

HIV and AIDS, poverty, and causation

Sir—South African President Thabo Mbeki has broken the silence of most political leaders in sub-Saharan African countries about AIDS, but, as reported in your July 15 news item,¹ has in the process outraged many researchers and activists. His suggestion that malnutrition and extreme poverty are the root causes of the African AIDS epidemic has been especially criticised. M W Makgoba, the president of the Medical Research Council of South Africa described Mbeki's comments as "politically motivated . . . absurd and . . . a form of national denial".²

Contrary to Jerry Coovadia's assertion,¹ diseases, especially epidemics, have no basic or first cause. Although biomedical models of AIDS correctly emphasise the importance of HIV transmission, the spread is dependent on factors such as behaviour, knowledge, education, attitudes, and the availability and affordability of medication and medical advice. In the early days of HIV transmission, ignorance of the mechanisms of transmission was not associated with poverty. This is no longer the case.

Although poverty is neither necessary nor sufficient for an individual to contract HIV infection or AIDS, it may be necessary for an epidemic on the scale currently witnessed by parts of sub-Saharan Africa. Similarly, poverty seems necessary, though insufficient, for large-scale transmission of malaria, tuberculosis, and re-emergent disease. Causation is probably bidirectional: the economic consequences of epidemic disease help to trap populations in further poverty and disease.

Many additional factors are cofactors for epidemic disease in southern countries. These factors include structural-adjustment programmes, poor leadership, risk-taking behaviour, indifference to death,³ and imbalances between population, resources, aid, and the ability to migrate or generate funds by producing sufficient high value exports.⁴

The factors that underpin poverty in less-developed countries are similarly complex. In addition to epidemic disease, they include chronic national debt, unfair trade, corruption in the North and South, the cost of arms purchases, and the consequences of chronic conflict. Economic models of development are conceptionally flawed, undermined by forces in favour of continued inequality and inadequately funded.

Clearly, poverty is a major underlying causal factor for the scale of the African AIDS epidemic. Mbeki's emphasis on the causal importance of poverty for the scale of epidemic is accurate, welcome, and under-recognised, and he deserves credit, not criticism. Northern-based researchers,⁵ many of whom benefit from economic policies which indirectly contribute to continuing inequality and poverty, should consider their own denial, as well as that from out of Africa.

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1 Horton R. Mbeki defiant about South African HIV/AIDS strategy. *Lancet* 2000; **356**: 225.

2 Makgoba MW. HIV/AIDS: the peril of pseudoscience. *Science* 2000; **288**: 1171.

3 Caldwell JC. Rethinking the African AIDS Epidemic. *Popul Dev Rev* 2000; **26**: 117–35.

4 King M, Elliott C. To the point of farce: a Martian view of the Hardinian taboo: the silence that surrounds population control. *BMJ* 1997; **315**: 1441–43.

5 Horton R. The 12th world AIDS conference: a cautionary tale. *Lancet* 1998; **352**: 122.