“THE END OF AIDS”, AUSTERITY AND THE HIV TREATMENT RETENTION CRISIS IN MOZAMBIQUE.” [1]


TITLE: “The End of AIDS", Austerity and the HIV Treatment Retention Crisis in Mozambique.”

ABSTRACT: The “End of AIDS” requires ambitious testing, treatment, adherence benchmarks – e.g. UNAIDS “90-90-90 by 2020”. These goals necessitate “Option B+“ - early test-and-treat ante-retroviral-treatment (ART) for all HIV+ pregnant women and HIV-exposed infants, through universal, integrated family healthcare. Mozambique’s “Option B+” scale-up revealed IMF/WB-driven austerity policies - privatization, slashed public spending, hiring caps, and frozen wages - impede government delivery of essential HIV/AIDS services. Meanwhile, billions in USAID funding, constituting the largest increase in health aid in Mozambican history, flowed to NGO “implementing partners” through vertical projects - not the Ministry of Health. Hence, under-funded public sectors remained poorly maintained, under-staffed, and unable to meet growing demands. While HIV+ diagnoses threaten crucial social safety nets of women already impoverished by austerity-related inflation, price-hikes and canceled subsidies, austerity-related health system short-falls hinder effective maternal ART uptake and retention. In these therapeutic borderlands - where intentional household impoverishment intersects intentional health-system impoverishment - HIV+ women and over-worked care-providers circumnavigate scarcity and stigma. Patterns emerge of worrisome perinatal ART under-utilization - delayed ART uptake, intermittent adherence, low retention - we call precarious use. Precarious use has ghostly afterlives – blank antenatal files, disappearing mothers, never-ending pregnancies, unfilled prescriptions, unanswered texts and calls, non-existent addresses, charts for unborn infants. Ghost-files for ghost-patients generate ever-multiplying but futile, inevitably unfinished tasks – ghost-labor. Without addressing precarity - bolstering health workforces, wages and primary-care approaches as public safety-nets - an “AIDS-Free Generation” remains elusive. Ending HIV/AIDS, then, must also be about ending the intentional scarcity of austerity here, there and everywhere.

People Involved:  Rachel R. Chapman [2]

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