
John Iliffe, *The African AIDS Epidemic: A History*, Athens, OH: Ohio University Press, 2006. ix, 214 pp, includes maps, bibliographical references, and index.

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Abstract

Why has Africa suffered so monstrously from the HIV/AIDS pandemic? This question has plagued observers, most notably former South African President Thabo Mbeki, since the discovery of widespread HIV infection in Africa during the mid-1980s. In this small overview, historian John Iliffe takes up the issue. Iliffe is well-qualified to tackle this question: as Professor of African History at St. John's College in Cambridge, Iliffe has devoted his notable career to countless aspects of history in sub-Saharan Africa.

His expertise notwithstanding, Iliffe leaves the definitive work on African AIDS to others. Instead, he more modestly seeks to provide "an introduction to the detailed literature" on African AIDS for "students and other readers" unable to navigate the dizzying amounts of literature on the subject. Iliffe's conclusion is equally uncomplicated: where other observers blamed African AIDS on poverty, exploitation, or sexual distinctiveness, Iliffe locates the most plausible explanation in the epidemic's timing. "Africa had the worst epidemic," Iliffe concludes, "because it had the first epidemic established in the general population before anyone knew the disease existed (p. 1)." Consequently, in a densely-packed 159 pages, Iliffe unpacks the historical, geographical, and contextual sequence of the African AIDS epidemic.

While the book lacks formal demarcations, one can separate The African AIDS Epidemic into two sections bookended by the introduction and conclusion. In chapters 2 through 7, Iliffe explores the origins, course, and contextual factors in the spread of HIV across sub-Saharan Africa. Chapters 2 and 7 review the origins of HIV infection in humans (chapter 2) and the various factors contributing to the epidemic's dramatic spread across the continent (chapter 7). Together,

these two chapters provide the best overview of the origins and spread of HIV in Africa I have read; they deserve a place on the reading list of any history of AIDS, history of global health, or history of modern Africa course. In between these chapters, Iliffe details how HIV first reached epidemic levels in Western Equatorial Africa (chapter 3), and then spread to Eastern, Southern, and Western Africa (Chapters 4 – 6, respectively). The maps at the start of each of these chapters helps, because chapters 3 – 6 sometimes proves to be difficult reading for those unfamiliar with African geography.

Iliffe's second "section" (chapters 8 through 13) addresses the African response as the AIDS epidemic unfolded. Chapter 8 looks at the generally inadequate governmental responses ("Responses from Above") to the epidemic, exploring what set the successful Ugandan and Senegalese response apart from the rest. In chapters 9 and 11, Iliffe assesses the response to AIDS experienced by African citizens and households, while in chapter 10 he takes up the complex role Multi-national and Non-Governmental Organizations played in the African response to AIDS. Finally, in chapters 12 and 13, Iliffe discusses the maturation of the African epidemic in its third decade, giving particular attention to signs of hope in the control of pandemic in some communities.

In his closing chapter, Iliffe returns to Thabo Mbeki's question about African AIDS: Africa suffered worst, Iliffe concludes, because it had the disease first. HIV's unique character – its long incubation and diverse symptomatology – prevented a timely response in Africa, while encouraging doubt and denial. The disease emerged within the thorny context of African history: its long record of colonization,

socioeconomic change, and sociopolitical upheaval. Africa proved particularly vulnerable to HIV's onslaught; other regions had better resources or time to prepare. Iliffe stresses the dynamic nature of the epidemic: its explosive spread, its shifting gender balance between, its uneven trajectory in various countries, and its asymmetrical response by various nations and advocate groups. Still, Iliffe ends hopefully, concluding that control of the epidemic was at least now in sight.

Iliffe's overview may disappoint readers desiring more

exhaustive analysis, but Iliffe acknowledges the limitations of his approach and he does cover many of the most controversial issues surrounding AIDS in Africa. Moreover, his footnotes provide rich resources for pursuing such concerns, and his annotated bibliography (in the "Further Reading" section) is particularly valuable. Iliffe has given readers and instructors alike a valuable introduction to the key issues of the AIDS epidemic in Africa. Highly recommended.

References

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