HIV/AIDS as a Chronic Disease – Reframing a Public Health Problem in South Africa.

Ehimario U. Igumbor  
School of Public Health, University of the Western Cape  
E-mail: eigumbor@uwc.ac.za

As South Africa and the rest of the developing world respond to the HIV/AIDS crisis, sustained high survival rates of patients can be expected\(^1\). It is glaring that with the judicious use of antiretroviral therapies, survival into old age should not only be possible, but will also be the norm for HIV infected individuals\(^2\). Already, people with HIV/AIDS now live longer, healthier lives placing HIV/AIDS in the realm of chronic diseases\(^3\).

This reframing of HIV/AIDS as we know it from an acute, life-threatening infectious disease wrought by the plague model and thus demanding emergency or disaster-style management\(^4\), to a chronic disease, necessitates a different focus and approach to Public Health policy and action. Erstwhile, HIV/AIDS was characterised by a predictable course of illness – “infected individuals would have a 10-year gap from the point of infection to the onset of opportunistic disease, after which survival would be limited to one or two years”\(^5\). While individual opportunistic infections were often treatable, the inexorable decline in the immune system meant that further infections were almost inevitable. Treatment was supportive and resolution to death ensued.

On the other hand, the incipient chronic character of HIV/AIDS means that the course of illness is not only longer but also uncertain and complicated, with alternating periods of crisis and stability. This calls for a shift in the social definition of HIV/AIDS, a reflection of the economic and cultural repercussions of HIV/AIDS treatment and a change in the understanding of HIV/AIDS at national, local and individual levels\(^6\).

At an individual level for example, longer lives of patients will inadvertently be associated with “increased prevalence of adverse effects of HIV infection, adverse effects of the drugs used to treat HIV, and concurrent medical conditions that would occur even in the absence of HIV”\(^7\). Furthermore, a different connotation of what it takes to achieve effective patient management is implied as chronic care may require comprehensive clinic redesign and “a division of labour that for example allows non-physicians to take better responsibility for routine care”\(^8\). As such, HIV/AIDS interventions at primary care settings must now be (re-)conceptualized within the chronic disease management model which allows the coordination of interventions that occur at the level of the clinical services, community and individual patient\(^9\).

For the overall health system, the implications of a chronic character of HIV/AIDS are becoming more obvious. There is need to: “(i) shift emphasis from acute, episodic care to provide continuity of care with planned visits and regular follow-up; (ii) develop health policies, collaboration, legislation and healthcare financing to support comprehensive care strategies; (iii) emphasise delivery of services at primary care level to assure broadest access to effective care; (iv) develop effective communication and referral systems between primary, secondary and tertiary levels of health care; (v) centre care on the patient, educate patients about their disease so they can become active participants in their care and promote adherence to long term treatments; (vi) link care to community resources; (vii) provide education and support to family and community members to assist in care; (viii) emphasise prevention and; (ix) monitor and evaluate the quality of services and long term patient outcomes”\(^10\).
Notably, in a South African context, there is need to overcome barriers to multi-sector cooperation; support better coordination of resources; integrate disparate health information systems, eliminate duplication and ensure that everyone is working to the same goal.

But what are the implications of a pervasive, life-threatening infectious disease like HIV/AIDS becoming chronic in a South African context? How can the South African health system resolve the tensions of having a chronic communicable disease juxtapose traditional chronic diseases which are notably non-communicable in nature? And are available public health interventions adequate to respond to the double burden of chronic diseases including HIV/AIDS in South Africa?

This presentation will reflect on these vexing questions arising from the construction of HIV/AIDS as a chronic disease. It will then highlight the imperatives for the South African health system (including the institutional and social response demands) given this translation of HIV/AIDS to a chronic disease. Finally, the psychosocial and health care issues related to HIV/AIDS within a continuum of care framework will be reviewed and the implications for the future of Public Health in South Africa discussed.

References:
10. Reagon G and Igumbor EU. Strengthening health systems through training of health care providers in the conduct of routine waiting time and system efficiency surveys. (In press).