

HIV/AIDS: A Very Short Introduction By Alan Whiteside

HIV/AIDS is without doubt the worst epidemic to hit humankind since the Black Death. The first case was identified in 1981; by 2004 it was estimated that about 40 million people were living with the disease, and about 20 million had died.

Despite rapid scientific advances there is still no cure and the drugs are expensive and toxic. Because of controversies and taboos surrounding safe drug usage and prostitution, the numbers of people infected continues to rise. The news is not all bleak though. There have been unprecedented breakthroughs in understanding diseases and developing drugs.

Because the disease is so closely linked to sexual activity and drug use, the need to understand and change behaviour has caused us to reassess what it means to be human and how we should operate in the globalising world. This Very Short Introduction provides an introduction to the disease, tackling the science, the international and local politics, the fascinating demographics, and the devastating consequences of the disease, and explores how we have—and must—respond.

Questions for thought and discussion

- Discuss the difference between prevalence and incidence between HIV and AIDS.
- Why do some countries have a greater HIV prevalence than others?
- To what extent do you feel that there is a moral obligation on rich countries to help respond to HIV and AIDS in the developing world?
- When did you first hear about HIV? Before reading the book, what were your perceptions of HIV and how have they changed?
- Is AIDS exceptional? Why?
- The HIV epidemics in Europe and America are driven by different dynamics compared to those in sub-Saharan Africa. Why do you think this is the case?
- “The early public education messages [around HIV&AIDS] tried to scare people” (p.105). Other health issues, including smoking and excessive drinking, have also relied on ‘scare tactics’. Do you feel that anti-smoking messages have worked for you – if so why? If not, why not? Are messages about not smoking comparable to HIV-prevention messages?
- If you were in charge of responding to HIV&AIDS in the developing world – would you put your money into treatment or prevention? What percentages would you allocate?
- Would you encourage men (including yourself if male) to get circumcised given the ‘risk reductive’ nature of circumcision?
- AIDS is often seen as one of the first diseases of globalization. Do you think it is? What have we learnt in responding to HIV&AIDS that may have implications for other global diseases?
- Responses to HIV&AIDS are often framed in terms of ensuring the human rights of those living with HIV. However, many responses have tended to

ignore a human rights approach – for example Cuba. To what extent should human rights be centralised in the response to HIV&AIDS? Are there limits of a human rights approach?

- In most countries injecting drug use is illegal, in many countries men having sex with men is illegal. Can legislation help prevent the spread of HIV.
- The book “prevention must empower women; give them choice over whom they have sex with, when and how. Men must accept this and not feel threatened” page 127. Is this realistic in your culture? In any culture?
- The HIV epidemic is described as a ‘long-wave event’. What other long wave events can you think of?
- In your country what type of HIV epidemic is there?

Other Books by Alan Whiteside

Tony Barnett, and A. Whiteside *Aids in the Twenty-first Century: Disease and Globalization*. 2nd ed. Basingstoke: Palgrave, 2006 (449 pp)