

AIDS and Africa

Sir, - I write in reply to Roland Oliver's letter (November 1), which I saw only on my return from abroad.

Africa's population will undoubtedly continue to grow until the year 2000. However, my point is that in the not very much longer term (two or three decades) it is very likely that AIDS will make a "significant dent" in that population and have very serious social and economic effects even before population numbers decline. Thus, Professor Oliver was wrong when surveying the condition of Africa to accord so little weight to the epidemic.

The correctly cautious team of demographers and epidemiologists at Imperial College recently stated that they "continue to interpret the available facts as telling us that, in the absence of major changes in behaviour or the development and effective distribution of better drugs or a vaccine, AIDS is likely to induce significant demographic changes in some African countries" (*Nature*, August 15, 1991).

Because of the frankness of the government of Uganda, the situation in that country has received most publicity. This should not lead Roland Oliver to believe that circumstances there are unrepresentative of what is happening in many

other countries on the continent. In Uganda, the number of people per million of the population estimated to be seropositive in December 1990 was 1,161. The latest comparable figures which I have to hand for some other African countries are: Burundi 570, Central African Republic 621, Republic of Congo 1,045, Malawi 1,284, Rwanda 680, Tanzania 788, Zaire 391, Zambia 588, Zimbabwe 741. The key to interpreting these figures is that while Zaire reports a rate of 391 per million, most observers are of the opinion that this reflects inadequate reporting rather than the actual situation. This will be true of most of the countries on this list.

In West Africa and the Sahel the situation does not appear to be as serious, but even in these countries, as well as in others reporting lower rates (Angola 12.2, Botswana 166, Namibia 207, South Africa 19), the absence of effective control measures means that there is little reason to suppose that the epidemic will not reach Ugandan proportions. This conjecture is supported by the fact that most of the data I have cited reflect the situation two years ago and that the doubling time for the numbers of people infected may be as short as nine months in the early stages of the epidemic. Thus, countries with low rates may

exhibit the most rapid increases in the numbers of people infected.

The important points to bear in mind are that people who are seropositive remain symptom-free for many years, allowing the virus to spread unnoticed, and that AIDS affects the economically active members of populations. This means that the epidemic will have knock-on effects, such as multiple orphaning with attendant poorer child-care, loss of labour to agriculture and thus some localized and even regional decrease in staple food supplies, diversion of already constrained health budgets to cope with the epidemic - all factors which are likely further to increase infant and in some cases adult mortality.

While Roland Oliver remains sanguine that population growth is "by far the most important issue facing Africa today", it should be clear that the issue of AIDS and its demographic, social and economic impacts deserved far more space than he accorded it in his survey of the condition of Africa.

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