

# 'AIDS-related National Crises' in Africa

## *Food Security, Governance and Development Partnerships*

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### **1 Introduction**

The HIV/AIDS pandemic will transform Africa as we know it. Historically, pandemic diseases have brought major social, economic and political transformations in their wakes. The Black Death in fourteenth century Europe killed about one-third of the population, transformed labour-intensive agricultural systems, and shattered the religious certainties of the 'Medieval Renaissance', with profound cultural and political ramifications. The introduction of smallpox and other communicable diseases to the Americas in the sixteenth century decimated the indigenous populations, laying them open to colonial subjugation. Similarly, communicable diseases ravaged nineteenth century Africa and set the scene for the collapse of resistance to imperial conquest.

HIV/AIDS has its unique characteristics. In the worst-hit countries, where adult infection rates are 20 per cent or more, it will have far-reaching effects. But there are no known models for anticipating what the outcomes will be. The direct impacts of HIV/AIDS on food security, through its effects on household demographics and poor households' budgets, are well understood at the local level. Less well understood are the indirect impacts of the pandemic at the national and regional levels. What will the HIV/AIDS pandemic mean for the governance, peace and security of Africa? How will the pandemic affect future vulnerability to famine in the continent? We do not know. But there are some augurs:

1. *Zimbabwe*: The fact that a very large proportion of the army and the 'veterans' are HIV-positive may well have contributed to their ruthlessness and their behaviour has undoubtedly aggravated the food security crisis in that country.
2. *DR Congo*: The reported need for AZT by officers in foreign armies stationed in Congo, and the possibilities of earning the money needed for this treatment by smuggling minerals (whereas being retained at home on basic pay would preclude buying life-sustaining drugs), may have contributed to the intractability of the conflict.

Let us pessimistically assume that these crises are prototypes of what may afflict Africa over the

coming two decades: AIDS-related national crises (ARNCs). This article is written on the pessimistic assumption that the worst may happen. There are some encouraging signs that this will not be the case, for example the resilience of Tanzania and Uganda under the stresses of the AIDS epidemic in the last decade. But it is important to examine what the ARNC scenario might entail.

Current predictions for the progress of the pandemic and its impact do not usually include a governance variable. It is assumed that the governance of affected countries will remain unchanged, or indeed will improve under the impact of programmes such as the New Partnership for Africa's Development (NEPAD). This is an important omission that may mean that existing models err on the side of optimism. Consider the possibility of a major 'external' shock, such as a war or the collapse of governance structures in an African country:

1. The breakdown in health services and other essential social services would adversely affect HIV/AIDS programmes of all kinds.
2. Associated social and economic disruption would be likely to increase HIV transmission.
3. The economic situation would worsen, undermining national and household food security.

This article suggests that such shocks may in fact arise from the direct effects of the pandemic itself and should not be considered 'external'. In short, existing models of the pandemic and its impact may lack an important element of negative feedback.

## **2 Economic and social implications of the pandemic**

A major adverse impact on GNP is expected from the HIV/AIDS pandemic. It is estimated that by 2010, the South African economy will be 22 per cent smaller than it would have been without HIV/AIDS, amounting to a total cost of about US\$17 billion. Because South Africa is the largest and most dynamic economy in the continent, this will have important knock-on implications for the region as a whole. For other very badly-hit countries, such as Zimbabwe and Botswana, the impact will be comparable. In Ethiopia, the

pandemic will worsen rural food insecurity: the symptoms may well become apparent in the next drought. In Malawi, the contributory effects of HIV/AIDS have already been evident in the recent food crisis (see Devereux, in this *Bulletin*).

The private sector will be hard hit, and international business will be deterred. There is no insurance against the commercial impact of HIV/AIDS. Investment risks will increase and returns will decline. We can expect a decline in foreign direct investment (FDI) and a switch of investment to less-affected countries.

The epidemic's impact on the rural economy may be slow, insidious and less visible than its effect on the governmental and industrial sectors. Rural poverty is notoriously difficult to ascertain properly, so that increased immiseration may pass relatively unnoticed. The skills necessary for farming may be evenly spread throughout the community, so that the loss of the most experienced and skilled farmers is less detrimental to the agricultural economy than it would be for the industrial economy. There may be more excess labour available in the farming sector, and more flexibility in labour allocation than in the formal sector. However, these considerations should merely caution us to be more alert to the symptoms of the economic crisis brought about by HIV/AIDS. We can expect problems over land tenure, especially inheritance, and gradual decapitalisation of the worst-hit rural areas. The effects on a poor rural community may be similar to those brought about by large-scale outmigration of the most able adults, but without the mitigating factor of remittances. It will be a slow accentuation of existing processes of impoverishment.

Accumulated experience with household coping strategies during times of stress helps our understanding, but only to a limited extent. Famines do not tend to kill the economically active, and the decisions made during these crises are oriented towards the future viability of the household as a unit. By contrast, the HIV/AIDS pandemic does directly threaten the lives of the household decision-makers. We know much too little about how risks are assessed, and strategies evaluated, to have any optimism that established models of coping will be applicable to this situation.

It is certain that HIV/AIDS is contributing to incidents of corruption, although we must rely on anecdote rather than systematic investigation at this stage. Individuals who know they are HIV-positive will try to seek illegal sources of income, both to pay for treatment, and to ensure that their families are catered for when they are incapacitated and after they have died. What happens when these individuals are not minor bureaucrats or middle-rank managers in the private sector, but are government ministers, generals or the owners of important businesses? Such people may be ready to tolerate extreme abuses of power, or engage in high-level corruption themselves, leading to the effective dismantling of entire institutions, to serve their own or their families' interests.

Soldiers are one of the occupational categories most afflicted by the HIV/AIDS pandemic. HIV infection rates among soldiers are typically three times higher than in the general population, and are higher among the higher ranks (although there are important exceptions, such as Senegal and Ethiopia, where prompt action by the army high commands have kept infection rates relatively low). Seropositivity rates as high as 50–90 per cent are common in army units in eastern and southern Africa. This means that military readiness is much reduced, as soldiers are sick or likely to fall sick. Shortages of experienced and trained personnel, especially in skill-intensive positions in the air force, mechanised divisions and intelligence, will become acute. Civilian-military relations are adversely affected as the general population fears that the army is spreading HIV. Spending on health care for soldiers and their families, and on pensions, will eat up an ever-larger proportion of the defence budget.

AIDS mortality will have major negative implications for the workforce, and entail a sharp decline in education, health care, government capacity, and industrial skills. The reduced working life expectancy of skilled workers and professionals implies a major increase in training costs. Overall there will be a de-skilling of the workforce, at a time when higher educational levels are most needed for integration into the global economy.

HIV/AIDS will increase social sector spending and require increased capacity. Even at reduced drug

prices, health sector expenditure will need to rise markedly to provide for the care and treatment of AIDS patients. Effective HIV interventions require intensive programmes of counselling, testing, public education, and supervision of treatment to ensure it is effective and the chances of developing resistance are minimised. These interventions require technical and managerial skills and training.

There will be also be a burden of children orphaned by AIDS. The number of these children is 12 million and rising rapidly. Most are taken care of by extended families – though they are acutely vulnerable to livelihood shocks affecting their carers – but the fact that the additional costs of their care and education does not directly fall on the state does not mean that we should ignore the economic and social costs that fall on society.

### **3 Governance implications: AIDS-related national crises**

Just as HIV infection itself kills through other infections, the pandemic-induced crisis manifests itself in a range of other social, economic and political pathologies. These are the 'normal' crises of governance and conflict, but amplified or with special characteristics. In the coming years, we will undoubtedly witness 'AIDS-related national crises' (ARNCs) that combine one or more of these features.

An ARNC will not manifest itself like a meningitis epidemic, a flood or a drought, with clearly identifiable victims needing assistance. It will not be a case of providing emergency care and treatment to people living with AIDS (PLWAs) and then turning back to the wider agendas.

ARNCs will fasten on to the weak points of governance or socio-political relations that already occur in a given society. If a country is at war, the conduct of the armed forces is likely to be an area in which the ARNC emerges. Where there are latent social conflicts over employment, access to services, or land ownership, these conflicts are likely to be the focus for the ARNC. Where there is corruption, it is likely to be amplified. Where there is a brain drain of skilled personnel and businesspeople, it is likely to be accelerated. In a food insecure country, an ARNC may be first manifest in a famine partly brought about by

government mismanagement and market crisis. The weakest institutions are likely to be first in line to collapse in an ARNC.

The good news is that we have sufficient early warning of the full-scale development of national HIV/AIDS epidemics. We know HIV prevalence. We can even identify the weak points of the socio-political system that are most vulnerable to AIDS-induced crises. The bad news is that we do not know how to respond to ARNCs.

#### **4 Why conventional responses to ARNCs will not work**

Each ARNC will manifest itself as a crisis of governance, corruption, armed conflict or social conflict – i.e. as a ‘normal’ crisis. These will elicit a range of responses from neighbouring African countries, regional and sub-regional organisations, and the international community. Diplomatic dialogue, negotiations, resolutions in international fora, conditionalities on aid, and even sanctions, are the standard armoury for responding to political crises. Perhaps, as suggested above, the crises in Zimbabwe and DR Congo are prototypes for ARNCs.

But these normal responses may not work, and may in some respects make the situation worse. Those who are certain that they are going to die may be so desperate and reckless that they are not amenable to pressure or rational argument. More widely, foreshortened adult life expectancy is likely to have significant effects on decision-making, promoting short-termism. Responses that entail economic pressure are likely only to increase the desperation of those driving the crisis. They will undermine the governance capacity of the targeted country. And the AIDS pandemic may interact with the socio-economic crisis, each feeding on each other and worsening the situation.

Moreover, the key decision-makers may be unwilling to acknowledge the AIDS-related dimension to the problem. Whether they themselves are HIV-positive or not, they will explain the crisis in more conventional terms, and will use every political and propaganda strategy to ‘win’ their immediate goals. In short, ARNCs may acquire their own ‘immunity’ to interventions.

In the coming years, special HIV/AIDS programmes will be an integral part of every African country’s public policy and international partnerships. Clearly there is a powerful case for exempting HIV/AIDS programmes (and health services in general) from any sanctions or conditionalities, and developing and maintaining them under all political circumstances. But this is not as easy as it sounds (on the related case of sanctions against Iraq, see Gazdar, in this *Bulletin*). The experience of food relief and famine in recent decades has important lessons. Ring-fencing humanitarian assistance can neither address the root causes of the crisis, nor prevent mismanagement of the humanitarian resources themselves. In the case of health and HIV/AIDS programmes, ring-fencing them will similarly be an absolute minimum response. In the absence of peace, stability, education, vibrant civil society and good governance, even the best health-focused HIV/AIDS programmes will have only a limited impact on the pandemic. But a Ministry of Health is unlikely to keep its head, while all around are losing theirs. And it is even possible that reckless leaders of crisis-afflicted countries will raid the Ministry of Health’s coffers to enrich themselves or buy weapons.

Are there other, more ambitious responses possible to a country plunged into a full-scale ARNC? Can the extent of the political crisis, or indeed the level of the AIDS pandemic itself, warrant extraordinary measures such as international military intervention? In theory, lawyers can make the arguments. In practice, whether such extreme measures could ever work is open to doubt. And unfortunately, experience shows that a ruthless and reckless national leader can defy his people’s wishes and international public opinion for a long time, while he leads his country to ruin. Little can be done other than *ad hoc* remedial measures until the crisis comes to its own resolution.

The inability of Africa and the international community to resolve the crisis in Zimbabwe (which is at least a semi-ARNC) is disturbing. What if current projections for the social and economic impact of AIDS in South Africa prove too optimistic, and that country becomes embroiled in an ARNC? What if AIDS is the critical factor that destroys Ethiopia’s already fragile governance capacity? What happens if some young army officers who are living

with HIV/AIDS become bitter enough to launch a coup in any one of a dozen countries? These are frightening scenarios that should compel us to redouble our efforts to prevent ARNCs.

## 5 Implications for development partnerships

Donor countries, notably the USA, have put the HIV/AIDS pandemic at the head of their development priorities for Africa. To date, this consists largely of a focus on providing cheaper (and hopefully more effective) drugs, strengthening health systems, and supporting HIV-specific education, prevention and care interventions. These are all important. But with the possible outbreak of ARNCs, responding to the wider socio-economic and political demands of the ARNC-affected countries may rise to the top of the agenda. ARNC responses may consume very large proportions of overseas development assistance (ODA) budgets, leaving little for existing development partnerships and still less for the 'enhanced partnerships' envisaged by the New Partnership for Africa's Development (NEPAD).

Responding to HIV/AIDS and ARNCs does not just have financial implications. It also introduces a big unknown into the nature of the aid relationship. The current cautious enthusiasm for African-led development partnership initiatives and for reform of the international aid apparatus reflects, first, the ascendancy of some like-minded left-of-centre European political leaders such as Tony Blair and second, political stability and good economic management in many parts of Africa. If NEPAD is successful, the consensus in favour of enhanced partnerships with Africa will strengthen. But if these conditions change for the worse, we may see a reversion to the *ad hoc* aid approaches of the past.

If the analysis here is correct, then a major governance agenda item should be preventing or minimising ARNCs. Improved development partnerships based on mutual accountability require that all scenarios are openly shared in advance. African partners should therefore be frank about their possible ARNC scenarios, and prepare their international partners accordingly. This will be the best way of protecting partnerships under the future stresses of the HIV/AIDS pandemic.

## 6 Preventing ARNCs

We cannot prevent the HIV/AIDS pandemic exacting a huge human and social toll over the coming decade – we can only mitigate this disaster and its effects. But we can prevent ARNCs. The prevention agenda includes early warning and preparedness, and targeted interventions aimed at specific areas in which HIV/AIDS interacts with governance.

### 6.1 Early warning

There is adequate early warning of ARNCs. We do not know precisely what the symptoms will be, but we can anticipate many likely sources of the pathology.

1. There are good data on HIV prevalence, which for some countries can be disaggregated by occupational and socio-economic category, so that we know for instance which armies and which economic sectors are most affected.
2. Increasingly there are good models of governance and conflict prevention (the work of the ECA – Economic Commission for Africa – on governance indicators is especially relevant to this) that can identify the 'weak spots' at which an ARNC is likely to arise.
3. Special HIV/AIDS-related indicators can be added to the list of governance indicators, for example the degree of social mobilisation of PLWAs, the level of denial, stigma, stigma and discrimination, and the level of openness by the national leadership on HIV/AIDS.
4. Monitoring key aspects of the HIV/AIDS pandemic and responses to it is becoming a priority for international responses. As these systems develop they will generate additional data and analysis.
5. Utilising the available information and models, a preliminary model of an ARNC early warning system can be established. This should be a priority area for institutional collaboration within the UN system.

### 6.2 Preparedness

The prospect of ARNCs should shape both the governance agenda and the HIV/AIDS programming

agenda. It is not enough simply to do both to the best of our ability, according to best practices for each area separately. The interaction of HIV/AIDS and governance creates its own dynamics and its own priorities. We must begin to develop a *special 'HIV/AIDS governance' agenda*. Along with common involvement in early warning for ARNCs, this might include items such as special attention to HIV/AIDS in the military, policies on PLWAs holding public office, education and training, and institutional coordination.

### 6.3 AIDS in the military

For a long time, this was a taboo subject, but increasingly there is open discussion of this problem, including sharing experiences and best practices. HIV/AIDS in the military is belatedly achieving its rightful place in national and international programming. There is a pressing need for a continent-wide working group on the subject, to:

1. share information and experiences and identify best practices for replication in the areas of prevention, care, treatment, civilian-military relations and other areas;
2. examine the governance, peace and security implications of HIV/AIDS and the military;
3. act as an advocacy forum to ensure that this issue is prioritised in international HIV/AIDS programming.

Demobilised soldiers and war veterans should not be overlooked. They have legitimate demands on public action, and may be well-mobilised and able to take unilateral action in pursuit of their claims.

### 6.4 PLWAs holding public office

We need to pay special attention to a particular subcategory of PLWAs: those holding public office (PLWAs-HPO). These individuals are potentially both an asset and a liability. We do not want to force PLWAs to leave public office (or indeed any positions of authority in the public, private or voluntary sectors). On the contrary, their continued engagement in their positions and their careers is necessary and welcome. Those who are ready to publicly admit their status can be symbols,

opinion-formers and role models. But they can also be the lead agents in creating ARNCs. Special policies are required for PLWAs-HPO.

1. PLWAs-HPO have different needs and interests to their counterparts who are not living with HIV/AIDS. Their needs for treatment and for an income for their families are issues demanding a public policy response. The negative response would be dismissal. A positive response would be provision of treatment and care, and assistance to dependents. Ideally this should be done without violating the principle of equity: all PLWAs should have access to these. Unfortunately, pragmatism may dictate prioritisation.
2. At present, voluntary counselling and testing is confined to dealing with the *personal* implications of living with HIV/AIDS, including especially family relationships. But for PLWAs-HPO, the *governance* implications are important too. Counselling on how to handle social and governmental responsibilities is one element.
3. Another, less palatable element is scrutiny for abuse of office. Ideally, all public servants should be subject to the same high standards of scrutiny. In reality, where oversight mechanisms are weak, difficult choices have to be made. The national security agenda of maintaining governance and peace may run into conflict with the individual public servant's right to privacy, but this is a conflict of interest that may have to be resolved in favour of the public interest.

### 6.5 Education and training

The toll of the HIV/AIDS pandemic on Africa's skilled and experienced labour force is well-documented. The toll is exacerbated by high rates of emigration to developed countries. These two factors may combine in a vicious spiral: just as AIDS kills off professionals and skilled workers, the remainder are further encouraged to leave by the AIDS-related economic downturn and social decay. This component of ARNC prevention demands imaginative new forms of international partnership, perhaps enlisting the health and education services of developed countries as well as development cooperation departments in training programmes.

## 6.6 Institutional co-ordination

The prospect of ARNCs demands that there is policy coordination between institutions that normally do not need to work closely together. Within national governments it demands cooperation between ministries of health, finance, defence, interior, and labour and social affairs. At an international level it demands coordination between institutions that deal with peace and security and those that deal with economic development and health. The requirement is not merely that these parallel institutions share information, but that the area of institutional overlap is prioritised.

## 7 Conclusion: an HIV/AIDS governance is needed

This article has sought to explore some of the wider dimensions of the HIV/AIDS pandemic in Africa. It has been deliberately pessimistic. Its conclusion is that responding to HIV/AIDS should not be merely at the head of the list of Africa's domestic policy agenda, and its international cooperation agenda, but that it should strongly influence *every item* on that agenda. We need, in short, a special model of governance for the next decade: an HIV/AIDS governance. We need to pay heed to the possibility that several contemporary crises in Africa are harbingers of a syndrome that will afflict the continent over the coming years.