

HIV/AIDS pandemic and impact on Agriculture and Food Security in Southern Africa

Sub-Saharan Africa is at the heart of the HIV/AIDS pandemic. It is now the leading cause of deaths among the majority of adults in the prime of their working and parenting ages (15-49 years) and in the process impoverishing families and rendering many children as orphans. It is estimated that in 2001, about 36.1 million people were living with HIV/AIDS and most of these people were in developing countries. In 1999, sub-Saharan Africa alone accounted for more than 70% (24 million) of the global population infected with HIV/AIDS, and 8.6% of the adult population and more than one million children in the sub-region were estimated to be infected with HIV/AIDS (UNAIDS, 2000). The cost and burden of HIV/AIDS on the individual, family and government is huge and has been recognised as a single major threat to the social and economic development of the human race. Consequently, unlike the initial approaches to the control of HIV/AIDS, the scourge can no longer be considered solely as a health problem as it affects all segments of the country's social and economic fabric. The social, economic and institutional consequences of the HIV/AIDS pandemic are wide, interlinked and complex.

A large number of people living with HIV/AIDS reside in rural areas, and the pandemic is fast spreading into remote villages affecting the way of life of rural communities (FAO, 2001). HIV/AIDS is fast becoming the main cause of morbidity and mortality since the late 1990s. In SADC alone the number of deaths is projected to grow by a factor of 20 by the year 2015 to more than 10 million deaths.



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IMPLICATIONS OF THE DISEASE

The socio economic costs of the HIV/AIDS epidemic are far reaching, and do not just affect individual countries in the region but the whole region because of the economic interdependencies and the high degree of movement of people in the sub-region. The implications of the disease are worrying because as the scourge intensifies in the region so does the decline in national economic growth, per capita income as well as regional economic growth. Not only will the Gross Domestic Product (GDP) be affected by reduced aggregate investment due to HIV/AIDS, economic productivity and aggregate investment will be adversely affected. Economic growth will decline due to low labour productivity and declining investment. Results from international institutions like the World Bank, UNDP, and IMF indicate that GDP will decline by at least 1 per

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cent annually. The spread and intensity of HIV/AIDS will make the situation worse in the SADC region. Further to that, benefits from education, health, etc will be adversely affected by the HIV/AIDS.

The problem of HIV/AIDS is not just a health issue but is also a development issue affecting all socio-economic sectors and threatening to disrupt and reverse the gains made in development.

Impacts on agriculture and food security

The Agriculture sector is one of the most seriously affected sectors by the pandemic, as it is heavily dependent on human labour. As the agricultural sector is the main pillar of the SADC economy, the effects of HIV/AIDS on the supply of and demand for labour poses several challenges. On the supply side, HIV/AIDS reduces adequate and timeous availability of labour that reduces productivity at the farm and sectoral levels. The effects of the disease on labour, income, assets, knowledge, skills and practices of household, community and national levels has significantly destabilised the prospects for sustainable growth.

On the demand side, HIV/AIDS increases the price of labour despite high rural unemployment and limited skills. The scarcity of labour can influence the allocation of labour between and among farm and off-farm activities not necessarily to meet the food security needs of the farming households but to cater for social needs that are not related to the demand situation as dictated by the market. Certain commodities or activities might be pursued for survival due to the supply and demand factors affecting rural labour following the incidence of HIV/AIDS. These commodities or activities may not necessarily be viable (subsistence versus profitable crops/enterprises) in an obvious market sense but because of shortage of labour and its price, farming households are forced to engage in them.

The scale and incidence of HIV/AIDS epidemic in rural areas where the majority of people dependent on

agriculture reside has been increasing in terms of the absolute numbers of people living with HIV/AIDS as well as potential victims. The disease is undermining the human capacity essential to ensure food and nutrition security and eroding the basis for managing natural resources for sustaining livelihoods. It not only deepens the extent of poverty and food insecurity, but also changes the profile of poverty through structural changes in adult mortality. It leads to social and economic imbalances characterized by an increase in elderly and female headed households, child headed households and an expansion of families fostering orphans.

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Impacts on agricultural production

The incidence of the HIV/AIDS epidemic on the agricultural sector is raising serious concern and a cause of regional and international panic as it threatens to cripple the mainstay of most African economies. The disease has a negative impact on the active labour force and preservation of human capital. The population that is mostly affected is the sexually active, which falls in the age group of 16 to 49 years, who are also the most economically productive age group. This has resulted in the sickness and death of the middle aged population, leaving behind the young and old who are not as productive. Another negative impact has been the reallocation of productive labour from agriculture for the purpose of caring for patients. The disease has decimated the productive population in rural areas and increased the dependency ratio. As a result, many communities are unable to survive without resource transfers from other sectors.

Other impacts on land use and agricultural production include less intensive use of cropland, cultivation of crops that are less labour intensive, and less nutritious such as

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tubers and the fallowing of land. The impacts of HIV/AIDS on both the small scale/ communal and large- scale commercial agricultural sector are not yet well understood nor have they been exhaustively determined. To date most results on the impact of the HIV/AIDS scourge on agriculture (crop and livestock farming) have been very limited in coverage and representativeness and more studies are needed.

HIV/AIDS is slowly and systematically decimating agricultural labour force and undermining the amount of time that rural small-scale producers can allocate to food and agricultural production.

Impacts on food security and nutrition

Food security, which generally means physical availability and economic access to nutritious and safe food for all people at all times, is also affected by HIV/AIDS. Most people in the SADC region derive their household food security from crop and livestock agriculture. This means that agriculture provides food from direct production or imported food while economic access is through own income/production and direct and indirect employment. About 70 per cent of the SADC population is engaged in crop and livestock production. As a result, increases in farm output and productivity enhance food and income security. As HIV/AIDS does not discriminate according to income group or geographic area (rural versus urban) rural areas have been hard hit by the HIV/AIDS scourge. Several farming households have not been able to plant enough areas for sustenance because of shortage of funds partly used to pay for medical expenses emanating from HIV/AIDS and limited labour caused by sickness from the pandemic. Similarly, savings to increase farm investment and incomes are partly depleted by health expenses for HIV/AIDS patients.

HIV/AIDS affects food security at household, national and regional levels. At household level the pandemic affects the household's ability to produce and acquire

food, whilst at national levels it also affects policy effectiveness.

Gender inequality is one of the factors that lead to the spread of the deleterious effects of HIV, both in terms of its direct mortal effect and on food insecurity. Men frequently have greater access to resources including land, credit, knowledge and technology than women. When the husband dies, the woman may lose the access she gained through him or his clan, this immediately threatens her livelihood and that of the children, compounding and perpetuating rural food insecurity.

Conclusion

HIV/AIDS is slowly and systematically decimating the agricultural labour force and undermining the amount of time that rural small-scale producers can allocate to food and agricultural production. This is having a profound effect on food security, agricultural sustainability and the levels of poverty. Policy needs to urgently address ways in which the effects of the pandemic can be ameliorated. To that extent FANRPAN is soon going to coordinate a two year study on the Impact of HIV/AIDS on Food and Agriculture and recommend corrective measures and policy changes that must be made to respond to this new phenomenon in agricultural policy implementation.

This article is an extract of a paper written by **Dr Innocent Matshe**. Dr Matshe is a Senior Lecturer in the department of Economics at the University of Zimbabwe and a member of the FANRPAN Zimbabwe Node. His interests are in Agricultural Trade, Food Security, Rural livelihoods and the Impact of HIV/AIDS on the Food agriculture and Natural Resources. To obtain the full paper email your request to policy@fanrpan.org

Policy issues affecting Genetically Modified products

The Southern African region experienced another serious food crisis in the 2002-3 season caused by erratic rainfall and inappropriate policy responses. Millions of people faced starvation and most of the food had to be imported (SADC REWU, 2002). The bulk of the food imported contained unspecified amounts of genetically modified (GM) grain, specifically Bt maize. The food was considered suspect by many governments who were unsure of the implications of GM food for human health and the environment. The presence of GM food in the region has not only raised political differences, but has paused some difficulties for food relief especially in moving grain through ports

and across borders. Perceived risks associated with GM food have raised new policy concerns about capacity to test the food and the uniformity of biosafety regulations in the region. This experience has generated further debate on how to achieve longer-term agricultural growth and food security through trade and investment in technological advances in agriculture.

This topic will be discussed during a two day workshop hosted jointly by FANRPAN and AFRICABIO on the 10-11 July 2003 at Sheraton Hotel, Pretoria South Africa. Please e-mail policy@fanrpan.org to obtain more information.



To obtain more information on the deliberations of the Policy Dialogue visit the FANRPAN Website - www.fanrpan.org

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