

Socio-economic impact of HIV/AIDS and compounding effect of COVID-19 pandemic in sub-Saharan Africa

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Abstract

Together with the recent emergence of COVID-19, which is not only directly contributing to high morbidity and mortality but is also destabilizing critical health systems and undermining HIV and other global health initiatives, the spread of HIV/AIDS has adversely impacted all advancements in education, health, standards of living, and life expectancy that Africa has made since the 1950s.

However, all nations and regions must work together to find solutions to these global issues, especially sub-Saharan Africa, which has the lowest vaccination rates worldwide and the highest rates of HIV/AIDS infection despite having promising economic possibilities. The goals of this review were to emphasize the effects of HIV and AIDS on socioeconomic development in sub-Saharan Africa and to highlight how the COVID-19 pandemic affects this relationship.

Introduction

Projections are to see the economy of Sub-Saharan Africa (SSA) experience shift from 3.7% to 3.8% between 2021 and 2022 building from the abrupt reduction in 2020. Remarkable improvement in global trade and commodity prices as well as better agricultural production has been said to explain these gains. However, the recovery is expected to lag behind that in advanced economies, leading to an increased gap in incomes. In particular, the recuperation depends on the global pandemic trends and the regional vaccination effort, and is also vulnerable to disruptions in global activity and financial markets. However, SSA's potential remains undiminished. The region is making significant strides to build on this potential (1).

Though COVID-19 has posed unmatched global health threats in terms of the speed of its spread and case fatality, there have been other pandemics of similar ilk. Despite the worsening COVID-19 pandemic, countries are learning from and investing in the HIV response: applying lessons learned, leveraging systems, and identifying the dynamic changes required to build a new path forward toward health systems that are optimally effective, , inclusive, equitable, accountable, and adequately resourced, with accessible, integrated, tailored, and people-centered services (2). However, to solve these global problems all countries and regions must get to task, including SSA, with the world's least vaccinated population and most affected with HIV/AIDS, yet with great economic prospects (1). In this review, the objectives are to highlight the implications of HIV and AIDS on socio-economic progress in SSA as well as to assess the effect of COVID-19 pandemic on this relationship.

Theoretical Framework

Parsons, in 1951 proposed the Sick role theory. The theory proposes a social understanding of sickness, drawing a link between illness and the financial demands placed on the sick and his relations in exercising their health-seeking rights. This theory's primary premise is built on four essential principles, two of which are obligations and two of which are rights.

Obligations

1. The sick individual is excluded from performing typical social functions; however, this exemption may be conditional on the type and magnitude of the sickness.
2. The sick person is not to blame for his or her condition: It is assumed that an individual's illness is beyond their control and that it cannot be cured via simple willpower and motivation.

Rights

1. The sick individual owes it to himself or herself to recover as rapidly as possible: Relief from required tasks is only temporary and contingent on regaining good health.
2. The patient should obtain technically competent counsel and work with the clinician: The sick individual is also encouraged to work with the doctor during the recovery process (3). In the case of HIV/AIDS, the quest for treatment and subsequent spending could keep the patient from participating in social and economic activities, increasing his and his relatives' financial burdens to the point of social and economic insolvency, culminating in his and his family's total collapse (4).

The HIV burden in Sub-Saharan Africa

HIV/AIDS is a serious problem that affects not only people's health but also their social and economic lives. The pandemic has a global reach. Health, human development, the economy, national security and food production are all affected, and it is also one of the primary drivers of disease and mortality among youth in their childbearing years (5).

Sub-Saharan Africa is home to approximately two-thirds of the PLWHA worldwide, though accounting for only 13% of the global population. Over 870,000 new cases were recorded in 2020, with about 460,000 AIDS-related deaths (6). HIV/AIDS spread has negatively impacted all progress in education, health, standards of living and life expectancy, that Africa has made since the 1950s (7). Prior to very recent times, just 1% PLWHA in Africa had access to ART. However, the last decade has seen expansion in access to ART as priority at both global and at national level within the continent (8).

1. The Social Impact

Stigma and discrimination

The societal impact of HIV/AIDS is highlighted by stigmatization and discrimination of PLWHA. HIV/AIDS stigma, according to Goffman (9) is a fundamentally disparaging attribute that lowers the HIV/AIDS carrier from a whole and respected individual to a polluted, devalued one. Discrimination and prejudice toward PLWHA are referred to as AIDS-related stigma (10). Social stigma experienced by the stigmatized may take on different forms including; rejection, isolation and social discrimination, marital instability and divorce, loss of respect and family responsibility. It therefore affects family structure and social life (4). Isolation, rejection and social prejudice, as well as marital instability and divorce, loss of respect and family obligation, are all examples of social stigma faced by the stigmatized. As a result, it has an impact on family system and social life (4).

In Nigeria, stigmatization has been linked to greater social isolation, loss of social and economic support, emotional stress, and gender-based violence. It serves as a disincentive, preventing people from getting tested and learning their HIV/AIDS status (11). In SSA, the worrying silence around the HIV/AIDS epidemic has resulted in limited public discussion and persistent stigmatization of PLWHA (12). Several reasons, including as religious and cultural taboos, have stifled open debate about a pandemic that is primarily sexually transmitted (13)

Some Africa- based religious bodies hold the idea of AIDS being a punitive action for the sexually promiscuous (14), hence the reluctance of most adults to succumb to any form of disclosure or a public acceptance (14).

Family

The family system plays a significant role in every society. Vital roles include socialization, procreation, protection, formation of personalities, mutual affection and love and among its members in addition to satisfaction and control of the sexual needs of its members. HIV/AIDS has been found to have a destabilizing effect on this crucial social entity, causing the lives of its members to be shattered. In a study in Kaduna a significant number of married couples living

with HIV were separated from their children. Majority also reported rejection by their extended family members due to their HIV status. They experienced distancing and substantial depreciation of interaction and association with relatives (4).

2. The economic Impact

Poverty

HIV/AIDS and poverty are linked in two ways: poverty is a major factor in transmission, and HIV/AIDS can deplete people in ways that exacerbate the disease (15). Poverty results in malnutrition, compromising the immune system thereby predisposing poorer populations to communicable diseases such as tuberculosis. Conversely, PLWHA are likely to plunge into poverty secondary to the high cost of treatment or non-availability of work (16, 17).

African Businesses

HIV/AIDS can have a negative impact on a company's profitability by raising or decreasing spending. During the early stages of infection, managers may observe an unusual increase in the number of sick days requested. Employees, their spouses, and their children may face higher health-care costs, many of which are covered by the company. Workers' productivity may suffer if opportunistic illnesses such as tuberculosis (TB) spread.

HIV/AIDS has numerous methods that impair African enterprises' international competitiveness (18):

1. **Labor Supply:** As a result of AIDS mortality, the number of workers available decreases. Workers in their peak years of productivity are disproportionately affected by these deaths. As younger, less experienced workers replace veteran workers, worker productivity declines, leading in a reduction in global competitiveness.
2. **Profitability:** AIDS reduces the viability of African businesses by increasing manufacturing costs and diminishing worker productivity. The loss of profitability will surely impair Africa's competitive advantage.
3. **Other Impacts:** AIDS can also have a substantial impact on African businesses in a variety of

ways that are difficult to quantify but have a significant impact on competitiveness. AIDS, for example, has an impact on worker morale, labor relations, production demand, and so on.

Effect on wealth and living standards

Because of the time they spent looking for medical treatment, the majority of those who are ill had low salaries. Rather than food, education, clothing, and other basic necessities, money is spent on drugs. The majority of these people are poor and destitute. As a result, their poverty is exacerbated by the additional expenses incurred as a result of their HIV/AIDS infection (4). According to a case study of HIV/AIDS infected workers at the Ashaka Cement Company in Bauchi from 1995 to 1996, despite the company's assistance in paying medical expenditures for HIV/AIDS patients, the illness has depleted family finances. The family's income stream was taken away when one of the patients died, putting them under a lot of financial strain (19). The sale of assets for medical care is also common among the sick and their immediate families (19).

The Agricultural sector

Although there is a lack of statistics on the impact of HIV/AIDS on the agricultural industry in Sub-Saharan Africa, it is commonly agreed that negative implications include a loss of labor supply and revenue remittance, as well as a decrease in harvest size. Due to a scarcity of agricultural staff, farmers are compelled to switch from export commodities to food crops. Rural areas reported an average of 8-10 AIDS infections each week, according to a review of 17 different Nigerian states. According to another study conducted in Kano, the prevalence rate in the Gadar Tamburawa neighborhood was 16 percent in 1997, much higher than the national average of 4.5 percent in 1996. (4).

The Health Sector

AIDS is a substantial financial burden on the health-care system since it not only increases the number of people seeking medical care in public facilities, but it also raises the sector's expenses because AIDS treatment is extremely expensive compared to other diseases. The cost

of AIDS treatment in Nigeria, for example, is estimated to be over N55, 000, which the overwhelming majority of Nigerians cannot afford.

3. The impact of COVID-19 on access to HIV services

COVID-19 is not only directly causing high morbidity and mortality, but it is also wreaking havoc on critical health systems and undermining HIV and other global health initiatives. India began to emerge from a statewide lockdown in May 2020 to slow the spread of COVID-19, and the global HIV response is largely relied on generic medicine manufacturers. According to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, COVID-19 control procedures at the point of origin and destination for critical health commodities are already causing considerable delays in the distribution of drugs and other health commodities (Global Fund). Service continuity is threatened by travel restrictions, messaging that steers people away from services, rising human rights abuses, and worsening social and economic situations (2).

COVID-19-related service disruptions are wreaking havoc on global efforts to address the epidemics of HIV, tuberculosis, and malaria (20). According to simulations conducted by the HIV Modelling Consortium in collaboration with the World Health Organization (WHO) and UNAIDS, a six-month 50% interruption in HIV treatment could result in 300,000 additional AIDS-related deaths in Sub-Saharan Africa over a year, bringing AIDS-related mortality levels back to 2011 levels (20). Six-month service interruption in programs to prevent HIV transmission from mother to child in high-burden countries could result in a 40–80 percent rise in new HIV infections among children (21).

Conclusion

HIV/AIDS is a serious health and socioeconomic challenge that impacts not only SSA but the entire world, according to this paper. The HIV response, in methods that do not jeopardize other important health goals, can help jump-start a faster, more effective response to COVID-19, and vice versa. While the world concentrates on stopping the spread of COVID-19, it must also ramp up efforts to maintain a steady supply of critical services and commodities to treat HIV and other global health needs. Agility and commitment will be required to avoid HIV care interruptions caused by the COVID-19 problem. HIV-focused partners have the opportunity to

learn important new lessons while working to maintain HIV responses in the face of a complex global health disaster that is constantly evolving.

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