

How AIDS affects the labor force in southern Africa

Country	Labor Force Losses Due to HIV/AIDS	
	by 2005	by 2020
Botswana	– 17.2 percent	– 30.8 percent
Lesotho	– 4.8 percent	– 10.6 percent
Malawi	– 10.7 percent	– 16.0 percent
Mozambique	– 9.0 percent	– 24.9 percent
Namibia	– 12.8 percent	– 35.1 percent
South Africa	– 10.8 percent	– 24.9 percent
Tanzania	– 9.1 percent	– 14.6 percent
Zimbabwe	– 19.7 percent	– 29.4 percent

Both students and teachers in Africa have high rates of AIDS infection and death. In the first 10 months of 2000, for example, Zambia lost 1,300 teachers to AIDS. That's two-thirds of the number of new teachers the country graduates in a year. Perhaps this explains why early on, many people believed education itself was a cause of AIDS.

The fallout from AIDS on individuals and families ultimately affects the larger economy. AIDS saps production in key sectors, such as farming. Thus AIDS is hitting Africa's food security. Many farms are reverting to subsistence agriculture—done to feed just one's family—rather than cash crops grown to make a living. To give an example from another sector: because of AIDS, Zambia reportedly doesn't have enough engineers to maintain its electrical plants, so power failures repeatedly occur.

AIDS also erodes morale, weakens people's confidence in the future, and undercuts willingness to save and invest. In Botswana, for instance, gross domestic product (GDP, a country's total output) will be 40 percent lower over 25 years than it would be without AIDS.

The High Levels of AIDS Infection in Namibia, Botswana, and South Africa

While AIDS has hit Africa harder than any other continent—in terms of health, economics, and social costs—within Africa AIDS has spread through three countries particularly aggressively: Namibia, Botswana, and South Africa. Cases multiply for various reasons, including the type of work people do, government responses to the disease, and people's beliefs about AIDS.

Namibia

AIDS is the No. 1 cause of death in Namibia. Because Namibia exports so much of what it produces, its economy has a large transport sector. That means many truck drivers spend a great deal of time on the road for long hauls. Away from their wives and children, many of them visit the prostitutes they find at truck stops. The prostitutes become infected, then spread AIDS to their other “customers.” Construction workers are another group likely to be away from their families for extended periods. Such men often seek sex from younger girls. The girls are even less likely to seek to protect themselves against disease than are prostitutes.

Public health posters in the truck stops and other places where these mobile workers gather promote condom use as a way to prevent AIDS. But traditional attitudes prevent people from using them as much as they should. Many Namibians are reluctant to discuss sexual matters openly. And many traditional Christians feel that it's not right to sell condoms to those engaging in sex outside of marriage.



Workers clear hills alongside a highway in Rwanda, where there's been a construction and development boom since the 1990s.

Photo by Mary Knox Merrill / © 2009 The Christian Science Monitor

Laborers such as road crews tend to be away from their families for extended periods, and they often seek sex from outside marriage as a result.

The AIDS crisis may be more severe in Namibia than in some other countries. But many of the same factors are at work:

- family life disrupted by men's need to work away from home
- traditional attitudes that make it hard for people to talk frankly about dangerous behavior
- people having multiple sexual partners at the same time
- young women or girls in relationships dominated by older men.

Namibia illustrates the toll AIDS has taken on life expectancy in Africa. You may be used to thinking that people today naturally live longer than their grandparents and great-grandparents did. But AIDS has changed that in Africa.

Two of Namibia's main groups of black Africans have a life expectancy of 43 years, for instance, while the average Namibian lives about 49 years. Both ages are lower than they should be. Health experts worry that it may take until the middle of this century before life expectancy for all Namibians returns to where it was toward the end of the twentieth century—an overall average of 61 years. South Africa, Lesotho, Zambia, and Swaziland are seeing the same pattern.

Botswana

Botswana has the highest rate of AIDS infection in the world. Up to 40 percent of the adult population may be affected. One infant out of every 8 born in Botswana has AIDS at birth.

The disease spread mostly silently through the population once it got a foothold. Like Namibia, Botswana has many migrant workers. People saw AIDS infection as a severe **stigma**—*symbol of disgrace*. That didn't make it easier for people to seek help. Even once most people had an idea of how the disease was spread, they were reluctant to change their behavior.

But unlike in some other places, AIDS got the attention of Botswana's leaders. "We are threatened with extinction," President Festus Mogae told the UN General Assembly in 2001.

"People are dying in chillingly high numbers. It is a crisis of the first magnitude."

In January 2002 Botswana became the first country in Africa to offer the expensive drugs used to treat AIDS to all who need them. It distributes them through the public health system. Observers say that if any country in sub-Saharan Africa can fulfill such a commitment, it's Botswana. But the idea of treating those already infected with AIDS is controversial. Many people argue that it's too late for those who have the virus; resources should go to prevention instead, they say.

fastFACT

AIDS drugs can be hard for patients to take. Not that they're hard to swallow, but AIDS patients tend to have a lot of pills and a complicated schedule to follow. This can be challenge enough for well-off Westerners who live with clocks and calendars and are used to following written instructions. It's much harder in places like Botswana. If people take their pills in the right way at the right time, they can defeat the virus, or at least hold it off for quite some time. But if they don't hit the virus with the full power of the drugs, the virus can develop a resistance to them. "The human immunodeficiency virus is a clever one," says Botswana's Dr. Banu Khan.



With their mother in the hospital with AIDS for the past six months, these South African children ranging in age from 9 months to 18 years are left to fend for themselves.

Photo by Melanie Stetson Freeman / © 2006 The Christian Science Monitor

South Africa has the largest HIV caseload in the world.

Often drugmakers are reluctant to cut prices for these expensive pills. In Botswana, however, several pharmaceutical companies have agreed to provide medications at significant discounts.

South Africa

South Africa has the largest HIV caseload in the world. Yet for years, its president followed policies that hindered the country's fight against the disease. Thabo Mbeki, who succeeded Nelson Mandela as South Africa's president, rejected scientists' claim that HIV is the sole cause of AIDS. Instead, he suggested that poverty could be the problem. His government rejected offers of free drugs and grants and delayed implementing a treatment program.

In 2008, after he left office, a Harvard University study concluded that policies growing from Mbeki's "denialism"—including the slow introduction of drugs to treat AIDS between 2000 and 2005—led to the needlessly early deaths of 330,000 HIV-positive people. It also led to about 35,000 babies being born with HIV during the same period, the study found.

PEPFAR

But there is hope. Recognizing the toll AIDS was taking on Africans, US President George W. Bush in 2003 launched the President's Emergency Plan for AIDS Relief (PEPFAR). During the next five years, the program spent almost \$20 billion to get more AIDS drugs to people with HIV and AIDS in poor countries. It is one of the most expensive foreign aid programs ever.