

8. Meredith Turshen, US Aid to AIDS in Africa, Review of African Political Economy Vol. 85-55, 95-101, 1992.

WHO estimates that 6 million Africans have been infected with the human immunodeficiency virus (HIV) and that 1.16 million cases of AIDS had occurred among adults and children in sub-Saharan Africa by 1991. These are cumulative figures for ten years, including cases and deaths. AIDS is the only disease for which cumulative figures are published; every other disease is reported annually and new cases are separated from that year's death toll. Although I do not wish to minimize the problem of AIDS in Africa, one should note that the effect of cumulative reporting is to amplify the problem.

It is important to place AIDS in the context of other health problems in Africa when determining types and amounts of health assistance. Malaria, which like AIDS suppresses the immune system, is one of the most lethal diseases in tropical Africa; it is the most common reason for hospitalization and the most frequent cause of death of children under five years old. African governments report 80 million cases of malaria annually. There are no continent-wide estimates of deaths from malaria, but in general case fatality rates exceed 10 per cent - that means possibly 8 million Africans die from malaria each year.

AIDS is a new and growing health problem, one of the many health problems in Africa. High levels of malnutrition debilitate and make Africans susceptible to specific causes of death, a phenomenon known as generalized susceptibility or non-specific mortality. High levels of sickness and death call for public health programmes that can deliver a broad range of preventive and curative health services in Africa.

US Agency for International Development (USAID) to AIDS in Africa is setting up single-purpose programmes to prevent AIDS and AIDS alone. Yet AIDS is a syndrome of many opportunistic infections, not a single disease. Single-purpose programmes are wasteful of scarce resources and undermine competing health programmes.

An Analysis of Project Aid

Contaminated blood is known as a highly efficient mode of transmitting HIV (over 90% efficiency as opposed to 0.1-1% efficiency sexual transmission), USAID gives little assistance to protecting blood supplies other than the development of new rapid screening tests for use in emergency rooms.

Having decided that intravenous drug use plays only a minimal role in HIV transmission in Africa, USAID says little about contaminated needles and syringes in medical settings. Disposable needles, which were first introduced in Africa in the 1970s, are systematically reused in medical practice, although they cannot be sterilized.

USAID's main preventive strategy is to persuade sexually active adults to use condoms. USAID encourages governments to target prostitutes and their clients in these efforts. This approach relies on the classic public health responses to sexually transmitted diseases - education, contact tracing and condom distribution. There are two problems

with this approach in the African setting. One, these responses have little relevance to the majority of African women at risk who are school girls and married women and do not control their sexuality. They are not in a position to impose the use of condoms on their partners. Second, many of the women marked as prostitutes are not full-time commercial sex workers. In societies in which marriage is nearly universal, in which poverty is extensive and living standards are low, in which educational opportunities are restricted, especially for girls, in which there are few job opportunities for young men, and even few for uneducated women, in which couples are frequently separated when men migrate in search of work, the sale of sexual services is likely to be common, blurring the line between infidelity and prostitution.

Outcome of this strategy of targeting prostitutes is that USAID unwittingly supports the victimisation of women who are being stigmatized as prostitutes, blamed for transmitting HIV to their clients, for having 'unprotected' sex, for getting pregnant, and for passing HIV to their infants.

An Alternative Health Policy

AIDS could usefully be conceived of as an environmental disease in Africa. A broad environmental approach would address the underlying determinants of the spread of HIV - the economic structures that create the need to migrate in search of work and in the process destroy the social and familial networks that protect people from some types of disease experience.

The formulation of AIDS as an environmental disease would entail a different health policy, one that calls for an investment in the prevention and treatment of common infections, including tuberculosis, sexually transmitted diseases, and malaria.

Recognition that AIDS is an environmental disease would also call for new solution to malnutrition that address the entire food system, beginning with issues of landlessness, and not limited to improved distribution and increased consumption of food.

An environmentally oriented AIDS policy would re-examine certain development strategies that are proving detrimental to women's health. For example, the tourist industry, sponsored by national governments and encouraged by international agencies as a solution to slow economic development, has (in some cases, intentionally) promoted prostitution.

USAID needs to turn away from the search for a quick technological fix to the AIDS problem in Africa. Putting foreign aid dollars into the development of a vaccine is not likely to help Africans, who still suffer from diseases such as neonatal tetanus and tuberculosis for which vaccines were developed more than 50 years ago. Aid dollars are needed to rebuild African health services that deteriorated during a decade of neglect and are now being called upon more than ever to cope with the myriad infection associated with AIDS.