An outside observer would be excused for believing that given the deluge of headlines about HIV/AIDS programmes currently underway in South Africa specifically one might think the scourge of HIV/AIDS is on its way to being under control. For years now, the mantra of Abstain, Be Faithful and Condomise, has been on the lips of AIDS activists and educators throughout the continent. Moreover international donors have poured funds into the region. According to the Harvard’s Global AIDS Policy Coalition, in the period 1987-1991 more than US$600 million was donated by industrialised countries of the north and international organisations to AIDS programmes in developing countries. And it would seem that for infected and affected people in South Africa, home to the largest epidemic, the 2003 announcement by the South African National Department of Health of the admittedly belated launch of the world’s largest HIV/AIDS management and treatment programme should have meant an end to the AIDS ‘hysteria’, so what is the problem?

In her recent work, Letting Them Die: How HIV/AIDS Prevention Programmes Often Fail, researcher and scholar Catherine Campbell gives readers insight into the complex variables that doom promising and well-resourced HIV/AIDS programmes to both marginal success and sometimes-outright failure. Using the Summertown Project based in a South African mining community as a case study, Campbell is able to demonstrate how HIV/AIDS prevention programmes must not only give lip-service to the idea of community participation and women’s empowerment but must also be informed by the dynamics of the larger society in which they take place.

In Campbell’s view the failure of most HIV/AIDS programmes has been what she terms ‘biomedical and behavioural understandings of sexuality’ rather than knowledge of tangible issues that are impacted by social dynamics. In the case of the Summertown Project, Campbell is adept at illustrating the social legacy of apartheid on contemporary efforts to address harmful behaviours that contribute to the spread of the epidemic but also the psychological legacy of poverty, limited employment opportunities and the myriad of other factors that create an environment of hopelessness and desperation — ripe for HIV/AIDS.

Campbell outlines many of the pitfalls encountered in HIV/AIDS programming and illustrates them using examples from the Summertown Project. The problems range from misconceptions about who was to benefit from the project to the level of difficulty in mobilising and maintaining support for the programme objectives. The assembled project stakeholders who included researchers, government officials and medical practitioners had little in common with the mineworkers, commercial sex workers or youth that resided in the Summertown community. The mistrust of project staff and researchers due to poor communication and the belief on the side of the community that both their material needs and community interests were not of paramount importance to project staff, further undermined progress being made in the in HIV/AIDS peer education and awareness activities.

Campbell brings the case study to a close with an honest and at times critical assessment of the factors that sealed the fate of the Summertown Project. They stand as lessons to all who work as consultants and practitioners in the field of HIV/AIDS and Development. Top down approaches are no more effective in HIV/AIDS programmes than in any other health programme. People do not live with HIV in isolation. Stigma, shame, economic dependence, ignorance and an inability to meet one’s basic needs are just some of the social dynamics that must be considered in developing HIV/AIDS programming. While it is important to bring together skilled practitioners and funding it is probably more important to remember that development broadly and HIV/AIDS work specifically cannot be done successfully unless there is an understanding of the context that forms the basis of community life.

This book is an important contribution to the body of knowledge that has been generated in the almost three decade struggle to mitigate the impact of HIV/AIDS. Most significantly the author illustrates that workable and sustainable approaches to managing the epidemic cannot be achieved by external intervention alone. Campbell’s skilfully juxtaposes the altruistic intentions of the project managers and the survival driven dynamics that shape the communities targeted for intervention. She thoughtfully examines complex issues and articulates in accessible language the need for an ‘extraordinary response’ to this deadly epidemic. Should the challenge be taken, this book will prove an invaluable resource to practitioners within the government, donor and research sectors who determine how and where to prioritise HIV/AIDS interventions.