

# The effects of the AIDS epidemic on Southern Africa's children

Barry Mason  
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A British television documentary and a report by the charity Christian Aid entitled *No Excuses—Facing up to sub-Saharan Africa's AIDS orphans crisis* bring out the terrible impact of this pandemic on the children of Southern Africa.

"Nkosi's story" on BBC2 told the story of a South African boy, Nkosi Johnson, whose mother died of an AIDS related illness. 11-year-old Nkosi was born with AIDS/HIV. After his mother's death a white South African woman, Gail Johnson, fostered him.

The documentary covered 18 months in Nkosi's life. He has become a symbol of all those in South Africa suffering from the disease, whose ravaging effects have left Nkosi small for his age and emaciated. He has bouts of diarrhoea, which leave him very weak. Gail Johnson has set up a refuge called Nkosi's Haven, which cares for 13 HIV infected mothers and their children. She hopes to establish another five such refuges. In many instances, once a mother is diagnosed with HIV she becomes separated from their children. This is what happened in Nkosi's case.

In June 2000 Nkosi visited America to raise funds for the refugees and spoke to school children and the media about the plight of AIDS infected children in South Africa. An American benefactor has provided the finance for Nkosi to receive the cocktail of anti-retroviral drugs, which for the vast majority of South Africans is completely unaffordable.

BBC2's programme brought out the contrasting treatment of AIDS sufferers in the US and South Africa. In the US the availability of drug treatment has cut the mortality rate by about 80 percent.

Back in South Africa Nkosi spoke at the opening ceremony of the International Aids conference in Durban in July 2000. This was the conference at which South African President Thabo Mbeki spoke and stuck to his position of questioning the link between AIDS and the HIV virus. Mbeki and the ANC government have used the "dissident" position on AIDS to justify their refusal to fund anti-retroviral drugs and the necessary attendant healthcare provision.

Nkosi won the hearts of the conference when he spoke about his life as a child born with HIV. He made a plea for AZT to be made available to pregnant mothers to prevent the disease being passed on to their unborn children.

The documentary concluded by showing the progressively debilitating effects of the disease on the little boy. He was admitted to hospital in January this year, but was later discharged home to die and is now bedridden. Brain seizures have left him

immobile and unable to speak and he has to be fed through a tube. The devastating human effects of the disease were brought out in graphic detail through the short life of this very appealing little boy.

Christian Aid's report highlights the effects of the HIV/AIDS pandemic on Sub-Saharan Africa and especially the impact on children and orphans. The main emphasis of the report is the situation in Zambia, South Africa and the Democratic Republic of Congo (DRC).

The report repeats statistics on the impact of the disease on Southern Africa, but repetition does not lessen their enormity. At the end of the year 2000 of the 36.1 million people living in the world with HIV/AIDS, 25.3 million lived in Sub-Sahara Africa. The African continent contains 10 percent of the world's population and yet is experiencing nine out of 10 of the new cases of HIV infection in the world. Africa has suffered 80 percent of the world's deaths from AIDS/HIV and the disease kills ten times more people than all the wars on the continent.

Christian Aid reports that there are 12 million children orphaned in Africa as a result of HIV/AIDS—equivalent to the child population of Britain. The report estimates that by 2010, 43 million children worldwide will have been orphaned by the disease. It states, "Some children have been orphaned two or even three times, as aunts and uncles who took over their care themselves died. Most are malnourished, almost all are denied an education, and tens of thousands end up on the streets."

By 2010 life expectancy of black South Africans will have fallen from 55 years of age to 40 as a consequence of the disease. South Africa has the largest number of people with HIV/AIDS in the world, affecting 4.7 million people or 20 percent of the population. Christian Aid quotes the United Nations AIDS figure for the likelihood of a 15-year-old South African boy contracting the disease—a two in three probability.

In neighbouring Botswana the position is even worse. Some 88 percent of 15-year-olds are expected to die from the disease. The report estimates that in South Africa, by 2010 six million will have died from the disease—giving rise to two million orphans. That is, a third of children will have lost a parent to AIDS/HIV. Infant mortality in South Africa will be 60 percent higher by the end of the decade than would have been expected, due to the disease.

The report cites other consequences of the pandemic in South Africa. By 2005 it estimates companies will be spending the equivalent of one fifth of the salary bill on benefits for AIDS-

related illness. ING Barings bank estimate that over the next decade the economic growth rate each year will be reduced by 0.3 to 0.4 percent as a result.

In many African countries the bulk of the economy is agricultural, accounting for up to 80 percent of the population. Seven million agricultural workers in 25 of the most affected countries in Africa have died as a result of HIV/AIDS. The UN estimates that by 2020 it will be 16 million—a quarter of the workforce.

In Zambia life expectancy will fall to 33 years by 2010 and it is expected half the population will die due to the disease. In Zambia and Zimbabwe infant mortality is 25 percent higher as a result of AIDS/HIV and this is expected to rise to 50 percent by the end of the decade.

In the DRC there are over one million people with the disease and officially between 800,000 and 900,000 orphans. This figure is thought to be an underestimation. It is based on information two years out of date and does not take account of the eastern area of the DRC, currently in rebel hands and for which there is no clear picture.

The report highlights the impact on education. In Zambia five teachers die each day of HIV/AIDS. In the first 10 months of 1998, 1,300 teachers died. This is equivalent to two thirds of the number of teachers Zambia is able to train in a year. In South Africa 70,000 teachers have the HIV/AIDS virus. On average a teacher dies each day from the disease in South Africa.

Higher education is also being affected. The report's authors spoke to Dr Henri Mukumbi, the Director of AMO Congo, one of Christian Aid's partner organisations in Africa. He said, "In the last three years we've lost nine professors of medicine to AIDS. Here it is one person in every 10,000 who becomes a professor and if this person dies it has a huge impact. To replace him you need generations and you need study scholarships in Europe. None of these things the country can currently afford."

In its recommendations the report calls for an immediate commitment of \$3 billion (£2.08 billion) to finance basic healthcare and HIV/AIDS prevention strategies in Sub-Saharan Africa. It also calls on the UK and all developed countries to meet the United Nations minimal target of giving 0.7 percent of GNP in overseas aid. Britain's current aid commitment is 0.31 percent of GNP and aid as a whole from the West has steadily declined over the last decade.

Even the figure of \$3 billion—a target that has no possibility of being achieved in the present political climate—is totally inadequate. In April this year UN Secretary-General Kofi Annan called for the spending of between \$7 billion and \$10 billion a year to fight the AIDS/HIV pandemic, although experts have suggested that much higher amounts are needed.

Currently the spending per annum on fighting the disease is less than \$1 billion. Earlier this month US president George Bush pledged \$200 million to a new global fund to fight AIDS/HIV. Even this measly pledge was qualified, when he said the fund "must respect intellectual property rights as an incentive for vital research and development." This refers to various decisions, made under the pressure of international campaigns, of pharmaceutical corporations to sell AIDS drugs at lower cost to developing

countries. The pharmaceutical companies want to maintain their patent protection on the drugs and US president Bush's proposal is designed to stop countries buying cheaper generic drugs.

Bush did not say where this \$200 million would come from and concern has been expressed that it is not raised at the expense of already budgeted programmes. The AIDS activist organisation Health GAP Coalition called the announcement a "PR spectacle instead of desperately needed money for AIDS in Africa."

In January the South African government announced it was going to provide the anti-retroviral drug Nevirapine free of charge to pregnant women. The drug helps to protect the unborn child from catching the disease from its mother and is in line with the demand raised by Nkosi Johnson when he spoke at the Durban Aids conference.

The government had proposed to distribute the drug from 18 selected antenatal hospitals and satellite facilities. Teams of doctors, nurses, dieticians and other professionals were to be established. One such team was set up in KwaZulu-Natal—the province worst affected. Concern has grown amongst AIDS campaigners at the apparent delay in establishing the treatment programme, which still waits cabinet approval.

As far as anti-retroviral drug treatment as a whole is concerned, the South African government still has no intention of buying the drugs despite the climb-down made by the pharmaceutical companies in the recent court case. The *South African Mail & Guardian* newspaper reported that Health Minister Manto Tshabalala-Msimang announced this in an interview given in London last week. Whilst the government would take advantage of the court's decision to buy cheap versions of antibiotics and other drugs to treat AIDS-related infections, this would not extend to anti-retrovirals. She said "some are going to be disappointed that we are not going to give the ARVs (anti-retroviral drugs) tomorrow, but it is this message which does not get through—that people are getting treatment even if there are no ARVs."

The response of the both the worlds' major powers and the South African government is effectively to abandon the millions in Southern Africa suffering from AIDS/HIV to their fate.

Christian Aid's report can be viewed at: <http://www.christian-aid.org.uk/indepth/0105aids/aidsorph.htm>



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