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AIDS IN SOUTHERN AFRICA

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Introduction

The 1990s will be the decade when the full impact of the AIDS epidemic will be felt in Southern Africa. It will hit all sectors of society and all aspects of life. Unfortunately, the governments in the region are generally not responding to the threat with the degree of urgency it merits.

Diagnosis

AIDS figures are reported by all the Southern African countries to the World Health Organisation. These figures (along with more up to date information gleaned from other sources) are shown in Table 1 on page 4.

To what extent these figures (both official and unofficial) underestimate the magnitude of the problem is an open question. Dr. J. Chin of the WHO has stated that the total number of cases in Africa is probably 10 times those reported. Under-reporting is partly due to lack of medical coverage - many victims may die without being seen by conventionally western-trained doctors. In addition, confirmatory testing is expensive and resources are not always available.

The result is that countries with good medical services may identify more cases - Botswana is a case in point. Conversely many cases in Mozambique and Angola with their civil strife may go unseen.

Prognosis

Unfortunately it seems that AIDS may spread more rapidly in Southern Africa than it has in much of the rest of Africa. The reasons are:

1. Rapid urbanisation and consequent development of shanty towns with the poorer standards of health and hygiene. (Durban and Gaborone are among the fastest growing cities in the world.)
2. Population movement, which includes the migration of workseekers and refugees. Again Southern Africa leads the field. South Africa has 300,000 foreigners legally employed within her borders, drawn mainly from Mozambique, Lesotho, Botswana and Swaziland. The AIDS problem has been one of the reasons for the Malawian government stopping its citizens from seeking employment. There are also large numbers of refugees - Southern Africa is home to 1,330,000 refugees, a third of the continent's displaced persons.
3. Civil conflict leads to behaviour conducive to the spread of AIDS. The wars in Angola and Mozambique are extensive and particularly bitter. South Africa's apartheid policies make it hard to deal with AIDS in what is essentially an abnormal society.
4. Economic stagnation results in a shortage of consumer goods which leads to a disproportionate amount of money being spent on limited recreational activities, such as beer and sex.

Implications

The consequences of the epidemic will be immense.

The best estimate is that, by 1995, 20 per cent of the population will be HIV positive and AIDS will be the major cause of death. Health gains will be wiped out as infant mortality rates rise and life expectancy falls. Social, political and economic dislocation will be widespread.

There is no cure for AIDS and no vaccine. Although both may be found by the end of the century it will be too late for millions of Africans and may not be affordable.

The AIDS pandemic will have major economic implications:

1. Direct costs arising from the disease include medical care, educational campaigns and prevention. These will be borne by both the state and the victim. For example, in Zaire the cost of hospitalising a child for treatment is four times the average monthly wage. Resources in limited health budgets will have to be diverted, with obvious consequences for other health problems.
2. Firms operating in African countries will also face increased costs. Staff with AIDS will either have to be paid off or supported through periods of ill health. Time off will be required for care of sick family members. If a firm employs expatriates, there may be additional costs. For example, these staff may require inducements to work in high-risk areas and there might be a demand for safe bloodbanks and evacuation procedures.
3. AIDS could hit the economy and society through the loss of skilled manpower. This is a scarce resource, and training and education is a costly business.
4. The UN 'Development Forum' has speculated that the spread of AIDS among the unskilled and rural populations will lead to a breakdown in some labour-intensive food production systems. This could in turn result in a collapse of ecological control and spread of endemic disease such as sleeping sickness.

Because of the extent of the problem, all businesses in Southern Africa will be affected in one way or another. All will need to assess how AIDS may impact on them, and plan so as to minimise this impact.

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Table 1

Country	AIDS cases	Official Data ⁽¹⁾		Date	Unofficial Data AIDS cases
		AIDS cases per million pop			
Angola	104	13		July 89	NA
Botswana	49	40		July 89	87(2)
Lesotho	5	3		July 89	9(3)
Malawi	2586	336		July 89	NA
Mozambique	40	3		July 89	48(4)
Namibia	0	0		July 89	NA
South Africa	231	7		July 89	332(5)
Swaziland	14	20		July 89	30(6)
Zambia	1892	264		Aug 89	NA
Zimbabwe	499	53		July 89	NA

- Sources: (1) All official data is from World AIDS 1989.
- (2) Statement by National AIDS Programme Co-ordinator reported in Botswana Daily News, 18/01/90.
- (3) Reported in Lesotho Today, 12/20/89.
- (4) Mozambique File, December 1989.
- (5) Personal communication.
- (6) The Times of Swaziland, 12/01/90.