HIV/AIDS has claimed at least 25 million lives so far and many more deaths are to come. Some recent progress has been achieved, but it is time to take stock of what we have learned about the epidemic and examine what needs to be done. The starting point for the book is the realization that HIV/AIDS is much too complex a phenomenon to be understood only by reference to common sense and ethical codes. For years the infection was treated as if it were basically a medical problem, with an emphasis on biology, laboratories and medication. All these factors are important, but the realities of HIV/AIDS extend much wider and involve an understanding of social and economic determinants, especially as HIV transmission is largely determined by human behavior and the choices made by individuals. Since individual choices are central to the dynamics of the disease, one needs to have available a framework for choice that can unify the field. That framework is cost–benefit analysis (CBA). This book, therefore, will present the CBA framework in as simple a fashion as possible, given that HIV/AIDS is anything but simple, and that policies to combat it have to ensure that all the important considerations are recognized and incorporated into the analysis.

CBA has its technical aspects that take time and effort to master. Nonetheless, the aim in this book is to strip away the barriers that would exist if the reader were to consult the many textbooks and handbooks that are devoted to CBA. At heart, CBA is a way of thinking about public policy issues. The thought process will be exposed and examined in such a way that the contribution of CBA can be readily appreciated. CBA is inherently an applied economics field; theory and practice are so entwined that one part cannot exist without the other. This feature of CBA is very important because, as we have just pointed out, logical reasoning can take us only so far in understanding what to do about HIV/AIDS. Data must be used to reinforce the reasoning, because without empirical support for our assumptions, interventions will not be successful. There are many in the HIV/AIDS field who recognize that HIV/AIDS policies need to be “evidence based”. But what form must the evidence take? CBA identifies not only what sort of evidence (data) needs to be collected; it also explains how that data should be assembled to help determine the HIV/AIDS policy decisions.
The book has four parts. Together the four parts are intended to be a re-examination of most of the important controversies that have cropped up both in the HIV/AIDS and in the CBA fields. Often the resolution of the controversies will follow as a natural consequence of applying the CBA framework to the issues. The first part introduces the main themes. It explains why understanding the disease and its transmission is not so simple and why CBA is needed. Part II summarizes what we know about HIV/AIDS, basically that in Sub-Saharan Africa it is a hunger issue and in the United States it is a sexual issue, especially when it involves minorities. Part III presents the main CBA evaluation methods and shows how they have been applied. Part IV goes into detail about what is “social” about CBA as constructed by economists. Much of this final part is devoted to non-economists, but mainstream economics is not always comfortable with CBA practice and so some attention is given to bringing economists on board the CBA train. Overall then, the audience for the book is anyone who is concerned about trying to improve health care interventions in the HIV/AIDS field, whether they be activists, policy-makers, economists, non-economists or concerned citizens.

This book has its origins from the time I visited the University of Dar Es Salaam for a semester as part of the Fulbright research award on the cost–benefit analysis of HIV/AIDS interventions in Tanzania in 2003. Much of my understanding of HIV in Tanzania stems from my stay at the University. I wish to thank Longinus Rutasitara, the chair of the Economics department at the time, for all his help and encouragement. I would also like to thank Fordham University (which gave me the Spring semester off from teaching in 2007 to help write the book) and the Health Economics Unit at the University of Cape Town in South Africa (where I spent part of the semester in 2007 and was able to interact with a number of researchers and learn from their extensive HIV/AIDS experience, especially Edina Sinanovic, Susan Cleary and Michael Thiede).