

The continued drastic impact of the AIDS epidemic on sub-Saharan Africa

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Sub-Saharan Africa is the epicentre of the AIDS epidemic, having two-thirds of the world's current cases. Zimbabwe and Zambia lie at the core of this area. The social and economic consequences of this epidemic continue to erode the viability of these countries.

The *South African Mail and Guardian* of August 16 explains how the AIDS epidemic is affecting food production in Zimbabwe. An article quoted figures compiled by the Commercial Farmers' Union. Maize production is down by 61 percent, cotton by 47 percent and vegetables by 49 percent. Many of the adults who are sick, or have died from AIDS, are the ones who would normally work on the agricultural smallholdings. Those left are either too young or too old to cope with the tasks, or they are left to care for the ones dying from AIDS.

In the article, Kerry Kay, AIDS co-ordinator at the Commercial Farmers' Union, attacked the government over its response to the AIDS crisis. Kay explained that the government was spending Z\$70 million (US\$1.84 million) a month on the war in the Democratic Republic of Congo and only Z\$1 million (US\$262,000) a month on AIDS prevention. In Zimbabwe, more than half of the maize that forms the staple diet is grown on smallholdings. Exports crops are also being hit; half the cotton and tobacco for export is also grown on smallholdings. The article explains how, in the communal areas, women left widowed by AIDS are growing less food. They have no money to hire tractors or extra labour and have had to use savings and sell tools and animals to buy medical help and pay for funerals.

A similar disaster can be seen in Uganda. The incidence of HIV/AIDS is highest in the coffee growing areas around Lake Victoria, where there are not enough

adults to tend the coffee plantations. The *Mail and Guardian* quote Godfrey Ssewankambo of the Uganda's Women's Effort for Orphans: "From the time one adult family member is bedridden, AIDS compromises the nutrition and food security of the whole family." If the wife has to care for her sick husband she has less time to tend their farm. Family savings are spent on medicines, trips to hospital, etc. A downward spiral sets in. If the woman then becomes ill or dies the whole process is exacerbated. Often the family is reduced to just subsistence level.

Gary Howe, director for Africa at the International Fund for Agricultural Development, said, "The bottom line is that AIDS causes an acute shortage of labour and tremendous dependency on households headed by females and the elderly."

The British *Economist* magazine of August 14, 1999 details the impact AIDS is having in Zambia. According to the Zambian Health Minister, AIDS will eventually kill half his country's population. Most of those dying are mothers or breadwinners, leaving many children orphaned. Estimates of children under 15 losing one or more parent through AIDS range from 13 percent to 50 percent of all Zambian children.

It is estimated that 72 percent of all Zambian households are caring for one or more orphans. The poverty exacerbated by AIDS is having an enormous impact on children in Zambia. Half of them are so malnourished that their growth is stunted. A fifth are severely malnourished, leading to lack of mental development. Education does not exist for many children, with 50 percent of rural children and 68 percent of rural orphans not attending school.

AIDS has led to a dramatic increase in homeless children. It is thought that about 90,000 children live on the streets or in the bush in Zambia. Many try to

survive by recycling bottles, or are forced into petty theft. To dull their senses to the night cold, they are reduced to sniffing fermented sewage, not being able to afford to buy glue.

The copper mining areas of Northern Zambia are particularly hard hit. In the main hospital in Ndola, two-thirds of the patients are dying from AIDS. Unemployment in the area is endemic. Thousands of workers are being sacked from the mines. Many who lose their jobs also face homelessness as they live in mine-owned houses. Poverty in this area is so great that recently buried corpses in the cemeteries are often dug up to strip them of the smart suits in which they are often buried.

South Africa has 3.6 million people infected with AIDS, and this increases by 1,500 each day. An article in the *South African Mail and Guardian* in July described the country's AIDS policy as a "disaster".

The number of cases has increased 30-fold since 1990. Quarraisha Abdool Karim, an AIDS researcher at the Medical Research Council, says the HIV epidemic has been "explosive", and she takes the government to task for its inadequate response. "Despite the commitment of the democratically elected government of 1994 to the HIV epidemic by allocating substantial human and financial resources, the scale and magnitude of those efforts have not been sufficient to turn the epidemic around."

As elsewhere, it is young, economically active adults who bear the brunt of the disease. UNAIDS estimates that by 2010 between 25 percent and 30 percent of adults will be infected. The vast majority will be black and poor, and will die within five to eight years of contracting the disease. By 2010 there will be 700,000 orphans of the disease.

Dr. Robert Shell, Director of Population Research at Rhodes University, also attacked the South African government's policy. He singled out the former health minister, Nkosazana Zuma, saying, "She's up there in my mind as a war criminal. While she was persuading the country to give up smoking, the country sank into a deadly epidemic that will wipe out every single development gain we've made. This is going to take 25 years to work itself out, and if there was a cure tomorrow, it wouldn't help."

The ANC government elected in 1994 concentrated on "primary healthcare". Emphasis was placed on

clinics rather than the hospitals. But these clinics are not equipped to deal with AIDS patients and discourage them from attending. The *Guardian and Mail* quotes a doctor at Baragwanath: "Many of the nurses hear a person has AIDS and figure, 'they're going to die anyway, I won't waste medicine on them.' They give them two aspirins and send them home."

AIDS patients turn to the hospitals for treatment, but the policy of encouraging primary care means hospital services are being cut back. Often it is AIDS clinics within the hospitals, such as the one at the University of Pretoria Academic Hospital, that are being closed. The AIDS clinic at Johannesburg General Hospital faces losing a quarter of its staff in spite of only having five full-time healthcare staff for 150 patients. Dr. David Spencer of the Johannesburg General Hospital clinic told the *Mail and Guardian*: "It was their [the hospital administrators'] feeling because of the hospital's financial difficulties, we should be diverting HIV-infected patients away from the hospital, rather than attracting them. But where will they go?"



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