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THE DEVELOPMENT OF BIOETHICS IN AFRICA IN THE CASE OF HIV/AIDS

Bioethics in Africa has come a long way. Aside from ethics in the clinical context

The first AIDS cases in Africa were reported in 1983. A few years prior, clinical epidemics of chronic, life-threatening enteropathic diseases ("slim disease"), cryptococcal meningitis, progressive Kaposi’s sarcoma and esophageal candidiasis were seen in Rwanda, Tanzania, Uganda, Zaire, and Zambia. Since it was first reported, the disease has spread at an alarming rate in Africa. Today, it poses the worst single health threat on the continent with approximately 28.5 million of people. Women and girls make up almost 57% of all infected persons in Africa. The emergence of AIDS in Africa has brought a sharper focus on bioethics and human rights. The disease has been defined for decades by denial, confusion, stigma and discrimination. In most African countries, HIV infected people and people with AIDS have had their rights violated by actions such as mandatory HIV testing; restrictions on international travel, employment discrimination, barriers to access to housing, education, medical care, and/or health insurance. AIDS has also given rise to many privacy and confidentiality questions, including name reporting and partner notification. Bioethicists and health policy makers in Africa are now not only dealing with ethical questions at the micro-level such as the duty to treat those suffering from AIDS, but macro-level issues as well, such as global justice and the ethical obligation of resource-rich countries to bridge the global health divide. Out of these concerns a bioethics movement has arisen, firmly rooted in a human rights framework. This framework has continued to be the bedrock for subsequent AIDS debates such as the demand for free or cheaper treatment for those suffering from the disease in poor countries. HIV/AIDS has thus unpacked several pressing bioethics questions in Africa, and will continue to do so for the foreseeable future.