

African Tribal Cultures Influence The Formulation of Techniques to Eradicate HIV/AIDS in Africa

By Tata Agwo, M.S., MEd

1-2-3-4-5. That is how long it takes for another victim of HIV/AIDS to die in Africa. By the time you finish reading this article, about a hundred more would have died and a hundred more infected. Before you read how African tribal cultures influence the formulation of techniques to eradicate HIV/AIDS in Africa, let's enter the mindset of a western reporter,

Gedeon Levy about lady G. Lady G. lies in bed.

The yellowish liquid flowing into her vein from an infusion does nothing to ease her agony. Every bone shows through her shriveled, sallow, sore-pocked skin. She stares into nothingness, breathing heavily. She is about 40, but these are death rattles. By the time these lines are published, she will no longer be among us.

If G. had been a white woman from the West, her life would be longer. But she is a black woman from Africa, one of 560,000 AIDS victims in her country this year, and her fate was sealed. Last week she still lay in the outpatient clinic at Yaounde Central Hospital. There was no one to pay for full hospitalization.

There is 'no health insurance in Cameroon', and the FCFA 1,259 - about NIS 10 a day in a 10-bed ward - was beyond her means.

G. was about to be sent home to die, but how could she be moved in her condition? It's hard to imagine. She was accepted at the outpatient clinic only when her symptoms became so serious it became clear she was dying.

There was no one to pay for her treatment beforehand - that's the way it

is for most AIDS patients in Cameroon. In the room next to G., A. was in somewhat better shape. He is a 21-year-old student who had casual sex, never thinking anything could happen to him, and became infected.

He came to the hospital complaining of weight loss and diarrhea, convinced he had contracted malaria, another common malady in Cameroon, but was diagnosed with AIDS. His family is relatively prosperous and he is among the few patients getting the effective treatment known in the West as the AIDS cocktail? But A.'s family can only afford the costly cocktail for another few months. When the money runs out, he will be left to die.

Meanwhile, he is taking fewer pills a day than the recommended dose, also common in Cameroon, in the hope that he will be able to prolong treatment. The cost of the cocktail is finally going down in Africa. Until a short time ago an AIDS patient had to pay about US\$800 a month, an astronomical sum in local terms. Now it has gone down to US\$50, which is about half the average monthly salary, for medications imported from Australia and Brazil, not including the frequent tests.

The problem is this price too is beyond the means of most AIDS

patients. Yaounde Central Hospital, with 500 beds, is one of two major hospitals in the capital with a population of about a million. The outside of the hospital, built in colonial French

their heads are called "ambulances" here. The hands of the hospital's medical director, Prof. Magloire Biwolé Sida, are tied. A gastroenterologist who got his medical degree in

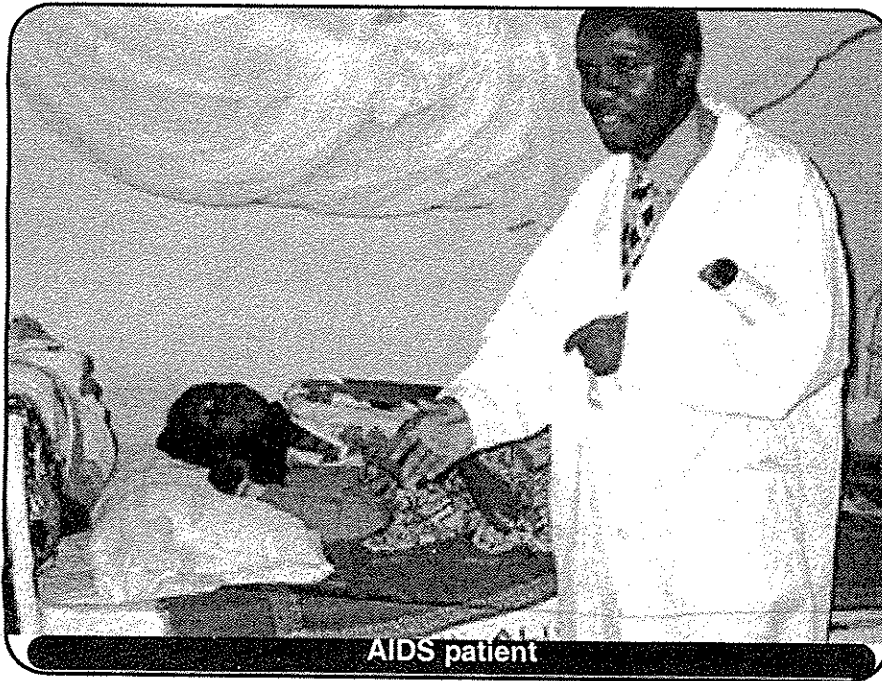
Cameroon ranks 12th out of 28 African countries in this respect. In the 19 years since the first AIDS patient was diagnosed in Cameroon, the situation has worsened steadily. In 2001 there were 530,000 AIDS patients, this year there are 560,000.

The number of those dying of AIDS is going up too - 49,000 Cameroonians will die this year as against 41,000 in 2001. A whole generation of Africans is growing up without parents. In Cameroon there are already 240,000 AIDS orphans. Public relations campaigns, obvious on billboards, and cheap condoms, the equivalent of eight cents each, have had no impact. The small amount of help from abroad doesn't always reach its destination.

The Cameroon daily Herald this week asked on its front page how 213 million CFA francs was spent on just 323 AIDS patients in Douala. Where did the money go? Money, says Prof. Sida, is actually a risk - when there is money, one can pay a prostitute. He pulls out an envelope at random from a box containing numerous test results.

Envelope number 2,199. Positive. The patient doesn't know yet - a psychologist and a social worker will tell him.

The wealthy world turns its face away and doesn't lift a finger. The Belgian flight attendant sprays the plane lavatory with disinfectant before takeoff, right after the doors close, hoping to leave everything behind. But a six-hour plane ride from Europe, thousands of people are dying for no reason - day after day, and only because they are Africans.



AIDS patient

days, is attractively landscaped. But patients' relatives spend their nights sleeping on the ground here, toilets without doors are located in the corners of the wards, and medical equipment is limited. In this entire huge country, with a population of 16 million, no heart bypass surgery is ever performed, for example.

Ambulances are a rare through the major economic center of Douala with a huge bag of medications balanced on

Cameroon and did his residency in Marseilles, Sida is a large, welcoming man. He remembers fondly two ophthalmologists from Beilinson Hospital who operated there last year.

Sida's hospital only cares for about 9,000 of the city's AIDS patients, and only 2,000 of these are being treated with the cocktail, out of city with 200,000 people who are HIV-positive. With an average rate of 12 percent of its population HIV-positive,