



SOUTHERN AFRICA: New research questions link between food crisis and AIDS

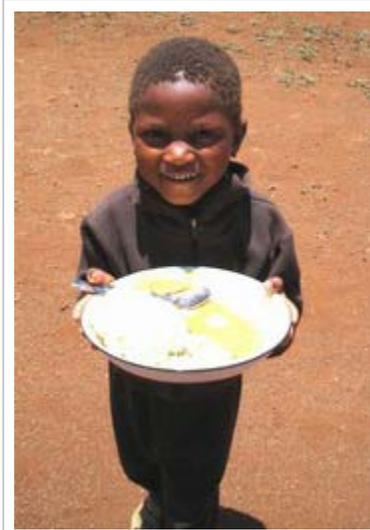


Photo: IRIN

More research needed on link between AIDS and the food crisis

JOHANNESBURG, 1 June 2005 (IRIN) - The link between HIV/AIDS and hunger in rural communities has received a great deal of attention in Southern Africa, where HIV/AIDS seems to have added a new dimension to the region's four-year-long food crisis.

But a new report has argued that although HIV/AIDS constitutes a humanitarian catastrophe, the impact of the epidemic was not a major cause of the region's food crisis during 2001 and 2004.

The study by the Overseas Development Institute's (ODI) Forum for Food Security in Southern Africa, noted that in Zimbabwe, poor policy choices were the main reasons why the food crisis dragged on. Widespread chronic poverty also contributed to the emergency, which at its peak, had up to 7.5 million out of a population of 11.6 million in need of food aid.

It has generally been accepted that HIV/AIDS has contributed to the region's food insecurity by reducing farm production and incomes and undermining the ability of households to cope.

But there was still not enough evidence to quantify how HIV/AIDS has impacted on farming communities, author of the report Steve Wiggins told IRIN.

Southern Africa land expert Scott Drimie agreed that "a great number of studies on the impact of HIV/AIDS [in this sector] are snapshots and are largely anecdotal," and there was still a need for more evidence on the long-term impact of the pandemic.

However, Drimie cautioned against the danger of "understating" HIV/AIDS, which remained a significant factor among the entangling causes of the food crisis, alongside drought and the impact of donor-driven economic reform programmes.

The United Nations has also emphasised the "triple threat" of HIV/AIDS, food insecurity and weakened state capacity as triggering the humanitarian crisis that at its height threatened more than 14 million people in Southern Africa.

"This is in no way an attempt to say AIDS doesn't matter ... HIV/AIDS is killing almost half a million people every year in the six countries most affected by the 2002 food crisis [Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe] ... it is a terrible tragedy," Wiggins stressed.

However, it did not have a "big enough impact to explain the magnitude of harvest failures [in the region]," he pointed out.

To illustrate the extent to which the pandemic impacted on production, the ODI research looked at the 25 percent HIV prevalence rate in Zimbabwe in 2003, and estimated that if the disease on average took 8 years to progress from initial infection to death - with the final two years as sick and invalided, and adding another year to reflect periodic sickness in the initial six years - then about 9 percent of the labour force would be out of action at any one time.

"Assum[ing] that this translates into the same loss of agricultural production, then the epidemic causes losses of less than 10 percent ... At this rate, the epidemic cannot account for more than a minor proportion of the harvest losses seen," the report said.

In the other countries of the region hit badly by harvest failures other than Swaziland, prevalence rates are lower than in Zimbabwe, which would also reduce the production impacts, the report said.

According to Wiggins, labour was only one factor of production contributing at most to 50 percent of output. In a field of maize, for example, there were other factors of production to consider; such as land, seed, animal traction and fertiliser, Wiggins said.

Although, the impact on coping with HIV/AIDS was "severe", this was largely for households with sick members - "again perhaps 9 percent of households at any one time in the worst affected countries", the report found.

But if those households that have been affected by the disease both now and in the recent past are added, then the proportion rises to 20 percent or more, Wiggins noted.

A Michigan State University study on HIV/AIDS and the agricultural sector in Eastern and Southern Africa came to similar conclusions as the ODI report. It found that the initial wealth of households, the sex of the deceased, and the ability of the household to attract new members mitigated the effects of HIV/AIDS.

Professor Thomas Jayne from Michigan State University pointed out during an international conference on 'HIV/AIDS and Food and Nutrition Security', held earlier this year in South Africa, that "it's difficult to disentangle the AIDS impact from everything else affecting agriculture".

The cassava 'boom' in Southern Africa was a case in point: according to the 'new variant famine hypothesis', the impact of HIV/AIDS had caused high-value, highly nutritious crops, such as cereals and oilseeds, to be replaced by less nutritious ones like cassava.

But the new variant famine had failed to take into account that "major changes in agricultural policy have occurred ... [and] veered some farming systems in the region toward tuber crops".

State agencies that provided inputs for maize on credit and bought up harvests in Malawi, Zambia, and Zimbabwe had either been eliminated or scaled back significantly starting in the early 1990s as part of economic reforms.

These policy changes had reduced the "financial profitability of growing maize ... and had shifted cropping incentives towards other food crops, especially those relatively unresponsive to fertilizer application, such as cassava", Jayne said in his study.

Nevertheless, the ODI report acknowledged that HIV/AIDS interacted "strongly" with poverty - as seen by the modest impact of the disease in relatively well off rural households - intensifying the vulnerabilities of poorer households.

"But if HIV/AIDS is not a prime cause of a food crisis, it is a crisis in itself ... Not surprisingly some question why the food crisis attracted an international humanitarian appeal, while HIV/AIDS did not," the report noted.

To view the ODI report: www.sarpn.org.za

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