

Appendix 11. Data Tables relating to HIV/AIDS in Southern Africa

Table 1
Number of People Living with HIV/AIDS in Southern Africa in 2001 ('000)

Country	Adults ¹	Women ¹	Women, percent of total	Children ²	Total	Adultrate ³	Deaths	Orphans ²
Angola	320	190	54%	37	350	6%	24	100
Botswana	300	170	52%	28	330	39%	26	69
Lesotho	330	180	50%	27	360	31%	25	73
Madagascar	21	12	55%	1	22	0.3%	0	6.3
Malawi	780	440	52%	65	850	15%	80	470
Mozambique	1,000	630	57%	80	1,100	13%	60	420
Namibia	200	110	48%	30	230	23%	13	47
South Africa	4,700	2,700	45%	250	6,000	20%	360	660
Swaziland	150	89	52%	14	170	33%	12	35
Tanzania	1,300	750	50%	170	1,500	8%	140	810
Zambia	1,000	590	49%	150	1,200	22%	120	570
Zimbabwe	2,000	1,200	52%	240	2,300	34%	200	780
Totals	12,101	7,061	49%	1,092	14,412		1,060	11,060

¹Adults and women: 15-49 years of age; ²children and orphans: 0-15 years of age;

³ rounded percents.

Source: UNAIDS, UNICEF, and WHO Epidemiological Fact Sheets, 2002

Table 2
Increase in Reported AIDS Cases in Southern Africa, 1980s to Present

Country	Number of Cases			Percent increase, 1995 to end year
	Base year ¹	1995	End year ²	
Angola	1985: 4	427	2000: 1,271	198%
Botswana	1987: 3	1,172	1998: 2,992	155%
Lesotho	1986: 1	341	2000: 3,760	1,003%
Madagascar	1988: 1	6	2001: 6	0
Malawi	1985: 17	5,209	1999: 1,711	-67%
Mozambique	1986: 1	1,380	2000: 7,800	465%
Namibia	1992: 430	1,836	2000: 4,503	145%
South Africa	1992: 2	4,219	1996: 738	-82%
Swaziland	1987: 1	154	1999: 1,259	717%
Tanzania	1983: 3	4,722	2000: 11,673	147%
Zambia	1984: 1	5,950	1997: 1,676	-71%
Zimbabwe	1987: 119	13,356	1998: 4,113	-69%

¹First year cases were reported; ² last year cases were reported.

Source: UNAIDS, UNICEF, and WHO Epidemiological Fact Sheets, 2002

Table 3.
Southern Africa: Trends in Pregnant Women's1 Median HIV Prevalence Rates (UNAIDS, UNICEF, and WHO Epidemiological Fact Sheets, 2002; approximate percents taken from graphs)

Country	Urban		Rural	
	Base year, rate	End year, rate	Base year, rate	End year, rate
Angola	1987: 0.3%	2000: 3.4%	no year, 7%	no year, 8%
Botswana	1991: 6%	2001: 45%	1991: 5%	2001: 35%
Lesotho	1992: 6%	2001: 42%	1993: 3%	2001: 20%
Madagascar	no data			
Malawi	1991: 20%	2000: 25%	1993: 5%	2000: 22%
Mozambique	1993: 2%	2001: 14%	1995: 11%	2001: 10%
Namibia	1993: 4%	2001: 30%	1993: 3%	2001: 18%
South Africa	1993: 3%	2001: 25%	1995: 7%	2001: 25%
Swaziland	1993: 4%	2001: 33%	1993: 3%	2001: 35%
Tanzania	1991: 25%	2000: 17%	1991: 8%	2000: 15%
Zambia	1991: 25%	2000: 33%	1991: 17%	1999: 13%
Zimbabwe	1991: 19%	2001: 30%	1991: 18%	2001: 33%

¹Pre-natal clinic attendees.

Table 4.
Projected Labor Force Losses in Southern Africa due to HIV/AIDS (percents)

Country	National labor force		Agricultural labor force		Estimated decrease in agricultural production ¹
	by 2005	by 2020	1985–2000	1985–2020	1985–2020
Botswana	-17.2	-30.8	-6.6	-23.2	-7.0
Lesotho	-4.8	-10.6			
Malawi	-10.7	-16.0	-5.8	-13.8	-4.1
Mozambique	-9.0	-24.9	-2.3	-20.0	-6.0
Namibia	-12.8	-35.1	-3.0	-26.0	-7.8
South Africa	-10.8	-24.9	-3.9	-19.9	-6.0
Tanzania	-9.1	-14.6	-5.8	-12.7	-3.8
Zimbabwe	-19.7	-29.4	-9.6	-22.7	-6.8

¹Adelski's calculations based on USDA's formula of a 0.3% decrease in production for every 1% decrease in the supply of labor, in Shapouri and Rosen 2001.

Source: de Waal and Tumushabe, 2003

Table 5
Change in Number of Hectares and Metric Tons of Cereals Harvested in Southern Africa, 1990-1999

Country	Hectares harvested			Metric tons produced		
	1990	1999	Percent change	1990	1999	Percent change
Angola	775,127	887,148	15	248,500	549,781	121
Botswana	202,900	97,300	-52	52,630	29,800	-62
Lesotho	233,450	175,809	-25	241,903	173,852	-28
Malawi	1,425,342	1,587,563	8	1,413,293	2,634,797	86
Mozambique	1,549,497	1,762,392	14	734,326	1,821,615	148
Namibia	214,180	330,668	54	97,948	71,595	-27
South Africa	6,146,300	4,570,283	-26	11,555,300	10,034,513	-13
Swaziland	93,377	63,215	-32	99,469	114,000	15
Tanzania	2,627,560	3,153,693	20	3,842,000	3,800,502	-1
Zambia	895,163	760,426	-15	1,210,317	1,057,419	-13
Zimbabwe	1,575,933	1,903,450	21	2,560,241	1,986,960	-22
Region	15,738,829	15,291,941	-3	21,966,407	22,264,834	1.4

Source: Agricultural Tables.xls, no date

Box 1.
HIV/AIDS Impacts and Responses in a Farming Household

- Adult becomes sick
- S/he reduces work
- Replacement labor is imported, perhaps from relatives
- Adults work longer hours on farm
- Health care expenses rise (e.g. drugs, transport)
- Household food consumption is reduced
- Households switch to labor-intensive crops and farming systems and small livestock
- Nutritional status deteriorates
- Adult stops work
- Increased care for the sick adults, less time for child care
- Divisible assets are disposed (e.g. livestock)
- Debts increase
- Children drop out of school to help with household labor
- Adult dies
- Funeral expenses arise
- Household may fragment as other adults migrate for work
- Reduced cultivation of land, more left fallow
- Inappropriate natural resource management may lead to increased spread of pests and diseases
- Effects of knowledge loss intensify
- Increased mining of common property resources
- Access to household land and property may be affected (regarding rights of surviving widow)
- Solidarity networks strained, possibly point of exclusion
- Partner becomes sick
- Downward spiral accelerates.

(Gillespie S., Haddad, L., Jackson, R., 2001)

Households in Malawi, Zambia, and Zimbabwe with chronically ill household heads (proxy HIV/AIDS individuals) cultivated less cash and cereal crops, and more tuber crops:

Table 6
Change in Cropping Patterns¹ with a Chronically Ill Household Head

Household head	Percent of cash crops	Percent of tuber crops	Percent of cereal crops
Healthy	14	28	58
Chronically ill	5	53	42

¹Percent of area or production not specified.

Source: SADC FANR, 2003

Proxy indicators for HIV/AIDS in Zambian households indicate that the disease increases the household cereal gap:

Table 7
Zambia: HIV/AIDS Proxy Indicators and Change in the Household Cereal Gap

Indicators	Percent change in household cereal gap
<i>Morbidity indicators</i>	
Chronically ill household head	+26
Chronically ill adult 15-59 years	+21
<i>Mortality indicators</i>	
Death of household member in last 6 months	+8
Death of adult 15-59 years in last 6 months	+9
<i>Hybrid morbidity/mortality indicators</i>	
HIV/AIDS-affected households	+16
Highly affected households	+26
<i>Dependency ratio indicators</i>	
Orphans in the household	-3.5
No adults 15-59 years in the household	+15

¹Cereal gap: unmet annual household grain needs after all actual and predicted availability and access to food has been exhausted.

Source: SADC FANR, 2003

Staple food production and income from cash crops decreases considerably in households without an active adult, i.e. those households composed of the young (less than 15 year) and the elderly (60+ years):

Table 8
Change in Crop Production in Households Without an Active Adult: Malawi, Zambia, Zimbabwe

Country	Percent change in cash crop income	Percent change in Tuber production	Percent change in Cereal production
Malawi	-51	-26	-53
Zambia	-85	-69	-57
Zimbabwe	-77	no data	-24

Source: (SADC FANR, 2003).

Incomes in households in Malawi affected by HIV/AIDS, based on SADC's proxy variables, decreased considerably:

Table 9
Malawi: Effects of HIV/AIDS on Household Income

HIV/AIDS proxy	Percent change in per capita income	Percent change in household income
Extremely high dependency ratio (household members are <15 or >59 years of age)	-37	-65
No active adults	-31	-55
Recent active adult death	-35	-24
Chronically ill active adult	-66	-49

Source: SADC FANR, 2003