Books & Electronic Media

AIDS in Asia: the challenge ahead

Editor: Jai. P. Narain
Publisher: Sage Publications India Pvt Ltd: New Delhi; 2004
ISBN: 0-7619-3225-9; softcover; 392 pages; price US$ 9

The 23 chapters of this book seek to throw light on the HIV/AIDS situation in Asia — a continent where the HIV/AIDS scene is markedly varied, with very different levels of prevalence, different needs, and different challenges. The editor has succeeded in bringing these differences out and in producing a comprehensive volume that focuses on the epidemiological and programmatic issues of the epidemic in Asia. However, because of the large number and variety of topics, the book sometimes loses continuity and in many places is repetitive and laden with too much statistical information.

Practitioners and policy-makers will find the book useful as it provides sufficient details about the scale and magnitude of the HIV/AIDS problem in the region. A wide range of topics related to prevention, care and treatment are covered as are country-specific HIV reports, including lessons learned from the Asian and African responses to the epidemic.

Individual chapters highlight the issues, ranging from the importance of safer behaviour in sexual and injection practices to the different challenges and role of intravenous drug use in the HIV epidemic. However, the interventions on promoting safe sex practices focus on the "supply" of safe sex by sex workers, with insufficient coverage of potential interventions to increase their clients' "demand" for safe sex. Coverage of the differences and similarities between the African and Asian epidemics, the role of other sexually transmitted infections (STIs) in the spread of HIV/AIDS, and on scale-up of antiretrovirals (ARVs) (WHO's "3 by 5" strategy) is useful and informative.

The detailed country-specific accounts of the epidemiology of HIV/AIDS and of the response by government and nongovernmental organizations are very informative as is the in-depth analysis of the success of the HIV-prevention programme in Thailand. The importance of political buy-in and of decentralization and integration of STI services in primary and reproductive health services into this country are valuable lessons also for other Asian countries. Another important lesson is the acknowledgement that the 100% condom use strategy that resulted in significant reduction in HIV prevalence in Thailand is more suitable for structured/institutionalized brothel-based sex work than for casual sex or for a less structured setting.

HIV/AIDS care, an important area for both programme and research, receives sufficient coverage; details are provided of various opportunistic infections, especially the importance of TB prevention and treatment among HIV-infected persons. Similarly the role of ARVs is well covered with elaborate details provided on clinical issues — selection of drugs, monitoring of patients, and drug resistance. However, the book could have benefited from some discussion of the economics of HIV care, especially the cost of ARV therapy and of the associated monitoring tests as well as the opportunity costs of such expenditures to public health budgets across the region. Even at a cost of US$ 500–1000 per person per year for ARVs, AIDS care would impose a significant burden on public health budgets for most countries in South-east Asia, particularly for India and Indonesia. To meet these costs, countries will have to consider different financing mechanisms including national health insurance schemes, co-financing mechanisms, community insurance etc.

Overall, the authors make an important contribution to describing the HIV/AIDS epidemic in Asia, covering most aspects of the disease. The book is reasonably well organized and referenced and laid out in an easy-to-read style. Most importantly, unlike the general trend in the literature on HIV/AIDS issues, this book is not alarmist. ■

Beena Varghese[1] & Susan V. George[2]

Public health, ethics, and equity

Editors: Sudhir Anand, Fabienne Peter, and Amartya Sen
Publisher: Oxford University Press, Oxford; 2004
ISBN: 0-19-927636-6; hardback; 328 pages; price: £55

We live in a world with staggering inequalities in health. In Australia, Japan, Sweden, and Switzerland, the average life expectancy is greater than 80 years. But in Angola, Malawi, Sierra Leone, and Zimbabwe, the average life expectancy is less than 40 years. In Sweden, the under-5 mortality rate is 3 per 1000, while in Sierra Leone it is almost 300 per 1000. In Austria, Denmark, Spain, and Sweden, the maternal mortality rate is less than 6 per 100 000. But in Afghanistan, Chad, Rwanda, and Sierra Leone, the rate is greater than 1000 per 100 000.

The situation is actually worse than these figures suggest because national averages tend to mask inequalities within a country. Within particular countries, health prospects vary significantly and systematically with race, ethnic group, gender, region, and socioeconomic class. Although the average life expectancy in America is 77 years, that of African–American men is closer to 70 years. The under-5-mortality rate in the north-east of Brazil is double the average in the rest of the country. And in most societies, there is a social gradient in health: groups higher along the socioeconomic curve enjoy better health. This is not a matter of absolute deprivation, but of relative standing. In many societies, relatively small differences in income and power make a significant difference to health.

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Although most public health interventions improve average health, many of them increase health inequalities within a society because they tend to benefit the better-off groups more than the disadvantaged. The universal immunization programme in India has achieved much higher coverage rates among families that are wealthier, more educated, and live closer to health centres. Smoking cessation programmes in the USA have had more effect among wealthier and better-educated groups. And years from now, I wouldn't be surprised to learn that public health programmes designed to combat obesity have effects that vary along socioeconomic lines.

What, if anything, should we do about health inequalities within and between countries? What do justice and equity demand? These important ethical questions have received surprisingly little attention within bioethics. Most scholars have focused their attention on ethical issues that arise in treating individual patients, using human subjects for research, and applying new technologies. Very few have focused their attention upstream, on the social determinants of health and the ethical issues that arise in population health.

People in public health have not ignored the ethical issues raised by health inequalities, but they have tended to adopt approaches that are too simple to deal with the complexity of the problems. Some people have adopted an approach that emphasizes cost-effectiveness analysis. Although it makes sense to consider the amount of health that a given amount of resources can produce, this approach looks at overall averages and tends to ignore inequalities. Some scholars and activists in public health have adopted an approach based on the discourse of human rights. Although there are humanitarian reasons for claiming that health is a basic human right, the discourse of rights tends to ignore all the hard questions about priorities, duties, and responsibilities. More recently, some people in public health have begun to adopt an "equity perspective." But what this perspective entails remains to be worked out.

In *Public health, ethics, and equity*, a group of distinguished philosophers, economists, epidemiologists, and anthropologists develop equity perspectives that they think are appropriate for public health. In one key chapter, Daniel Wikler considers how much emphasis we should place on individual responsibility for poor health. Some critics claim that health inequalities associated with socioeconomic status are not unjust, and don't demand remediation, because they are due to individual choices, habits, and lifestyles. These critics use the idea of individual responsibility to absolve society of blame and to assign lower priority to programmes designed to reduce tobacco use, obesity, and HIV infection. Wikler articulates the practical and philosophical problems involved in assigning individual responsibility such a central role. Although he favours educating and empowering people to adopt healthier lifestyles, he opposes simplistic views that ignore social structures and devalue public responsibility.

Once we acknowledge that society bears considerable responsibility for health inequalities, questions arise about how to address the problems and how to set priorities. In a lucid and cogent chapter, Dan Brock considers the ethical issues that arise in using cost-effectiveness analysis to set health-care priorities. This quantitative approach relies on the use of measures such as quality-adjusted life years, which combine benefits in length of life and quality of life. But when this approach is used to calculate benefits, it often discriminates against people with disabilities. And when it is used to maximize overall benefits, it fails to give appropriate priority to the worst off. The problem here is not merely technical, but a matter of "justice or equity raised by the fact that a cost-effectiveness analysis is insensitive to the distribution of health benefits." So Brock concludes that this sort of analysis must be supplemented with democratic deliberations that include considerations of equity.

But what does equity or justice require? Norman Daniels, Bruce Kennedy, and Ichiro Kawachi address this question in a chapter on health, inequality, and justice. These authors use Rawls's theory of justice to evaluate the distribution of the social determinants of health. According to Rawls, justice requires social institutions that work to ensure equal liberty, fair value of political liberty, meaningful equality of opportunity, the social bases of self-respect, and an economic order that maximizes the position of the worst off. Daniels, Kennedy, and Kawachi show how institutions that ensured these values would flatten the social gradient in health and improve the health prospects of the worst off. Although they use Rawls's theory, these authors note how their approach converges, at least in practice, with one based on Amartya Sen's view of freedom and capabilities.

The fifteen chapters in this book are not easy reading. Some of them are quite technical, even tedious. But all of the authors address vitally important issues about health and justice. In different ways, they address issues about the kind of social world we should strive to create. ■

James Dwyer[1]

The Millennium Development Goals for Health: rising to the challenges

Publisher: World Bank, Washington, DC; 2004
ISBN: 0-8213-5767-0; softcover: 202 pages; price US$ 25.00

Health is central to the achievement of the Millennium Development Goals (MDGs). Three of the eight goals, eight of the 16 targets and 18 of the 48 indicators relate directly to health. Illness and premature death are major causes of household poverty and act as a significant constraint to economic growth, particularly in countries devastated by the HIV/AIDS pandemic. Without progress on health, the MDGs will not be met.

This report takes a half-time look at progress towards the health MDGs. It considers achievements made to date, identifies what remains to be done, and assesses the prospects for meeting the goals in the world's developing countries. Not surprisingly, the picture is mixed, with the bad news outweighing the good. Most countries will fail to meet some or all of the health MDGs — maternal mortality is a particular challenge — and much of the report is concerned with how to accelerate progress in the poorest countries.

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As always, the World Bank has produced a well-written and interesting report which gives a good overall assessment of the issues surrounding the health MDGs. Data on where we are now are teamed with up-to-date analyses of emerging problems and barriers to progress, as well as an overview of what has and hasn't worked in a range of countries. These are supported by annexes explaining the methodology used in the regression analyses and the monitoring methods.

The report is organized into two parts: the first outlining the challenges to meeting the health MDGs; and the second looking at how to address these challenges. The various country examples in the second part are informative, and illustrate the range of policy and delivery choices available to developing countries. But the report's breadth of coverage precludes detailed consideration of individual challenges, and it is stronger at diagnosing the causes of slow progress towards the health MDGs than at identifying solutions. There is some discussion of why particular solutions work in particular contexts, but more analysis of the political, social and other nonhealth-related factors that need to be taken into account by policy-makers would have been useful. The section on tackling human resource constraints also seems short, given the centrality of this issue to scaling up.

The report's key messages underline the complexity of working in health. All of the problems which threaten achievement of the MDGs emerge, including lack of financial resources; weak government systems; loss of skilled workers through migration or to HIV/AIDS; and poor aid delivery by donors. It is shocking to learn that one of the most difficult challenges is making sure that known, effective interventions for health are used — the authors estimate that using all known interventions appropriately could avert 63% of child deaths and 74% of maternal deaths.

This report works on several levels. Readers with limited time can focus on the key messages and overview sections, while those with more time will find much to interest them in the main body of the text. It is an informative and up-to-date reference work for anyone working in health and development. The conclusion is clear — reducing the heavy burden of death and suffering that is concentrated in the developing world requires immediate action to accelerate progress towards achieving the health MDGs. ■

Brenda Killen[1]

Call for papers — *Bulletin* theme issue on intellectual property rights and public health

The *Bulletin* welcomes submissions for a theme issue scheduled for May 2006 on intellectual property rights and public health. This theme issue will expand on the debate surrounding intellectual property and drug development, genetic databases, copyright and access to the results of publicly-funded research. How should the world balance the rights of inventors with public health needs? How can research be funded when the object of its study is the people who cannot afford to buy its results? How can traditional medicines be studied, produced, distributed and used safely, while recognizing the intellectual property of the people who knew how to find and use these medicines in the first place? Are there viable alternatives to intellectual property rights that could be used to reward innovation? Relevant papers for all sections of the *Bulletin* should be submitted online at http://submit.bwho.org before 1 January 2006.

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