per week (the so-called "Big Mac" index). What kind of contribution does each Canadian have to make to meet our global development aid commitments? Less than one might imagine.

Solutions are more affordable than we think. Every little contribution will make a difference.

You can make a difference.

Dr. Pierre Plourde is the chairman of the Board Medical Committee of Health Partners International of Canada. He is also the Medical Officer of Health at the Winnipeg Regional Health Authority.