

7LS 18/10/91 The AIDS epidemic in Africa

Sir, – Roland Oliver ("The condition of Africa", September 20) makes a significant error in his attempt to present an optimistic picture of Africa in the face of prevailing gloom. He suggests that AIDS (along with civil war and famine) is but a "small part of the truth". This is emphatically not the case. In Africa, AIDS is predominantly spread through heterosexual contact. The World Health Organization estimates, very conservatively, that there are currently five and a half million people who are HIV positive on the continent. Roy Anderson and his team at Imperial College (reported in *Nature*, August 15) suggest that the epidemic may result in a marked demographic downturn. Field studies by Piers Blaikie and myself (to be published as *AIDS in Africa*, Belhaven, London, 1992), as well as by others (notably Susan Hunter and Stan Musgrave, both working in Uganda), show that the illness and deaths caused by the epidemic should give far more cause for concern than Professor Oliver would allow. In addition, warfare and the movement of populations responding to famine

may increase the pace of the epidemic.

Thus we should question Oliver's easy assertion that "Labour costs in Africa should remain competitive with those elsewhere". With rates of seropositivity as high as 25 per cent in some African cities, and with rates in some rural areas as high as 42 per cent among women in their early twenties, and with over a million people HIV positive in Uganda (population around 17 million), current "labour surpluses" could soon be eroded.

Cynical Malthusians might suggest that AIDS is a solution to Africa's population problem. This is not the case, and common humanity and hard analysis demand that we should not be tempted by such flip responses. In Africa AIDS mainly affects people aged between fifteen and forty-five. It does not reduce population uniformly. Instead, it eats into the most productive age cohorts, threatening the rural labour force in societies still largely dependent upon effective subsistence agriculture. It also threatens the lives of scarce and expensively trained skilled people.

It is precisely Oliver's "track-suited joggers" and "young men and women looking at least as fit, and certainly much better turned out, than their opposite numbers in Europe" who are at risk in Nairobi and elsewhere on the continent.

There *are* grounds for optimism about Africa, many of which Oliver has noted. Immunization against the five main child-killers has now reached average levels of around 70 per cent; some of the old dictators are on their way out. However, we must take care that Oliver's optimism and focus on the "population problem" do not serve to distract our attention from Africa's continuing problems, not least of which is the AIDS epidemic, and result in a convenient forgetfulness about the continuing suffering of its people at a time when our sympathies may more readily be extended towards our tribal brothers and sisters in Eastern Europe.

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