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# HIV/AIDS has changed the world:

*“This crisis in Southern Africa and in the Horn of Africa is different from past famines, so we must look beyond relief measures of the past. Merely shipping in food is not enough. Our effort will have to combine food assistance and new approaches to farming with treatment and prevention of AIDS. It will require early warning and analysis systems that monitor HIV infection rates and famine indicators. It will require new agricultural techniques, appropriate to a depleted work force. It will require a renewed effort to wipe out HIV-related stigma and silence. It will require innovative, large-scale ways to care for orphans, with specific measures that enable children in AIDS-affected communities to stay in school... Above all, this new international effort must put women at the center of our strategy to fight AIDS.”*

**Kofi Annan, 30 December 2002, The New York Times**

## food insecurity and disease – what we need to know

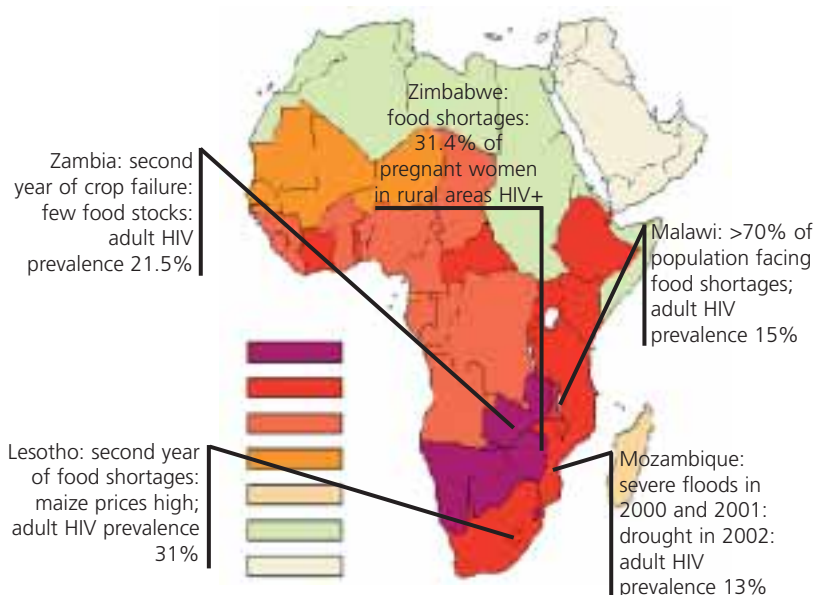
It is slightly over 20 years since the first cases of AIDS (Acquired Immune Deficiency Syndrome) were identified. During this period science has successfully identified not only the virus – Human Immunodeficiency Virus (HIV – and in particular HIV-1 sub-type M) that causes AIDS but also now understands many of the stages in transmission. Quite naturally with an infection which is predominantly sexually, and in fact heterosexually, transmitted, there is a socio-economic impact as it makes ill and finally kills people in the prime producing age groups.

Tony Barnett<sup>1</sup>

There is still neither a vaccine nor cheap, assured and effective treatment for HIV/AIDS. The pandemic continues to grow and to affect millions of people worldwide, particularly in the poor South where 95 per cent of the epidemic is concentrated. With most illness and death concentrated in the 15-50 age group, the disease deprives countries, communities, and households of their strong, productive people.

UNAIDS estimates that around 42 million individuals are living with HIV/AIDS. If this number is put in a broader perspective (assuming that for each HIV/AIDS case there are four relatives directly affected) it becomes clear that AIDS is affecting well over 160 million people. It is well known that sub-Saharan Africa is the region most affected by HIV/AIDS. Here it has become the leading cause of morbidity and mortality in the adult population. It is estimated that most, if not all, of the 29 million people currently living with HIV/AIDS in sub-Saharan Africa will have died by the year 2020, joining the 13.7 million Africans already claimed by the epidemic. Clearly, Africa, and in particular Southern Africa, is at present in the “eye of the storm.”

### Current food crises in Southern Africa



## How HIV/AIDS affects agriculture and rural livelihoods

- Death decreases agricultural labour force
- Long illness weakens people's labour inputs
- Changes household composition
- Increases number of orphans, increases burden on women carers
- Adverse effects on household nutrition status
- Acute decline in household income – loss of urban remittances
- Loss of credit entitlement to poorer households
- Decrease in aggregate community resources
- Overuse of local natural environment with adverse effects such as soil erosion, loss of infrastructure

However, HIV/AIDS is increasing dramatically in Asia. Currently, India is leading the world in absolute numbers of HIV infections, estimated at 3-5 million. China too has a growing HIV/AIDS problem, with the number of AIDS cases estimated at 0.5 million and private estimates by Chinese specialists of up to 10 million infections. Given its sheer huge population size and the current rate of HIV infection in the region, Asia is set to overtake sub-Saharan Africa in absolute numbers before 2010. It can therefore be said that by the year 2020 Asia will be the epicentre of the HIV/AIDS pandemic.

### Illness, death and food – the link

HIV/AIDS is a huge health problem with profound social and economic implications. In relation to food and nutrition security it is obvious that in the last two decades HIV/AIDS has affected and will continue to affect the ability of households to access food in the quantities and quality necessary for household members to lead an active and healthy life. In those parts of sub-Saharan Africa where the epidemic has “matured”, households are facing exorbitant healthcare costs, labour shortages, declining asset base, breakdown of social solidarity and social bonds, downshifting in cropping systems and livestock management. All of these are contributing to food insecurity. Households that do not have the labour to grow their traditional crops retreat to cassava, which is easier to store, robust but has lower food value per unit.

The concept of food security entails food availability, equal access, stability, and quality. Consideration of these four components is critical for any policy on food security. Households are said to be food secure when all four elements of food security are in balance. Instability in one or more elements would render the household vulnerable to food insecurity. Adult morbidity and mortality may affect one or all of the elements of food security. Even minor health problems such as sprains and cuts may have significant knock-on effects if they incapacitate the farm family long enough to disrupt the farming cycle. Illness of productive adults is especially feared among farm households; it reduces the labour portfolio and its consequences often have short and long-term consequences.

The relationship between HIV/AIDS morbidity and mortality and food security is complex and of the greatest importance. Food security is a product of food production (using mainly family labour, land and other resources), food purchase (using household income), availability of assets and social claims. Own production takes precedence and provides the bulk of food consumed by most rural households. Food purchase or acquisition of food from the market, however, is an important source of food especially for complimentary and nutritious foodstuffs (protein sources – fish, meat; minerals – salt; vitamins – some fruits and vegetables; condiments) which cannot be produced at farm level. Assets such as livestock can be quickly turned into food or cash if need be while social claims facilitate non-market inter-household exchange of food and other goods and services.

HIV/AIDS morbidity and mortality affects food security by reducing households' ability to produce and buy food. It also results in loss of assets and often severe decline in the insurance value of social networks as favours are called in.

### A double emergency - food security and HIV/AIDS in Southern Africa

The current situation in Southern Africa is not the result of HIV/AIDS alone – but HIV/AIDS is a central factor in what is happening. The map shows that food insecurity and HIV/AIDS levels seem to run together. We have a double emergency of HIV/AIDS and food insecurity.

As long ago as 1989, studies in Uganda<sup>2</sup> showed that HIV/AIDS would have these effects on rural life. Evidence has now accumulated with studies from many African countries, Zimbabwe, Rwanda, Kenya, Tanzania, Malawi, Namibia and others. Most recently, careful work by a team from Michigan State University in Kenya showed that the death of a household head is associated with a 60 per cent reduction in the value of the household's crop production. What is happening now in Southern Africa is not the end of the story, it is but the beginning. Current studies in Nigeria may indicate that the impact of HIV/AIDS on rural livelihoods in West Africa are also acutely affected by labour loss and illness associated with AIDS. All that is needed is a climatic or political “trigger” to set off a crisis of food insecurity in that region too.

But this is not the whole story – we must be prepared, the world has changed

The EU and other development agencies cannot carry on with “business as usual” in a world with HIV/AIDS because:

- HIV/AIDS severely sets back “development” efforts by impoverishing rural households irreversibly, launching many into destitution, altering established technical relations between labour, land and capital, thus setting the ground for relief assistance.
- AIDS means that future relief work will have to be done in new ways because HIV/AIDS alters the nature of emergencies.
- HIV/AIDS affects the technical and specialist personnel and partners through whom development goals are achieved.
- HIV/AIDS undermines the current and future relevance of existing agricultural and food security strategies that are labour-intensive, cash crop-oriented and technology-driven.
- In those parts of Africa where HIV/AIDS has assumed catastrophic dimensions, the epidemic undermines relief, rehabilitation and development efforts through its systemic, long-term impact and its skewing effects on population structures.

The message of this article is: Development work has changed; HIV/AIDS is a long wave event; there will be more emergencies like that in Southern Africa – and not only in Africa. ■

1. Professor of Development Studies at the University of East Anglia, Norwich UK. His most recent book, written with Alan Whiteside, is “AIDS in the 21st Century: disease and globalisation”, Palgrave Macmillan, London, 2002.  
2. Tony Barnett & Piers Blaikie, *AIDS in Africa: its present and future impact* Wiley, London and Guilford Press, New York.