

# Southern Africa's Triple Threat

Jordan Dey



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People wait for maize at a distribution point in Sanje, Malawi, one of the countries hit hardest by the HIV/AIDS epidemic.

*In southern Africa, the HIV/AIDS epidemic is making farmers too sick to produce food, while reducing governments' ability to provide help. Donor countries can sharply increase the effectiveness of the medicine they are already providing by also giving stricken families enough to eat.*

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Southern Africa, long a breadbasket for Africa and more recently one of the continent's most economically and politically stable regions, is under siege from a triple threat: the combined onslaught of HIV/AIDS, eroding food security, and declining government and civil capacity.

Every day in the world, 8,000 people die from HIV/AIDS; 5 million new infections occur each year. Some 40 million people are infected with HIV, two-thirds of them in sub-Saharan Africa.

The United Nations World Food Program (WFP) operates in Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Zambia, and Zimbabwe. Southern Africa is on the front lines of the global battle against this devastating disease, having 9 of the 10 countries with the highest HIV/AIDS prevalence rates. AIDS has cut life expectancy to medieval levels — the mid-30s — in many countries in the region. The disease has hit the productive sector extremely hard, decimating the ranks of civil servants, teachers, doctors, businesspeople, and farmers — weakening governments as

well as civic and social infrastructure. An estimated 8 million farmers have died of AIDS in the past two decades in southern Africa. And according to a recent report from Oxfam International, current mortality rates indicate that one-fifth of the agricultural workforce in southern Africa will have died from AIDS by 2020.

Left behind in southern Africa are an estimated 3.3 million AIDS orphans. The United Nations Children's Fund (UNICEF) says that the proportion of orphans to the whole population is growing faster there than anywhere else in the world.

The combination of high HIV/AIDS prevalence and high numbers of orphans is straining communities and extended families, as well as government budgets for health care and social services, food security, and education. All of these trends hold disturbing implications for long-term economic and political stability. In the meantime, household food security is already seriously undermined.

### **MOUNTING FOOD SHORTAGES**

Southern Africa has made substantial gains in agricultural production since 2002, when the entire region teetered on the brink of one of the worst humanitarian crises the region has ever seen, with more than 14 million people needing emergency assistance across six countries. Serious loss of life was averted by unprecedented coordination in the humanitarian response and the generosity of donors, particularly the United States, the European Union, Australia, Canada, Japan, and South Africa.

Since then, the number of people requiring food aid has steadily declined, largely as a function of better harvests due to more regular rains and more widely available seeds and fertilizers. Yet in 2007, poor harvests in many areas of the region — notably Zimbabwe, Swaziland, and Mozambique — are again pushing up the numbers in need of emergency food aid. The current estimate of those in need is 4.4 million for the region, although a new food security report on Zimbabwe indicates that that figure will rise by at least another 2 million because of that country's poor harvests and worsening economic crisis. Drought, the high costs of seeds and fertilizers, and uneven market access and land policies are all fueling the latest food shortages. So is HIV/AIDS.

Political leaders in southern Africa, as in the rest of the world, have made significant progress in fighting HIV/AIDS. The disease is finally out in the open, ending years of denial, shame, and stigma.

The Bush administration's pledge of \$15 billion to combat HIV/AIDS in the developing world, mostly in Africa, is historic: the biggest commitment to a global health challenge from any government ever. President Bush is also proposing a five-year extension with almost twice the financing — \$30 billion over five years starting in 2009. This tremendous commitment by the U.S. government has mobilized many complementary responses — especially on the medication front — from regional governments, the private sector including drug companies, and other donors.

In southern Africa, antiretroviral drugs are being gradually distributed in all countries, including a nine-fold increase in drug disbursement in Malawi — from 8,000 people in January 2005, to more than 70,000 people at the start of 2007. However, all countries in southern Africa have a long way to go to meet demand, and many millions remain without access to life-sustaining drugs.

### **ENHANCING DRUG EFFECTIVENESS**

Donors could greatly enhance the effectiveness of their multibillion-dollar investment in AIDS treatment by following a simple, but often overlooked, prescription for success: food along with the medicine. It's a prescription that is endorsed by the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization. It has also gained support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which, for example, is working with the World Food Program in Ethiopia to help provide food, vitamin supplements, and nutritional counseling to people affected by HIV/AIDS.

The logic is simple: Most drugs come with instructions to take them before or after meals, a regimen designed for affluent parts of the world, where wondering where the next meal will come from is rarely a concern.

But in Africa, where one in three people is malnourished and lives on \$1 a day, many living with HIV can't take even one daily meal for granted. Powerful drugs that sustain life don't work nearly as effectively on depleted bodies and empty stomachs.

Field research has demonstrated that providing the right food and the right nutrition at the right time can



Courtesy of CFAO/Giuseppe Bizzari

Children in Chimoio, Mozambique, learn agricultural techniques at one of the Junior Farmer Field and Life Schools, a program operated by U.N. agencies in six countries.

make a tremendous difference, helping people survive longer, keeping children in school and off the streets, and helping families stay together. It is an idea that is finally catching on.

Peter Piot, head of UNAIDS, often relates a story about meeting a group of women in Malawi living with HIV. “As I always do, I asked them what their highest priority was,” he said. “Their answer was clear and unanimous: food. Not care, not drugs for treatment, not relief from stigma, but food.”

This is hardly surprising on a continent where AIDS kills many times more Africans than war. Africa, where WFP conducts half its operations, is already afflicted with the worst food security problems in the world. Eight out of 10 farmers in Africa are women, mostly subsistence farmers, and women are disproportionately affected by the disease.

## AIDS AND FAMILIES

Food is also a huge issue for families affected by AIDS, undermining food production and security at the household level.

Studies from Africa and elsewhere show that AIDS has devastating effects on rural families. The father is often the first to fall ill, and when this occurs the family may sell farm tools and animals to pay for his care — frequently leading to rapid impoverishment of often already-poor families. Should the mother also become ill, then the children may face the daunting responsibilities of working the farm and taking full-time care of their parents as well as themselves.

With millions fewer farmers working, countries have less food. Weakened, HIV-positive farmers who can still work are not as productive, and they are less capable of earning off-farm income as well. As farmers earn less, they cannot afford fertilizers and other farm inputs. Harvests



dwindle further, and they enter a merciless downward spiral, selling what assets they have and sliding into abject poverty. Soon enough, their families go hungry.

In southern Africa, up to 70 percent of farms have suffered labor losses due to HIV/AIDS. As agricultural workers are affected by the disease, they tend to plant fewer hectares and less labor-intensive crops. In Malawi, 26 percent of households with a chronically ill member changed their usual crop mix, and 23 percent left land fallow. And in Zimbabwe, maize production fell by 67 percent in households that suffered an AIDS-related death.

### **PACKAGES OF ASSISTANCE**

Antiretroviral drugs can help mitigate this dire situation — when they are deployed in tandem with adequate food and nutrition. AIDS is not a battle that will be won with medicine alone: Integrated packages of assistance are needed.

One promising tactic in the war on AIDS and food insecurity in southern Africa is a program run by the World Food Program and its partner Food and Agriculture Organization (FAO) called the “Junior Farmer Field and Life Schools,” now operating in six countries. Hundreds of orphans and other vulnerable children from ages 12 to 17 are enrolled for a year in classes that teach them

traditional and modern agricultural techniques, as well as critical life skills. HIV/AIDS awareness education is also included. Although lack of funding has not permitted these programs to be adequately expanded, they are part of the essential social structures needed if Africa is to beat back an epidemic that is expected to orphan a staggering 20 million children by 2010.

Consider the story of one African farmer, Benedicte, an HIV-positive father of two boys. When Benedicte, 46, first enrolled in a drug program supported by WFP food aid, he arrived on a stretcher to collect his rations. Not long after receiving regular drugs and food, Benedicte could collect his sacks of maize and beans by bicycle. Today, he is back at work in his fields. Food and treatment together got him — and his family — back on their feet.

Benedicte is a hopeful metaphor for communities hardest hit by HIV/AIDS and food insecurity. With well-targeted support involving medication and good nutrition, people suffering from HIV/AIDS can get back on their feet and confront this terrible scourge. Making sure food and good nutrition are part of the package to fight AIDS will maximize the impact of the U.S. government’s great investment to combat AIDS in Africa. ■

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*The opinions expressed in this article do not necessarily reflect the views or policies of the U.S. government.*