

# HIV/AIDS – the true cost to us all

After 30 years of the HIV/AIDS epidemic, globally we are mired in the complexities of confronting its social, economic and cultural implications. **Tony Barnett** has created LSEAIDS to bring together leading social scientists at the School to confront the social and economic implications of HIV/AIDS.

**H**IV/AIDS is a long-wave event. The epidemic began in the mid to late 1970s, with its most dramatic effects in Africa and serious epidemics in India, China, Russia, Ukraine and Belarus. The 'epidemic' should perhaps better be described as an 'endemic' for it will not go away in our lifetime. Vaccines are at least 15 years off. Anti-retroviral (ARV) medicines, while effective, are likely to generate increased incidence of acquired and transmitted resistance for the individual and society respectively.

HIV/AIDS is not only a health problem. It has profound implications for culture, economy and society. Its full social and economic effects will be with us for decades, these effects are slow-moving and easily overlooked. As a result, we risk losing sight of the long term implications of the epidemic.

What makes HIV/AIDS special in relation to other infectious diseases? First, the population impact. HIV-1 is a group of lentiviruses – slow acting viruses – mainly sexually transmitted with death usually preceded by a long period of illness and thus consumption of assets. Without access to ARVs and treatment for opportunistic infections (referred to as 'OIs' in the jargon), viruses in the HIV-1 group are fatal. The population level impact of HIV/AIDS occurs over a period of decades, and in some cases appears to alter demographic structure. Such demographic change has implications and generates costs. In Africa it may be loss of labour for food production on subsistence farms. In Russia it could be a reduction in numbers and in general health of the age groups entering education, the army, or establishing young families. These are all aspects of society's reduced ability to reproduce itself.

Second, the disease is important from an economic perspective because it imposes burdens of morbidity and mortality on the most productive age groups in society – those normally contributing fully to the economy through their productive labour. It is now widely accepted by economists that these costs are likely to be apparent at the level of the macro-economy.



The disease impacts on the most productive age groups in society: Ding Hongjun, a 27 year old AIDS patient in Dongguan, Henan Province, China is pictured with his children, aged seven and one. He died shortly after this picture was taken

The results of many modelled experiments are in broad agreement as to the macro-economic effects of an HIV/AIDS epidemic. All the models suggest that HIV/AIDS can reduce GDP levels significantly. But the trouble with these studies is they suggest that, if the costs of responding to AIDS are not financed from savings and the epidemic is mostly concentrated among less-skilled workers, then per-capita GDP could theoretically rise by 0.1 or 0.2 per cent annually in the worst affected countries and regions.

The conclusion that GDP per capita may actually rise is profoundly problematic and is the result of the simple nature of GDP per capita as a measure of economic activity. The first problem is a general tendency to focus on marketed or traded goods and services. In the case of economies with large subsistence sectors, as in all the African economies most seriously hit by AIDS, some kind of estimation is usually made of the market value of households' self-provisioning activities. This is bound to underestimate the salience of these non-market activities.

The second problem is an extension of the first. Economic activity is not at all the sum total of social and economic life. Markets are not the sum total of either the economy or society. Economy is embedded within society and supported by it in numerous ways. So, technically it may be that excess deaths do in some cases increase GDP per capita, reflecting the low productivity of some members of the community as measured by the measure GDP/per capita. But this merely confirms that GDP does not

tell us about the non-economic underpinnings of the economy.

Here we see the complexity of the question 'how bad is bad?' More importantly, it is a question of 'how bad?' in the present and in the very near future. We must also ask 'how bad over what period?' and 'how bad over what breadth of social and economic life?' At the biggest scale, all societies depend on some actual or imagined continuity of law, tradition or custom. At the micro level, people are deeply tied into the 'inter-generational bargain'. This epidemic betrays that bargain by sundering the fundamental three generation links which underlie so many human societies.

In today's world, with notable exceptions such as China and Cuba, the poorer a country or a community, the more likely it is to have a weak and ineffective state and limited capability for state action. The structures and safety nets of custom, community, household and family are likely to be more important. All of these activities – the production and maintenance of beliefs, ways of doing things, ideas as to right and wrong, the structures and methods of relating one to another – constitute social reproduction. These mechanisms and processes are poorly understood by the social sciences. Their loss is rarely considered as a cost associated with an HIV/AIDS epidemic. But these are substantial losses which we need to find ways to take into account, in academic discussions and analysis, but much more importantly in our development of policy and response.

And what for the future? The medium and long term effects of HIV/AIDS are still not well understood. One problem is that when most people read that a country or a region has a seroprevalence of x per cent they forget that this should be understood as a description of illness and death to come in the future – indeed some 8-20 years into the future. So, the social and economic costs and other impacts of the high levels of current prevalence (now in the range of 25-40 per cent in central and southern Africa) will not be seen for some years to come.

Early studies, such as one I co-authored with Piers Blaikie in 1992 called *AIDS in Africa: its present and future impact*, showed the dangers to rural livelihoods. The possibility of reduced labour availability contributes to reduced crop areas, narrower ranges of less nutritious crops, and thus poorer nutrition. This in turn feeds into lower resistance to infectious diseases.

Similarly, studies in industrial units such as Debswana Diamond Corporation show that prevalence levels of 20-35 per cent across the organisation threatened production in a company that is central to Botswana's economy. As a result, Debswana introduced free ARVs for all those in its workforce who need treatment. In the South African military, evidence suggests that only one division is combat-ready due to the effects of AIDS. Here national and regional security becomes an issue through the concept of the 'tipping point' at which a potential regional peacekeeper may in fact be non-operational.

But perhaps the greatest costs are those borne by families, communities and whole nations as the relations and links of trust, which make markets and politics possible, break down. In particular, we need to be aware of the potential effects of large scale orphaning over the long term.

These losses in the informal and trust economies are probably of even greater import than losses to production and productivity in the formal economy that can be accorded a financial value in the short and medium terms. What is the effect, for example, on national life of loss of local politicians who die prematurely, resulting in more frequent elections with consequent choice of less and less experienced incumbents?

Right now, the international community is in disarray over this problem. Recent meetings with senior people from most of the major international agencies in the United Nations system have revealed a frank acceptance that we need to do things differently but we don't know what or how. Working out some of those answers will be the focus of the work of LSEAIDS. ■



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# Why AIDS is exceptional

'The greatest costs are those borne by families, communities and whole nations as the relations and links of trust, which make markets and politics possible, break down'



**Dr Peter Piot, executive director of UNAIDS, gave a lecture at LSE in February on why he believes AIDS is a threat in a league altogether different to other infectious diseases or causes of ill health, and demands an exceptional response. A summarised extract follows.**

'A crucial way in which the AIDS pandemic is exceptional is that an 'epidemic equilibrium' or plateau is nowhere in sight – not globally, not at the level of epidemics in most countries, and not over the long term. The pandemic has broken with the general pattern of diseases and natural disasters, which usually create their own brutal equilibrium, eventually enabling societies to cope. AIDS, so far, appears to be doing the opposite.

And in country after country, the tipping point is being reached – that ominous point, which varies between countries, after which AIDS no longer remains concentrated in so-called hot spots but becomes a generalised explosion across the entire population. This has already happened in several countries in West Africa, including Nigeria with its population of nearly 140 million. Within the next decade, the Asia-Pacific region, with a population five times that of sub-Saharan Africa, could easily become the next epicentre of the epidemic, with every small increase in HIV prevalence translating into tens of millions of people infected.

There is no escaping the fact that the sensitive issues that are at the heart of the pandemic – sex, gender inequality, commercial sex, homosexuality, drug use – have proved to be an enormous barrier to prompt and effective public action, that is action by government and civil society. If HIV were not mainly transmitted through sex and needles used to inject drugs – but through some innocuous means – we would probably not be experiencing the pandemic of today. Political leaders would have faced up to the gravity of the threat, they would have spoken up, allocated resources, led the response.

I personally feel that it is a serious error to underestimate the implications of HIV-associated stigma and the attitudinal barriers to public action on AIDS. Amartya Sen has long pointed out that public action is typically more easily forthcoming on

such 'visible' things as famines, natural disasters or outbreaks of highly contagious diseases than on chronic or 'silent' problems such as poverty. With AIDS we are faced with not just a chronic or 'silent' problem, but one where the barriers to prompt and effective action are immeasurably magnified by taboo, denial and prejudice. In country after country, you can see the consequences of this exceptional aspect of AIDS – action comes too late, it does not protect the vulnerable or the poor, and the epidemic takes hold and expands.

I once thought that the answer was that we all had to do much more and to do it much better. I was wrong. Routine development or humanitarian approaches and financing are not sufficient as a response to the pandemic. AIDS is exceptional in so many ways that only an equally exceptional response will succeed. The response to AIDS needs to be driven by that level of political will and public concern, it needs to move to that level of exceptional action.' ■

**To read the full transcript, see [www.lse.ac.uk/lseids](http://www.lse.ac.uk/lseids)**

## LSE AIDS

This new research centre aims to:

- understand the social, economic and historical roots of the epidemic
- understand how the epidemic affects social, economic and environmental futures
- develop practical policy responses in relation to prevention, treatment and care, and impact mitigation
- offer policy research and training to business, government, international and civil society organisations

LSE AIDS will contribute innovative thinking to the international effort required to tackle the epidemic, looking for ways to move beyond conventional prevention programmes, the prevailing emphasis on old and often unsuitable technologies (for example, condoms rather than female controlled microbicides) and for economic appraisal methods that are inappropriate to such a complex and long wave phenomenon.

**[www.lse.ac.uk/lseids](http://www.lse.ac.uk/lseids)**