

Book

No, HIV/AIDS is not over

Under the banner of "AIDS 2031", UNAIDS is preparing for the next 25 years' fight against HIV/AIDS. This might surprise those among the western media and public who think that "AIDS is over" and believe that "too much money is given for AIDS". Sadly, this view is wrong and an example of human irrationality once again sabotaging efforts to control HIV/AIDS. Every day, 6800 people become infected with HIV and 5700 individuals die from AIDS. In 2007, 3 million people in poor countries received antiretroviral drugs, but 9 million were in need of this life-saving treatment. It seems absurd to allege that too many resources are allocated AIDS when 6 million people have died unnecessarily and many more could have avoided infection.

The floodgates of envy against AIDS "exceptionalism" opened when, in 2007, UN organisations revised the HIV/AIDS data downwards, on the basis of improved epidemiological methodology, in particular a large population-based study of 120 000 households in India revealing that earlier studies had overestimated the nationwide prevalence. In addition, decreased HIV prevalence in eastern Africa was interpreted as if HIV had been generally defeated, despite the rising prevalence in southern Africa, Vietnam, Indonesia, the former Soviet Union, as well as in such western countries as the USA, UK, and Germany. It would be a tragedy if parliaments, governments in key donor countries, the business sector, and philanthropists were to be influenced by these populist views and decrease their contributions to the fight against AIDS at a time when the global community at last seems to have awoken to the ongoing catastrophe.

Even a matter-of-fact statement that HIV, unlike some airborne infections, is not likely to cause a generalised pandemic has been

depicted as a confession that the size of the HIV threat has been deliberately exaggerated. The real surprise is that a sexually transmitted retrovirus is at all capable of causing a generalised epidemic, as has happened in parts of Africa. HIV causes a persistent infection; it is spread by vertical transmission and is characterised by a unique variability that allows it to

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escape immunity and antiretroviral drugs. On top of that, HIV is integrated into the genome of the cells that are key to our immunological defence. It is not like acute infections causing pandemics with a steep rise, sharp peak, and rapid decline. HIV might not disappear at all but linger as a low level endemic disease for centuries, even if the world were successful in decisively reducing the current prevalence.

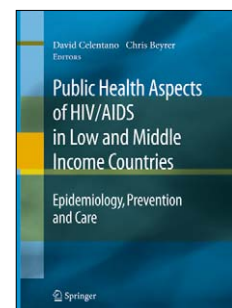
Against this backdrop of conflicting views, a scientifically based account of the current global situation is needed to guide opinion leaders and decision makers in different sectors of society, as well as all those people engaged in activities against HIV/AIDS. David Celentano and Chris Beyrer's *Public Health Aspects of HIV/AIDS in Low and Middle Income Countries* offers just such an account, with the help of many contributors with expert knowledge of the affected countries. The value of the book lies partly in the comprehensive presentation in one volume of up-to-date and wide-ranging knowledge and also in its impartiality, since it might be perceived to be more independent than official publications by the UN or governments. However, most data are based on UN reports and seem to accord with UNAIDS's *Report on the*

Global AIDS Epidemic in 2008, which will be issued at the end of July, 2008.

The need to strengthen weak health systems in poor countries is a mantra of contemporary discussions on global health. Some commentators maintain that new money for scaling-up towards universal access to treatment and prevention will divert scarce resources from strengthening health systems. Joia Mukherjee's account of HIV/AIDS care in this book addresses this issue. She persuasively argues that HIV/AIDS prevention and treatment should be seen as a public good that will help strengthen rather than weaken health systems; efforts to improve systems for procuring drugs and diagnostics, the training of health-care workers, and avenues for informing the public will serve health care in general.

More than 25 years into the epidemic the world knows how to prevent HIV by well established and scientifically proven methods. Still, we have not succeeded. Why is that? First, one underlying explanation is that the heterosexual transmission that causes the generalised epidemics is driven by the strong procreative instinct of man. Sexually transmitted infections are notoriously difficult to control. Then there is the trap that it takes 11 years on average between infection and disease. A third explanation is the taboo and shame linked to sexuality that breeds discrimination and stigmatisation, which is further aggravated by associations with infidelity, prostitution, homosexuality, and drug use. Fourth, is the lack of gender equity and the oppression of girls and women in the name of religion and "culture"; such "cultural" habits should surely be energetically unmasked and resisted.

Political and economic shortcomings have seriously delayed the response, notably the unwillingness and inability of some political leaders—and in certain cases a total irresponsibility—



Public Health Aspects of HIV/AIDS in Low and Middle Income Countries: Epidemiology, Prevention and Care
David Celentano, Chris Beyrer, eds. Springer, 2008.
Pp 770. US\$ 149.00.
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Springer Science & Business Media

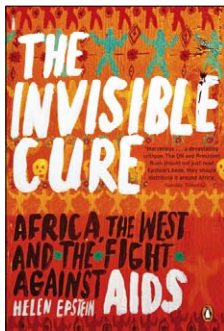
to scale-up towards universal access to prevention and treatment. Recent examples of the slow implementation were given at the UN meeting in New York, USA, in June, 2008, reviewing activities in implementing the UN General Assembly Special Session on HIV/AIDS (UNGASS 2001), midway to the Millennium Development Goals. Only 40% of young men and 36% of young women were reported to have

accurate knowledge on HIV, far below the 95% goal promised. Only 34% of HIV-infected pregnant women received antiretrovirals to prevent mother-to-child transmission, compared with the goal of 80%. Globally, most injecting drug users and men who have sex with men lack meaningful access to HIV prevention services. However, the fact that 147 countries reported the state of their epidemics is a sign of progress.

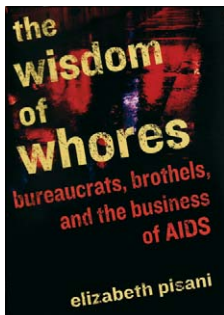
AIDS is the engine that is increasing awareness of dismal socioeconomic conditions in many parts of the world, of bad political management, gender inequities, and violations of human rights. The strong evidence and analysis presented in this book unequivocally shows that HIV/AIDS is far from over.

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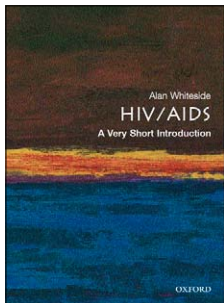
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The Invisible Cure
Helen Epstein. Viking/Penguin Books Ltd, 2008. Pp 352. £9.99. ISBN 0-141-01105-X.



The Wisdom of Whores
Elizabeth Pisani. Granta Books, 2008. Pp 288. £17.99. ISBN 1-847-08000-6.



HIV/AIDS
Alan Whiteside. Oxford University Press, 2008. Pp 168. £6.99. ISBN 978-0-19-280692-5.

In brief

Book Unpalatable truths

"I tell you", said Charles Tumwesigye, a village elder, "we have enacted a local bylaw forbidding the youth from having discos at night. That way we shall beat this terrible disease." Charles subsequently died from AIDS, but this was 1989. We were in a village in Rakai District, Uganda—at that time described as "the epicentre" of the HIV/AIDS epidemic.

By 1989, Ugandan seroprevalence figures were in decline. Charles was telling me about what Daniel Low-Beer and Rand Stoneburner later described as a "social vaccine", one with an apparent effectiveness of around 60%. Prevention efforts derived from standard risk-group models focused then, as they do now, on behavioural changes to achieve condom use, delayed sexual debut, and limited or no partner change. As Elizabeth Pisani says in *The Wisdom of Whores*, AIDS is about sex and drug use and real behaviours do not always fit into risk-group models. Sex, as Sigmund Freud observed, is richly polymorphic. This is the issue that makes both Helen Epstein's and Pisani's books worth careful reading.

Epstein's *The Invisible Cure* has two key points. First, she points to the limited but growing evidence for the contribution of concurrent sexual partnering in the creation of what are now recognised as generalised

"hyper-epidemics". These are seen in parts of Africa where prevalence may exceed 20% of the adult population, and in southern Africa may be considerably higher. Second, she suggests that since the earliest days of the African HIV epidemic observers have been reluctant to say this publicly and take the implications into policy formation. Why? Because to do so might resonate with racist discourses about "hyper-sexualised" Africans, blaming the victims of this pandemic for their own sickness, deepening pre-existing prejudices, and losing the political support of African leaders for various kinds of intervention. And this fear was real: South Africa's President Thabo Mbeki is an example of just such a politician. And why should this have happened? For the best and the worst of reasons originating in what Epstein calls "the din of the culture wars". Responses to HIV/AIDS in Africa were distorted by the battles of a cultural civil war fought out across the USA.

In 1991, James Davison Hunter argued in *Culture Wars* that since the 1960s a dramatic polarisation had transformed US politics and culture. Such defining issues as abortion, gun politics, separation of church and state, privacy, homosexuality, and censorship had split the USA into two warring cultural camps. This particular war resulted in a few real casualties in

the USA, but millions in Africa: the casualties of reluctance on the part of progressives working in the HIV/AIDS business to see what was really going on in Africa and to act accordingly. Epstein and Pisani both suggest that with the best of intentions political correctness has cost lots of lives.

Epstein's is a brave book. It has made her unpopular in some quarters: her aim was to tell unpalatable truths. While Charles Tumwesigye and others like him could tell me the truth, both Epstein and Pisani suggest it was hard for the AIDS policy community to hear what was being said because of the fall-out from the US cultural wars. The US progressives lost that war but some continued to fight it in the international AIDS policy machinery and for good reasons, for human rights and poverty relief. But, Epstein and Pisani argue, the resulting spin distorted the global response to HIV/AIDS.

In contrast to these passionate and engaged books, Alan Whiteside's book provides an excellent factual introduction to the social and economic implications of HIV/AIDS. Beneath its measured surface runs a vein of deep anger at the failure of some African politicians to recognise what AIDS is doing to their countries.

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