

Group 7 Topic: HIV/AIDS

- A. Introduction
 - a. Natural history of the illness
 - i. Discovery and first cases
 - ii. Origins
 - b. Disease transmission
 - i. Transmitted through bodily fluids
 - ii. Increased threat of tuberculosis
 - c. Symptoms
 - d. Treatment
 - i. Use of antiretrovirals (ARVs)
- B. Poverty in relation to AIDS/HIV
 - a. Risky behavior to escape poverty
 - i. Case study
 - 1. Sex workers
 - 2. Poor Chinese farmers selling blood in Henan province
 - ii. Migration
 - 1. Globalization
 - b. Economic theory
 - i. Prospect theory
- C. Historical policies to deal with HIV/AIDS (Outside of Thailand)
 - a. Stigma and incomplete information
 - i. Thought that only drug users and gay communities could contract HIV/AIDS
 - 1. Reagan administration
 - ii. African policymakers didn't expect the spread among heterosexuals
 - iii. Discovery that HIV caused AIDS took two years
 - b. Successful policies
 - i. Use of antiretrovirals (ARVs) in Haiti
 - 1. Used of community health workers, free ARVs, and intensive information dispersion
 - ii. Breaking the stigma in South Africa
 - 1. Nelson Mandela saying his son died of AIDS/HIV
- D. Demographics outside of Thailand (Groups most at risk)
 - a. POC
 - i. African Americans
 - ii. Hispanics
 - iii. Africans
 - 1. HIV-2
 - b. Socioeconomic factors associated with POC
- E. AIDS/HIV in Thailand
 - a. One of the highest HIV prevalences in Asia
 - i. Primarily youth
 - 1. Homosexual men account for around 40% of new infections per year
 - b. Historical data
 - i. Initially spread by drug users to sex workers in northern provinces
 - 1. Decreased in the mid 1990s
 - ii. Early 2000s saw an increase in transmission due to gay sex
 - 1. Concentrated in large urban areas and international tourist destinations
 - a. Sex tourism
 - i. Effect of globalization

- c. Demographics
 - i. Men who have sex with men (MSM)
 - ii. Sex workers
 - iii. Transgender people
 - iv. People who inject drugs (PWID)
 - v. Migrants
- d. Key policies
 - i. Heavy investment by the government to control the spread
 - 1. No need for international organizations/foreign aid
 - ii. Condom Use Programme
 - iii. Voluntary and free testing for all pregnant women and newborn infants
 - 1. One of the first countries to effectively eradicate mother to child transmission
 - iv. Partnerships with Thai NGOs
 - v. HIV education and approach to sex education
- e. Barriers to HIV response in Thailand
 - i. Legal and cultural barriers
 - ii. Stigma and discrimination
 - iii. Structural and resource barriers
- F. Economic impact of AIDS/HIV
 - a. No significant impact on per capita GDP
 - i. Micro-level effects that may have macro-level consequences if given time to accumulate
 - b. Effects felt at the household level
 - i. Short term effects
 - 1. Changes labor supply
 - 2. Lost earnings
 - 3. Savings and assets used to pay for treatment
 - 4. Relatives taking time off to provide care
 - a. Lower efficiency of labor
 - ii. Long term effects
 - 1. Decreased investment in human capital
 - a. Effect of premature adult morbidity and mortality
 - c. Effects on businesses
 - i. Creates risk from concerns regarding pandemics
 - 1. World Economic Forum survey
 - ii. Increased costs and additional staff training
 - d. Effects on government
 - i. Increased public expenditure
 - ii. Support of disabled and children orphaned by AIDS/HIV
- G. Comparing AIDS/HIV to COVID-19
 - a. Speed of transmission
 - b. Impact
 - i. Economic
 - ii. Sociological
 - iii. Political
- H. Conclusion
 - a. Wrap up findings

References

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