

Integrated Independent Study

Proposal

Health Care

Spread, Treatment and prevention of HIV/AIDS

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Proposal

Health care is a worldwide issue but is an extremely vast topic. I choose to focus on the spread, treatment, cause and prevention of HIV/AIDS and its affect on society in a global perspective. There are a vast wealth of information on the web, books, videos and movies about HIV/AIDS, some of which I think have more importance than others and are cited below. The World Health Organization has a variety of links that lead to a variety of developing countries. I will focus on the three developing nations: Africa, South-east Asia and one of the America's. I have located many websites that have the causes and treatments of HIV/AIDS. My main purpose in this ISU is to show how HIV/AIDS has affected the people, the society, the country and as a nation. Along with that I would like to show how the people, society, country and nation have reacted to HIV/AIDS. I have initiated my integrated independent study with the sources below.

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HIV/AIDS

NOTES #1:

<http://www.actoronto.org/>

- 44% of infections from men to me in Canada, 21% drug related, 26% among women, 11% aboriginal
- Acquired Immune Deficiency Syndrome (AIDS) and is caused by Human Immunodeficiency (HIV)
- HIV attacks the immune system (defence against infection and disease) by weakening it over time.
- Once the immune system is broken down the person will start experiencing a variety of health problems
- Sickneses start off small and get bigger and bigger as years past

- The time that it takes HIV to begin to affect a person's health varies from one individual to another
- Targets the CD₄ cells (aka, T₄ or T-Helper) which are cells that help fight off disease
- Disease cannot survive outside the body
- Cannot pass through air, toilet seats or sharing dishes, pee or saliva
- Infected bodily fluid must reach the uninfected fluid by direct touching, ie. Open cut, mucosal membranes (such as vagina, anus, nose eyelids)
- Most common bodily fluids containing HIV: blood, Cum, breast milk, vaginal fluids and rectal fluids
- Most people get infected when they have anal/vaginal sex or share a unclean needle/syringe
- HIV can be transferred through a mother to her baby in pregnancy, labour or delivery. 25% chance the child will contract HIV, but if on anti-HIV medicine, chances drop to 3%. But there are unknown future side effects to this medication
- Some blood transfusions have been known to transfer HIV but since 1985 all donated blood in Canada has to be screened for HIV
- You **can't** tell you have HIV by look or feel
- Only way you can KNOW if you have HIV is by a blood test – HIV Test
- This test looks for antibodies that are made by the immune system when a person is infected with HIV.
- If antibodies of HIV are found, the test will come back positive. This person is now HIV Positive
- There is a "Window Period" from 3 to 12 weeks after you might think you've been infected by HIV, that if you have taken a test, it will not be 100% accurate
- Many people who have HIV are asymptomatic because they show no symptoms of having HIV, they can even be in this stage for 10-15 years
- If the person was feeling healthy, their CD₄ would be fairly high because they are fighting the HIV virus, and their viral load (amount of HIV in blood stream) would be low

- At a certain point the CD₄ will be over powered by the HIV, then the CD₄ count will decrease and their Viral load will increase
- As soon as a persons CD₄ cells begin to decrease they become more susceptible to viruses and diseases
- Once this happens they are in a stage called symptomatic period
- “Opportunistic infections” are the first illnesses that find their way into your body when your HIV begins to take over. Pneumocystis carinii pneumonia (“PCP”) and toxoplasmosis (Toxo) are the two most common.
- Soon after a person is infected they might feel something called seroconversion illness, which is a flu type illness right after being infected with HIV
- Virus cannot be completely destroyed from a persons blood with the technology today
- Once a person has had one or more of the “AID-defining conditions” he/she is said to have AIDS
- There are many drugs that can prevent certain types of illnesses, so that the HIV is not as severe as it would be otherwise. But they are trying to look for medications that can directly target the HIV disease. “Combination therapies” or “the cocktail,” slow down the effect of HIV on the immune system by slowing down the replication of HIV cells. This is normally a combination of drugs taken at a strict time (they are not easy to take and have many side effects)
- Also, acupuncture, vitamin supplementation, massage are used on patients with AIDS
- THERE IS NO CURE FOR HIV OR AIDS
- People living with HIV/AIDS may experience hostility and rejection from many others. They may loose jobs, homes and important relationships
- They find it hard to tell the people closest to them about their diagnosis
- Many people go to counseling and group sessions to help with their mental outlook on the situation
- Many people living with AIDS choose to make adjustments to their lives such as eating healthier, exercising and using complimentary therapies.

NOTES #2:

www.catie.ca

Steps to living with HIV:

- Have a good doctor
- Have a complete medical checkup (to make sure there are no other std's ect.)
- Mental and emotional health (can lead to depression or anxiety)
- Eat well, exercise and rest
- Complementary therapies (like herbal treatments, naturopathy and massage)
- Start taking antiretrovirals (to prevent AIDS)

WHAT NEXT?

- Keep yourself healthy (exercise, eat well)
- Keep others healthy (learning about how HIV is transmitted)
- Get connected and involved (go to AIDS conventions, support groups)

NOTES #3: <http://www.aids.org/topics/aids-faqs/how-many-have-hiv-aids/>

- 2009, 33.3 million [31.4 million–35.3 million] people were estimated to be living with HIV
- 2.6 million [2.3 million–2.8 million] people became newly infected with HIV in 2009
- 1.8 million [1.6 million–2.1 million] in 2009
- 1.2 million people received HIV antiretroviral therapy for the first time
- 21.8 million people have died of AIDS (17.5 million adults and 4.3 million children under 15).

NOTE 4: <http://www.who.int/mediacentre/factsheets/smallpox/en/>

- Small pox - an estimated 50 million cases of smallpox occurred in the world each year, a figure which fell to around 10–15 million by 1967 because of vaccination

NOTE 5: <http://answers.yahoo.com/question/index?qid=20081117183721AAcTS9L>

- 75 million people died from the Great Black Plague

NOTE 6:

<http://www.globaleducation.edna.edu.au/globaled/go/cache/offonce/pid/1666>

- Human and social impact

People's lives are affected in many ways which include:

- a wide variety of physical health problems
- social isolation due to the stigma and misunderstanding of the spread of the disease
- altered family responsibilities - grandparents caring for large numbers of grandchildren
- children orphaned, and left to live alone and fend for themselves
- loss of cultural traditions as parents and key community members die before children are able to absorb their knowledge
- loss of healthy adults, which means less ability to grow food and earn an income
- loss of income, which makes people less able to access health care, education, and food, which, in turn, means they are less able to develop fully and protect themselves against exploitation and are likely to fall further into debt

Economic impact, Families suffer major economic problems as productive adults become ill, including:

- loss of income as family members become sick and are unable to work, or have to give up work to care for the sick
- limited income being consumed by expensive drugs and funerals

Countries suffer significant economic impacts including:

- loss of investment in education and the knowledge and skills of professionally trained people
- reduced ability to produce food
- reduced ability generate income from internal sales and exports
- high costs of treatment and demands on health systems

Note 7: <http://www.globalchange.com/truth-about-aids-chapter-8.htm>

series of private and public pronouncements denouncing homosexuality, listing plagues described in the Old and New Testaments, and declaring that this was obviously God's plague on homosexuals

CASE STUDY #1: Kenya – Africa

http://www.afro.who.int/index.php?option=com_content&view=article&id=1036&Itemid=1889
<http://www.avert.org/hiv-aids-kenya.htm>

<http://www.poverty.com/aids.html>

CASE STUDY #2: Brazil – America's

<http://www.avert.org/aids-brazil.htm>

CASE STUDY #3: Thailand – South Asia

<http://www.avert.org/thailand-aids-hiv.htm>

Canada - #4

<http://www.avert.org/canada-hiv.htm>

Society Affected by Aids

To: Mr.Ruttan

From: Lindsay Kingston

Due: May 12th 2011

Preface

HIV/AIDS have been around since the first known case in 1884 located in Africa. HIV is Human Immunodeficiency, which causes AIDS, Acquired Immune Deficiency Syndrome. HIV attacks the person's immune system and causing it to weaken over time. This leaves the person with a weak defense against infection and disease. In 2009, 33.3 million people were estimated to be living with HIV. An astounding 21.8 million people have died of AIDS worldwide, 17.5 million of them adults and 4.3 million children under the age of 15. There are many social implications to this disease along with all of the serious ramifications of the disease itself. For example; loss of a generation, many people dying, is spread by interchange of fluids and many other implications that will be talked about throughout this ISU. Using a Global approach, this ISU will illustrate why HIV/AIDS has such a widespread effect on the people, the society, the country and nation. The worlds reactions to HIV/AIDS is in three ways medically, philosophically and social.

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Summary

There are many resources that have valuable information on HIV/AIDS on the web, in books and in newspaper articles. This background and symptoms have mainly been taken off The World Health Organization website. This website talks about HIV, in the medical aspects, symptoms and treatments. The statistics written about HIV/AIDS have been taken off The World Statistics website, to make sure they have credibility. The movie "Face of Aids" has been an important resource when looking at the social implications of HIV/AIDS. Along with these resources, the books; HIV/AIDS by Savitri Ramaiah, HIV/AIDS by Sague Consuelo and a variety of articles in The Positive Side magazine. There have been many related newspaper articles on the Globe and Mail, Time and BBC. All of these resources have some together to create this ISU.

Background

Millions of cases of HIV/AIDS have been found all around the world, making it a great global concern. HIV/AIDS began to be an issue in the 1980's originating in Africa but there are theories that the HIV/AIDS virus has been around in monkeys for at least 32,000 years! Africa was thought to be the origin of HIV/AIDS mainly because it is a large developing country. HIV/AIDS causes setbacks to countries that are in the process of becoming developed because it causes millions of fatalities, a great need for health care, destroys communities, families and economic stability. HIV/AIDS also causes great financial burdens on the country because of the need for health care, prevention and awareness. HIV is easily spread among the poor. Women and girls are easy targets for men who have had multiple sex partners. Along with this group of people, people who use needles and syringes for injecting drugs and also infected women passing HIV to their newly born children. The reason HIV spread so quickly in Africa was because it was a relatively new diagnosis. During the early stages of the virus people were unaware of how it was spread and the country did not have money to create vaccines. Once cases were spread to Europe, North and South America HIV were discovered to lead to AIDS.

Along with this discovery, research for treatments began to move forward. Though developing countries still did not have the funds to supply their people with these drug cocktails. This issue is continuously progressing in a negative way every time another person become infected with HIV or every time an HIV infected person develops

into AIDS. HIV/AIDS will continue to progress into a negative way until proper scientific advances are made, prevention methods are made easily available and the awareness of HIV is caused, spread and how it can be prevented.

Approximately 2.6 million people became newly infected with HIV. Out of the 33.3 million people living with HIV in 2009, only 1.2 million people received HIV antiretroviral therapy for the first time. This number has been increasing since 1950 as seen in figure 1 of appendices. It is a medical reality that many people have to die before medical scientists and pharmaceutical companies go to work to find a vaccine. Small Pox is such an example which had an estimated 50 million deaths a year but this number dropped from 50 million people to 10-15 million by 1967 because of the development of a new vaccine. Consider the Great Black Plague that killed 75 million people around the world, until the vaccination and extermination of this disease was controlled, millions more would have died. If HIV/AIDS has currently killed 21.8 million and numbers are still growing. HIV/AIDS has become a global matter because of the amount of people that are infected and dead because of it.

It's not just a cure that is needed. In the mean time we need medical personal to work with third world counties, educating the people so the spread is contained, use of condoms and provide them. G8 countries also need to help third world countries with the expense of getting the drug cocktail, helping find women and children proper homes and working conditions so they can help themselves.

How HIV Works

Human Immunodeficiency works by attacking the immune system. Once the immune system of the infected begins to break down because of HIV, the person will start experiencing a variety of health problems. This sickness starts off small and gets bigger and bigger as years pass. The time that it takes an HIV infected person to notice it is affecting their health, differs from one individual to another. Due to the person's health, age, weight, medicine available and much more. Once HIV becomes active it begins to target the CD₄ cells (aka, T₄ or T-Helper), these are cells that help fight off disease, which when weakened allow you to become more susceptible to diseases. You cannot tell a person who has HIV by the look or feel of them this is why the disease is so scary. Some people can live up to 10 years without even knowing that they have HIV, while infecting others. These people are asymptomatic and have no signs showing they have HIV.

HIV cannot survive outside the body. It cannot be passed through the air, toilet seats, sharing dishes, saliva or urine. To contract HIV the infected bodily fluid must reach the uninfected fluid by direct touching. Possibly through an open cut or mucosal membranes such as a vagina, anus, nose or eyelids. The most common bodily fluids containing HIV are blood, cum, breast milk, vaginal fluids and rectal fluids. Most people are infected with HIV during anal or vaginal sex or when they share an unsterilized needle or syringe. The only way you can know if you have HIV or not, is through a blood test, also known as a HIV Test. This test looks for antibodies that are made by the immune system when a person is infected with HIV. If antibodies of HIV are found, the test will come back positive. This person is now HIV Positive or has contracted HIV. There is a "Window Period" from 3 to 12 weeks

after you might think you've been infected by HIV, that if you have taken a test, it will not be 100% accurate. This is why doctors suggest that you wait at least a year after you think you might have been infected. Once a person has had one or more of the "AID-defining conditions" he/she is said to have AIDS.

Prevention Attempts

There have been many previous attempts to prevent HIV/AIDS because anyone can be infected with it. There are two main ways that HIV has been prevented in the past. Firstly, prevention for people who are already infected with HIV and secondly with people who are not infected with HIV. These two methods have worked in the past but need to be continually enforced for full and continuous results.

First method for prevention is for people who are already infected with HIV, it is extremely important that they are aware of how the virus works and how to prevent passing it on to others. Along with this personal counseling, joining support groups will help these people deal with living with the virus, safely. Also if these people have access to antiretroviral medicine they will be able to live their lives healthy and prosperous.

Second method for prevention is to stop the spread of HIV/AIDS for people who do not have it already. The first thing people have been promoting is to abstain from sex. But if sex does occur, the person stays with one or very few partners throughout their lifetime. Since these methods are not productive throughout the world, the use of condoms, whether it be female or male, reduce the risk of contracting HIV by 99 percent. These prevention methods are sold and disturbed wildly in developed countries but are less available in developing nations. Condoms have been one of the main prevention

methods are the easiest and cheapest method besides having sex. There are also studies that have proven male circumcision will reduce the spread of HIV between male to female intercourse but male-to-male prevention is not yet known. Using sterile equipment while injecting drugs is another way to stop the spread of HIV. Recently, before using donated blood for transfusions each is scanned for many diseases especially HIV/AIDS so the person who is receiving the blood is at very little risk for contracting HIV/AIDS. These two methods have been working but they need to be continually enforced and talked about for complete success.

Expert on Issue

There are many people around the world who have done studies and research on HIV/AIDS, this is why treatments and prevention methods have been found. Without these people technological advances in HIV antiviral medicine and prevention would not have been possible.

Role of Control

There are a variety of people, groups and industries that hold the role of control relating to HIV and AIDS. Pharmaceutical companies, governments and religious organizations all play a different role in the prevention, awareness and treatment of HIV/AIDS. Pharmaceutical companies have the power to spread awareness, prevention and treatment of HIV/AIDS. Governments have a huge role in the awareness and severity of what was known as an epidemic in some countries. Religious organizations have the power to inform their congregation of HIV but some of these religions choose to ignore

what is blatantly obvious. If all three of these major influences came together with the prevention of HIV/AIDS in mind the future of HIV/AIDS would be forever changed.

Thousands of pharmaceutical companies hold the power to enable people living with HIV to live years without escalating to AIDS and to prevent contracting HIV/AIDS altogether. In pharmaceutical companies, treatment for HIV has changed from mono-therapy to antiretroviral therapy that contains three or four drugs of one, two or even three different classes (Arun Khanna). Pharmaceutical companies hold the power because only certain areas have access and availability to these medicines and healthcare centers. And even when the patient lives in an area where this is available, some do not have the financial resources to cover the cost of the treatment. In the beginning, some medical insurance didn't cover the cost of the drugs to create HIV/AIDS putting them out of reach of many individuals. There is commercial social responsibility that calls for the motivation of infected patients to invest in therapy and the acceptance and support from society. It is of the utmost importance according to Khanna that, "There is an increasing realization in the corporate world and especially among the pharmaceutical industry that programs to sensitize the society along with developing patient-friendly drug regimens are keys to better outcome against HIV/AIDS." (Arun Khanna). Pharmaceutical companies need to realize that the treatment and prevention of HIV/AIDS is a huge commitment. These companies need to invest money to be part of a sustainable economic development. If these companies accept this responsibility they will help improve the quality of life around the world!

Different governments treat HIV/AIDS in different ways. G8 countries around the world have ministry of health in each of those counties. This ministry in the developed

countries has direct relations with the government. This ministry, which varies in each country, decides the severity of the medical problem in each of the situation. The government works with the health ministry to decide whether to announce this to the public and take action. Developing countries do not have the action plan that the developed governments do, this is a major issue. In developed countries governments regulate the distribution of any medicine, they make sure the proper tests are taken. They do this to make sure there are no major side effects. Governments are also able to alert the public in an extremely quick fashion. Along with this they have the ultimate control over their country. It is important that they have a plan against HIV/AIDS.

Every different religion has a different view on HIV/AIDS, the contraction, prevention and treatment. If a person follows a certain religion they are indented to follow the beliefs of that religion. Some religions are against sexual intercourse before marriage, having multiple sexual partners, multiple wives or husbands and taking part in gay or lesbian activities. These sexual acts are the main ways of contracting HIV, because of this; many religions frown upon people with HIV/AIDS. People in certain religions do not take the proper precautions against HIV because it is against their religion. Dealing with religions and HIV is very difficult because of its influence on people and their beliefs. If there were any way for these three major powers to come together for the prevention of HIV/AIDS there would be many less fatalities.

Religious and Spiritual Views

There are many different religious and spiritual views on the issue of HIV/AIDS. Because HIV is mainly spread by sexual actions many religions look down on people

who have HIV or AIDS. It is known that many tribal cultures in Africa that disowned their own people because they had been infected with HIV. Though many religions frown upon HIV/AIDS that does not mean that there have not been any efforts to help. Many churches send people on health missions with supplies and facts on HIV/AIDS and other well-known medical diseases. There will be more information on this in the NGO's section. Because most religions are based on belief, faith and hope, they are willing to help people who cannot help themselves. Religions also play a huge role in control as stated above.

Case Study #1: Kenya – Africa

Kenya is located on the east side of Africa, south of Somalia and north of the United Republic of Tanzania. The capital of Kenya is Nairobi and there are currently 40 million people living in Kenya. Kenya is known for one of the worst HIV and AIDS epidemics. This case study will have information about when Kenya first got hit with HIV/AIDS, the significance of the issue to this specific society, cultural influence on HIV/AIDS and what is happening now in Kenya to spread awareness and prevention. HIV and AIDS are still having a huge impact on the country of Kenya.

The first seen cases of AIDS in Kenya were between 1983 and 1985 and there were 65 cases. In 1985, 59 percent of sex workers in the capital. Nairobi were infected with HIV. The World Health Organization has recorded that by 1987 there were 286 cases of AIDS, 38 of those have resulted in death. Kenya's government then decided that the people of Kenya should be informed about this horrible disease. The government sent news articles to newspapers all over Kenya with information about HIV/AIDS. They also started a poster campaign to promote the use of condoms. Since this effort hadn't been

enough, one year later the Ministry of Health created a yearlong health and education program for HIV/AIDS. This program was funded by Western countries and cost about 2 million pounds. This is why aid from other countries is so important to Kenya, without aid this program would not have been possible. By 1987 HIV was spreading very quickly, especially in the capital. Kenya's government was criticized because of the rapid epidemic in their country and how they should have been preventing this epidemic from happening. By 1994, 100,000 had already died of AIDS and in this year it was estimated that one in every ten adults living in Kenya was infected with HIV. In 1999 Kenya's president Daniel Arap Moi had declared Kenya in a state of national disaster because of the AIDS epidemic. He announced that the National Aids Control Council would be created right away. Many critics said that his speech did not inform the people on how to prevent HIV from spreading, in his next speech he made sure to inform his people, "The threat of AIDS has reached alarming proportions and must not be treated casually; in today's world, condoms are a must" (Kenyan President Daniel Arap Moi). In 2000, there was to be a condom factory built in the capital city so they would have easy access to condoms. But this did not happen because there were not enough people interested and involved. Because of the talk about HIV/AIDS, the solutions to prevent HIV and the changed attitude towards sex the prevalence of HIV/AIDS in Kenya began to decrease from 13.4 percent in 2000 to 6.9 percent in 2006, which is a good sign. This is what happened in Kenya since the 1980's until now relating to HIV/AIDS.

There are three very worrisome areas related to HIV/AIDS in Kenya. The first area of interest is in homosexual men. Since being homosexual is illegal in Kenya the word to prevent the spread of HIV has become very scarce because they are unwilling

and unable to legally give advice, special treatment and care for these men. Homosexual men are known to be the most at risk to contract HIV in Kenya. The second area of interest is in Kenyan women. Since one in four women between the ages of 12-24 have lost their virginity by force. As a result of violent sex these women are more likely to contract HIV. Women in Kenya are twice as likely to contract HIV than men. The third area of interest in Kenya is among injecting drug users. In Kenya, 2008, 3.8 percent of new HIV infections were injecting drug users. 2.5 of these infections were contracted at a public health care unit. There needs to be a great deal more sterilization in the health care units where treatment is given and among injecting drug users or their percentage of HIV infections will continue to grow. These three key areas are what make Kenya stand out from other countries. These three target groups can be easily prevented if the proper precautions are taken, public interest is obtained and sufficient funding is granted.

In Kenya there is a HIV/AIDS strategic prevention plan in place to get the AIDS epidemic under control. There are many ideas in this plan that should lead to great success if implemented correctly. The first idea is to increase the availability and access to counseling and testing. This idea should help people who are living with HIV/AIDS to cope and to help people find out if they are infected so they do not pass the infection on. Another idea is to strongly promote the use of condoms. Most condoms are 99.9 percent effective on preventing fluids from being passed on. The last main idea is to increase the knowledge of the health care units. Mainly by strengthening sexually transmitted diseases and HIV program linkages, expanding services for prevention of mother-to-child transmission, improving availability of [safe blood](#) supplies and ensuring injection safety.

The government is also trying to ensure that they are promoting abstinence, safe sex and delayed sex debut among young people.

Kenya has very specific needs when it comes to ending the AIDS epidemic that they have been battling. To help continue the fight against HIV/AIDS in Kenya there are many things that need to continue to happen. First the government continues to promote safe sex and increasing funding to allow more HIV testing centers. Second, the three different status groups in Kenya need to be identified and they need to have special focuses on each group. Thirdly all discrimination towards these groups and to people living with HIV/AIDS need to be eliminated. The HIV/AIDS prevention plan needs to continue to grow and save the people of Kenya from contracting HIV.

Case Study #2: Brazil – South America

Brazil is the largest country in South America. There are currently over 190 million people who live in Brazil. Brazil's capital is Brasília. This case study will have information on when Brazil first got hit with HIV/AIDS, the significance of the issue on this specific society, cultural influence on HIV/AIDS and what is happening now in Brazil to spread awareness and prevention.

Brazil's first known case of AIDS was in 1982. Many of the cases of HIV/AIDS in Brazil are a result of men having sex with men. And they were found in Brazil's largest cities, Rio de Janeiro and São Paulo. Brazil went through many dictatorships at this time while civil society groups and nongovernmental organizations helped the country through many issues such as HIV/AIDS. These groups supported Brazil in a time of need and made sure that the government got involved when HIV/AIDS appeared in Brazil.

“We were living under the dictatorship, so little groups formed but not just political ones. They were responding to larger, deeper issues of repression, with worldwide implications. We were trapped in a symbolic prison; homosexuals had to hide, to live in very closed circles. The right to the body was bound up with the issue of democracy” (Wildenay Contrera, AIDS Prevention and Support Group).

In 1988 a new Constitution of Brazil was formed and, had a great impact on HIV/AIDS in their country. In Brazils Constitution legal protection against discrimination was granted and it also defended their right to free healthcare. Even though this constitution brought on many good things, the people of Brazil felt as though the government was not doing enough.

“To this day the government has taken no significant action in response to the epidemic, continuing the five-year record of inaction and indifference of the previous administration. There is today no adequate national program for controlling the epidemic” (Herbert Daniel).

Along with many other countries it was common to become infected through infected blood during blood transfusions in health care facilities. In 1986, São Paulo made scanning for HIV in blood a regulation and by 1988 it was illegal not to have blood tested for HIV before using it in any type of transfusion. Once anti-viral medication came to Brazil the amount of deaths because of AIDS has dropped. In Brazil men are the majority of the people infected with HIV/AIDS. There have been studies done in Brazil that indicate that the poorer and less fortunate people of Brazil are more likely to contract

HIV in their lifetime. There were many losses and success while dealing with HIV/AIDS in Brazil.

Brazil's significance in the war against HIV/AIDS is that the vast majority of the cases of HIV/AIDS in Brazil were among homosexuals. Even though this was the case the government and nongovernmental organizations did not hesitate when attempting to prevent and promote awareness about HIV/AIDS. Which is much different from other countries.

In 1991 the government of Brazil announced that it would make an anti-viral drug called AZT, available for free to all Brazilians that required it. This was a huge step for the government to take in creating solutions for HIV/AIDS in Brazil. In Brazil there were many people who were interested in new and better cures and medicines for HIV/AIDS, they were one of the few countries. "A major step backward for the country's development. Brazil is working to attract investment in innovative industries that rely on intellectual property and this move will likely cause investments to go elsewhere" (Brazilian Government). Brazil has continuously looked for new solution for HIV/AIDS and is still actively looking for newer and better methods.

In conclusion Brazil has created a strong relationship between their government, civil society groups and nongovernmental organizations that will change Brazil forever. Also Brazil's strong political leadership will continue to fight the war against HIV/AIDS and continuously support a non-judgmental outlook on the causes of HIV/AIDS in their country. Brazil is a strong country and the war against HIV/AIDS has made it that much stronger.

Case Study #3: Thailand – South Asia

Thailand is located in the heart of Southeast Asia. Thailand is the largest rice exporter in the world and there are about 68 million people that live in Thailand. This case study will have information about when Thailand first got hit with HIV/AIDS, the significance of the issue on this specific society, cultural influence on HIV/AIDS and what is happening now in Thailand to spread awareness and prevention. Thailand is one of the only developing countries that have had a very effective public policy in preventing the spread of HIV/AIDS on a national scale.

The first case of AIDS known in Thailand was in 1984. In the beginning the Thai government did not see any need to start a panic among their people. The government had seen study that said HIV/AIDS had only infected certain groups; people working in the sex trade, gay men, IDU's and tourists. They did not think it was worth the commotion to alarm the general public. But between 1988-1998 thousands of new cases had formed. The IDU's went from being almost zero of the infected percentage to almost 40 and 44 percent of HIV infected people were sex workers. After these two dramatic jumps in HIV spreading, Thailand had become another country to have an HIV/AIDS epidemic. But still the government did not believe that HIV would spread from these "high risk" groups. One government official said; "The general public need not be alarmed. Thai-to-Thai transmission is not in evidence." In 1991 a new Prime Minister, Anand Panyarachun stepped into power where he would begin to create a plan to slow down the HIV epidemic in Thailand. This AIDS control program budget was 44 million dollars, which was a large step up from 180 thousand in 1988. There was also a large anti-AIDS campaign, "Anti-AIDS messages aired every hour on the country's 488 radio

stations and six television networks, and every school was required to teach AIDS education classes". This anti-AID campaign did hurt Thailand's economy, since most of Thailand's economy is based on tourism. Because of the big hype on HIV/AIDS tourism decreased, but the government felt it was a necessary sacrifice to stop the spread of HIV/AIDS. Part of this program also initiated a 100 percent condom program. This program distributed condoms to brothels, massage parlors and sex workers. If these people failed to use a condom they would be closed. One newspaper said, "When a team of reporters decided to test the 100% condom program by visiting Chang Mai with the aim of buying sex without a condom, they failed." This was how committed the government was to stop HIV. By 1996 HIV/AIDS budgets reached a soaring 80 million dollars. With all of these efforts from the Thailand government there were substantial reductions in the new HIV cases. At the beginning of 2000 anti-viral drugs were introduced. These drugs can prolong the lives of people living with HIV and delay the virus from progressing to AIDS; this was a huge step for Thailand.

There are two main issues relating HIV/AIDS that relate to Thailand. First that the government did not react to HIV/AIDS with the right response, the Thailand government was extremely judgmental. The government believed that HIV would not become an epidemic because it was only seen in "high risk" groups. Since the government did not take HIV/AIDS seriously at the first cases, AIDS increased in the 1990s. The government could have avoided an HIV/AIDS epidemic if they had taken the right precautions 20 years earlier without passing judgment. The second issue is that the majority of Thailand's HIV infections occur through heterosexual sex. Which is where the

government really mislead the people of Thailand. These two different issues separate HIV/AIDS in Thailand for epidemics in other parts of the world.

Thailand's government was one of the most successful while running anti-AIDS campaigns. Which was a great way to spread the word about the use of condoms, while enforcing laws to use condoms, putting ads on radios to inform people about HIV/AIDS and how to protect from infection. By the 2000's when anti-viral drugs came to Thailand, a lot of sickness and treatment for those who were already infected began to feel better. With these anti-AIDS campaigns and anti-viral drugs. Thailand's fight against HIV/AIDS has gone very well. Though there are still new infections there are much fewer and the people who have AIDS are being treated with the proper medicines. Thailand's government has done a great job protecting their people against HIV/AIDS.

Thailand's government has shown its people how to control an epidemic when it becomes very bad. Thailand has set very high standards for a developing nation in such a hard situation. For all of Thailand's successes there were many fatalities but there is still much to be proud of for a developing nation.

IGO's/NGO's

There are a variety of IGO's and NGO's that are constantly playing a role in prevention and awareness of HIV/AIDS. Some of these IGO's/NGO's have been more successful than others for varying reasons and in varying parts of the world. There are many NGO's that were made specifically to help out with HIV/AIDS while others were created for the better good of society or health care. Which ever the case may be they help out countries an excessive amount and some developing nations would not be able to fight HIV/AIDS without the help of NGO's.

There are many NGO's that were created specifically for helping with HIV/AIDS. For example, Aids Awareness Group, their mission is to minimize human suffering in the fields of Health & HIV. In Brazil, the Group of Support and AIDS Prevention (GAPA) established itself as the point of reference in the fight against HIV/AIDS. Today, there are 20 GAPA offices throughout the country. Another NGO is, Khmer HIV/AIDS NGO Alliance. The Khmer HIV/AIDS NGO Alliance (KHANA) is a national non-governmental organization that provides financial and technical support to local NGO's and community-based organizations (CBO's) in Cambodia to respond effectively to HIV/AIDS. KHANA was established as a project of the International HIV/AIDS Alliance in 1996 and registered as a NGO in 1999. Another NGO is, The International HIV/AIDS Alliance (also known as the Alliance) is an international development non-governmental organization. Which was set up in 1993 by a consortium of international donors. The Alliance was established to respond to the need for a specialist, professional intermediary organization which would work in effective partnership with non-governmental and community-based organizations in developing countries, as well as with national governments, private and public donors and the UN system. There are a variety of NGO's that are set up in certain countries for example this one is in Africa, Charity AID Africa Organization. The aim of this NGO is to provide support to the people in the rural and remote villages and give assistance to enable them meet their basic needs. They also provide and give the people education on HIV/AIDS, providing infrastructure for the people, example, putting up school building, health, and creating the awareness on the importance of conserving the environment, support community development projects, meet with other organizations to bring in volunteers to exchange ideas.

There are so many NGO's and IGO's and charities around the world that do such great work for many worthy causes. There is a lot of time, effort and money that goes into each and every single NGO, IGO and charities that people do not even think about. Many developing nations today would not be able to survive without this help.

Case Study #4: Canada

The issue of HIV/AIDS is in Canada but is not as prevalent in other parts of the world, mainly because HIV spreads much quicker in developing countries because their lack of governmental support and access to health care facilities. This case study will have information on when Canada first got hit with HIV/AIDS, the significance of the issue on this specific society, cultural influence on HIV/AIDS and what is happening now in Canada to spread awareness and prevention. Canada is part of North America with a population of 34 million. Canada is a developed country but still have to deal with HIV/AIDS.

From 1985 to 2008 there were 67,422 HIV tests that came back positive from the Centre for Infectious Disease Prevention and Control. And in 2009, 2,417 tests came back positive. As seen in figure 1.2 in appendices that most of the people who contracted HIV/AIDS in Canada were either in the males having sex with males category and the not at risk group of men.

Solutions

There are many solutions today on how to prevent HIV/AIDS and how to live longer once infected. HIV/AIDS is a serious disease, which is continuously being spread without proper treatment and in many countries where treatment is not

available. HIV/AIDS is a global issue G8 countries have developed a drug cocktail to delay HIV from becoming AIDS but governments need to allocate more money as well as the private sector to develop a cure for HIV.

The main solution to prevent the spread of HIV/AIDS is the use of condoms whether it is female or male. Both are 99.9 percent affective against the transfer of bodily fluid.

There are a couple of main solutions to help people deal with HIV/AIDS are anti-viral drugs and mental and physical therapy.

Appendices

Figure 1



