

AIDS – not a one-way debate

IT'S crunch time for the HIV-Aids debate in South Africa.

It now looks increasingly likely that the state will begin supplying anti-Aids medicine to pregnant women and rape victims some time this year. But that won't mean the end of the Aids debate. On the contrary, that is when the debate will heat up around how much more Government should be doing.

And it's a safe bet that the debate won't always be rational. HIV-Aids is an emotional issue. Government's decision not to provide anti-Aids drugs to child sufferers has been condemned by the Anglican archbishop in the strongest possible language for a church leader: as a "sin against God". More and more journalists refer to an official policy of murder.

Strong words, strong emotions. But should such emotions influence public policy?

Consider this. Anti-Aids drugs recently imported from Brazil will cost the patient about R450 a month. That means R5'400 a year *for every Aids patient*. And then we have accounted for only the medicine — infrastructure, staff and related costs have to be added.

Compare the R5'400 with South Africa's per capita income, some R22'000 per annum. Then, let's accept current projections that the disease will, at its peak, affect 15% of the population, say one out of every six South Africans. These six people have a combined income of R132'000 on average. If they all club in, a little more than 4% of that will pay for the Aids medicine.

Apply that to the entire country, and 4% of gross national income will be spent on Aids drugs — and then we still haven't budgeted for anything but the medicine.

The International Monetary Fund has reportedly calculated that the total cost (medicine plus related costs) to treat all HIV-Aids sufferers in SA will take up approximately 10% of GDP.

For some perspective, the country's total capital expenditure (including roads, schools, clinics, hospitals, police stations and prisons) amounts to less than 2.5% of GDP.

This year, 1% of GDP means spending of some R1.1m per hour, every hour for 365 days — 10% will come to R11 million every hour.

If Government had to borrow that kind of money, interest rates would jump so high that most families would not be able to afford a house or a car. Alternatively, if Government had to raise the funds by means of taxes, the higher tax burden would squeeze growth out of the economy.

The result would be more unemployment, more poverty and more inequality. Everybody would suffer, including the 85% of the population not afflicted by HIV-Aids.

Uncapped expenditure to combat Aids will bring more ruin to the country than the pandemic itself.

The principle has already been established that the state cannot be held accountable for all medical costs, not even in life-threatening situations. The Constitutional Court could not come to the assistance of a patient in Kwazulu-Natal who needed treatment by means of a dialysis machine. Gauteng patients in need of heart transplants have to go on a waiting list at Groote Schuur in Cape Town. Sadly, they may die before reaching the top of the list, or they may not be able to pay for the trip to Cape Town ...

Why should Aids patients (with the exception of those who are pregnant or rape victims) be treated differently? On what basis do they qualify for state expenditure not available to kidney and heart patients?

Some might argue that extra funds were justified because HIV-Aids was a national disaster that would ruin the country. Maybe so, but this is not the experience in Uganda and Botswana. Those economies are growing, incomes are rising and, slowly but surely, those countries are creating better lives for all their citizens, not merely temporary relief for Aids victims.

Enough research has been done to show that per capita incomes can be improved — meaning we are creating better lives — even with Aids. If the average income could be doubled to R44'000, South Africa would be a dramatically better country. For Aids sufferers too.

A final argument: cancel the Arms Deal and use that money to treat HIV-Aids patients. Cancelling the Arms Deal is not a bad idea. But that would make available 3% of GDP, while a total Aids programme could require 10%. So you would be able to treat one patient out of three. How are you going to choose?

These are the real trade-offs, and hard decisions will have to be made. Who will receive and who not? Do we spend the money on better roads, the fight against crime, education or on Aids? Do we budget for the entire population or for the 15% we think will contract the disease? After all, we do not have unlimited resources.

The real debate is about the best allocation of limited resources, and it will remain heated.

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