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The epidemic of HIV/AIDS in developing countries; the current scenario in Pakistan

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Abstract.

HIV (Human Immunodeficiency virus) causes (acquired immunodeficiency syndrome) AIDS, in which the immune system of body totally fails to develop any defense against the foreign invaders. Infection with HIV occurs by transfer of blood, semen, and breast milk. HIV/AIDS is a global problem and it results nearly 25 million deaths worldwide. Developing countries like Pakistan have issues regarding Public Health. Currently, epidemic of HIV/AIDS is established in Pakistan and there is a threat of an expanded HIV/AIDS outbreak in the country. The major reason is that population is engaging in high-risk practices, low awareness about HIV/AIDS, and treacherous blood transfusion practices. A supplementary threat to Pakistan is India because both sharing a border and India is facing a rapidly growing HIV/AIDS epidemic. Local NGOs, National and International organizations are warning that in near future Pakistan may experiences bad situation regarding HIV/AIDS.

In the present article we focused current situation of surveillance of HW/AIDS, its virology, genotype, diagnostics, high-risk groups, reasons of vulnerability in Pakistani population, and the role of different national and international organizations in this situation.

Background

HIV belongs to Lestivines, which are also known as "slow virus". The name indicates there mode of action as they enters into body and remain in it for longer period of time. They have unique property of being inserting the information into the DNA of host cell and also have the ability to replicate in non-dividing cells. Due to these characteristics they are considered to be the most efficient gene delivery vector [1]. HIV infects defense/ immune system cells such as CD4+ T cells, macrophages and dendritic cells [2]. The CD4+ cells play a crucial role in the maintenance of immune system. After infection, HIV uses CD4+ cells as bost to make copies and infect other cells. This leads to the reduction of CD4+ cells in body and immune system totally collapse [3]. The development from HIV to AIDS is checked by the rapid decline of CD4+ cells [3].

Types of HIV

Two types of HIV has been characterized; HIV-1 and HIV-2. HIV-1 is the most virulent and pathogenic strain.

Worldwide, the predominant virus is HIV-1, and generally when people refer to HIV without specifying the type of virus they will be referring to HIV-1. The relatively uncommon HIV-2 type is concentrated in West Africa and is rarely found elsewhere. The reason behind is that HIV-2 weaken the immune system slowly than HIV-1. [4]. The HIV-1 is further divided into 4-groups; a) major group M, b) Outlier group O, c) Group N, d) Group P. These groups have been identified in there envelop region. Group M is further divided in to A. B. C. D. F. G. H, J and K. in Asian countries B and C are the predomimant clades of HIV-1. But in Pakistan HIV-1 is dominant in Pakistan as compare to other clades, this was found more in IDUs in Karachi [5], HIV-2 has also 8 clades from A to H, out of these clades only A and B are epidemic [6].

HIV Virology and Life Cycle

The identification of HIV led the concentrated activity in the field of molecular virology. HIV is different in structure from other retroviruses. This is roughly spherical with a diameter of about 120 nm [7,8]. It contains three (3) structural and six (6) genes which encodes the at least fifteen (15) viral proteins and control the ability of HIV to infect the cell [9]. HIV is composed of two copies of

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Aids In Developing Countries

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Aids In Developing Countries:

AIDS in Developing Countries Noël Merino, 2010 Presents essays offering various viewpoints on the crisis of AIDS in developing countries providing critical information to form an educated opinion The Political Economy of HIV/AIDS in Developing Countries Benjamin Coriat, 2008-01-01 The issue of universal and free access to treatment is now a fundamental goal of the international community Based on original data and field studies from Brazil Thailand India and Sub Saharan Africa under the aegis of ANRS the French national agency for research on Aids and viral hepatitis this timely and significant book both assesses the progress made in achieving this objective and presents a rigorous diagnosis of the obstacles that remain Placing particular emphasis on the constraints imposed by TRIPS as well as the poor state of most public health systems in Southern countries the contributing authors provide a comprehensive analysis of the huge barriers that have yet to be overcome in order to attain free access to care and offer innovative suggestions of how they might be confronted In doing this the book renews our understanding of the political economy of HIV AIDS in these vast regions where the disease continues to spread with devastating social and economic consequences This volume will be a valuable addition to the current literature on HIV AIDS in developing countries and will find widespread appeal amongst students and academics studying economics sociology and public health It will also be of interest to international organizations and professional associations involved in the fight against pandemics **Combating HIV-AIDS in Developing Countries**, 1992-06 Reports on the U S Agency for International Development AID and its lack of an agencywide strategy for marshaling resources to combat the AIDS epidemic in developing countries through the foreign assistance it makes available AIDS in Developing Countries Maureen A. Lewis, 1989 **Foreign Assistance** United States. General Accounting Office, 1992 Confronting AIDS in the Developing Countries United States. Agency for International Development, 1992 Disease Control Priorities in Developing Countries Dean T. Jamison, Joel G. Breman, Anthony R. Measham, George Alleyne, Mariam Claeson, David B. Evans, Prabhat Iha, Anne Mills, Philip Musgrove, 2006-04-02 Based on careful analysis of burden of disease and the costs ofinterventions this second edition of Disease Control Priorities in Developing Countries 2nd edition highlights achievable priorities measures progresstoward providing efficient equitable care promotes cost effective interventions to targeted populations and encourages integrated effortsto optimize health Nearly 500 experts scientists epidemiologists health economists academicians and public health practitioners from around the worldcontributed to the data sources and methodologies and identified challenges and priorities resulting in this integrated comprehensive reference volume on the state of health in developing countries Confronting AIDS in the Developing World United States. Agency for International Development, 1992 **Confronting AIDS** World Bank, 1999 This revised and updated edition of the pathbreaking report on the global AIDS epidemic outlines the strategic role that government must play in slowing the spread of HIV and mitigating the impact of AIDS Drawing on the knowledge accumulated in the 17 years since the virus that causes AIDS was first

identified the report highlights policies that are most likely to be effective in managing the epidemic These include early actions to minimize the spread of the virus aiming preventive interventions at high risk groups and evaluating measures that would assist households affected by AIDS according to the same standards applied to other health issues This revised edition will a valuable resource for public health policymakers researchers and anyone with an interest in this devastating global Post-Trial Access to Drugs in Developing Nations Evaristus Chiedu Obi, 2017-07-26 This book begins the health crisis discourse on post trial access to drugs in developing countries Underlying ethical issues in global health inequalities and global health research serve as the context of the debate Due to rampant allegations of violations of rights of research participants especially in developing countries it discusses the regulatory infrastructure and ethical oversight of international clinical research thus emphasizing the priority of safeguarding the rights of research participants and host populations as desiderata in conducting clinical trials in developing countries This is the first book that analyzes the major obstacles of affordable access to drugs in developing countries patent and non patent factors and how they can be overcome through a middle ground approach and a new paradigm to establish global health justice which includes national and global health responsibilities. The book also deals extensively with all complex aspects of the discourse on affordable access to drugs in developing countries including intellectual property law international regulations political and cultural systems international trade agreements Furthermore it contains a robust ethical debate and in depth analysis The book crafts a paradigm of global health justice involving a sliding scale of national and global responsibilities for the realization of the right to health in general and access to drugs in particular

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