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**Senior Policy Seminar on the
Socio-Economic Impact of HIV/AIDS on
Households and Families in Africa**

Statement

By

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United Nations Under-Secretary-General
Executive Secretary of the Economic
Commission for Africa**

**2 - 4 October 1995
Addis Ababa**

H.E. Dr. Adam Ibrahim,
Minister of Health,
Distinguished Participants,
Ladies and Gentlemen,

It gives me great pleasure to welcome you to this senior policy seminar on the **Socio-Economic Impact of HIV/AIDS on Households and Families in Africa**, a topic which has now forced itself to the top of the agenda of our social concerns. I would also like to thank and welcome, in particular, H.E. Dr. Adam Ibrahim, the Minister of Health for having taken time off his busy schedule to open this seminar.

Since it was first reported, barely two decades ago, the HIV/AIDS pandemic has progressed unabatedly to its current alarming levels. According to the latest estimates released by the World Health Organization in April 1995, the Human Immuno-Deficiency Virus (HIV) has infected almost 20 million adults and children world-wide, culminating in over 2 million AIDS cases. Furthermore, projections indicate that by the year 2000, cumulative totals of 30-40 million men and women will have been infected, and 12-18 million will have developed AIDS. In Africa, the HIV infection, which is greatly facilitated by Sexually Transmitted Diseases (STDs), is increasing at an alarming rate. With only about 10 per cent of the world's population, Africa now has almost 80 per cent of all HIV/AIDS patients. If these trends continue, Africa will be the hardest hit,

with a cumulative total of over 11 million HIV infections among adults by the year 2000.

The purpose of this senior policy seminar is to provide an opportunity for experts, policy makers and practitioners to examine the socio-economic and cultural impact of HIV/AIDS on households, families, the individual and the society at large, and also to assess the impact of known HIV/AIDS preventive strategies, such as condom promotion, sensitisation campaigns, and the control of STDS, among others. The importance of this seminar lies in the fact it focuses attention on the impact of HIV/AIDS on households and families, a dimension of HIV/AIDS which has, hitherto, received insufficient attention from researchers, donors and policy-makers. This dimension should be adequately understood, assessed and analyzed so that appropriate measures can be introduced and additional debilitating obstacles to socio-economic development can be removed.

If allowed to continue unabated, HIV/AIDS will have serious ramifications for Africa's development prospects. At a macro level, the pandemic is posing a threat to many countries already experiencing unprecedented economic difficulties. In this respect, studies by the World Bank have, for example, indicated that if current trends continues, an annual slowing

down of growth of income per capita, by an average of 0.6 - 1.0 percentage point per country could occur in most of the worst affected countries in Sub-Sahara Africa. Studies by ILO have also indicated that HIV/AIDS is impacting negatively on the African labour force, especially in relation to labour costs and productivity and mounting direct and indirect costs for enterprises and institutions. AIDS also has a direct impact on the cost of labour via the rising cost of medical treatment, early retirement and funeral benefits and additional training programmes. Indirectly, the cost of lower productivity from sickness, absenteeism and staff turnover has to be contended with.

The demographic impact of HIV/AIDS on such key variables as fertility, mortality, population growth and dependency ratio in Africa is still a controversial issue, although some researchers have argued that fertility decline — through delay in first marriage, widespread use of condoms to prevent infection and a reduction in sexual activity during symptomatic stage — may occur. The United Nations estimates that of the 15 hardest hit countries in Africa, approximately 2 million persons, or about 4 per cent fewer people, will exist by the year 2005, as a result of AIDS. In addition, between 1990 and 2005, it is estimated that about 8 years of life expectancy would be lost in these nations. In some countries, child mortality

rates, which had been substantially reduced during the past decade by successful immunization and other childhood survival programmes, are again rising to their 1980 levels because of childhood deaths from AIDS and HIV related complications. There is no cure or vaccine available at present for AIDS, and the primary mode of transmission in Africa makes HIV/AIDS difficult to confront and control. In the most severely affected African countries, AIDS is the major cause of death among adults, affecting the productive segment of the society - namely those between 19 and 49 years of age.

In a recent conference of African Ministers of Health, held in April, 1995 in Cairo, the WHO argued that the direct costs (drug costs, doctor's fees hospitalisation care, food etc.) for treating AIDS patients have greatly surpassed available resources in Africa. For instance, based on estimates of three million adults and one million children living with AIDS in 1995, and assuming that 90% of these cases have access to hospital care, the African Development Group estimated that 2 billion dollars would be necessary in Africa in 1995 to cover the care of patients. These direct costs alone would be nearly equivalent to the health budgets in the continent. Indirect costs — measured in terms of healthy years of life and productivity lost, consequent to disability and disease and death — are no less significant than the direct costs. These range from US\$

890 to US\$ 5,903 per HIV/AIDS patient in the most severely affected African countries.

The AIDS pandemic has aggravated the health crisis in Africa, as it puts enormous pressure on the extremely limited and rapidly deteriorating health infrastructure. UNICEF estimates that during the 1990s more than 10 million children world wide will be orphaned, and most of these will be in Africa, thereby imposing an incalculable and unprecedented socio-economic and psychological burden on individuals, the extended family system and society. In some East and Central African countries, where HIV/AIDS pandemic has spread at staggering rates, more than half of all hospital beds are being occupied by AIDS patients or HIV related complications or opportunistic - especially tuberculosis (TB), and the indications are that the care for AIDS victims would claim up to half of all national expenditure for health in high prevalence countries in Africa if the needs of AIDS patients were to be fully met. There is evidence also to indicate that systems of information, education, and communication (IEC) in Africa have not had the desired impact on HIV/AIDS prevention. Denial, complacency and stigmatisation of infected persons have combined to impede prevention and control efforts in Africa, and there is need for aggressive social mobilization, centred on community participation, with local community opinion leaders being central

to the process, if the pandemic is to be effectively brought under control.

Despite the serious paucity of data on the impact of HIV/AIDS on households and families, *via-a-vis* shocks to their resource endowments, coping mechanisms, production, consumption and investment, it is clear that this most fundamental unit of our society must be facing a severe crisis. Death of adults means reduced earning capacity, and farm inputs and family labour, lower agricultural production, reduced schooling and elevated levels of child malnutrition. Within households and the community, women and young female children are particularly vulnerable to the epidemic as a result of cultural, biological and economic factors. Sexual subordination affects the ability of wives and partners to resist the advances of infected men, or control the developments of outside liaisons by their spouses. In some countries research has shown that wives are still afraid to discuss condoms with their husbands and men resist its usage. Even though marriage is endorsed as a control mechanism, this does not protect brides from already infected bridegrooms. In addition to their inability to negotiate the terms of sexual relations, particular categories of women are vulnerable to rape, sexual abuse and harassment both at home and the workplace.

Domestic workers, young female foster children, refugees and returnees are particularly at risk.

We at the ECA are seriously concerned with the rapid spread of HIV/AIDS and the implication this has on our already fragile economies. Towards this end, ECA, in close partnership with other UN agencies, the OAU and ADB, will continue to advocate best modalities for containing this pandemic. In this respect, we are particularly happy to note the enthusiasm shown by our sister UN agencies, here present, who have agreed to collaborate with us by making time and scarce resources available for the preparation of papers which will be discussed in this seminar.

Recognising the serious consequences attendant to uncontrolled HIV/AIDS, African countries have put in place a number of modalities and strategies which must be seriously implemented to control the spread of this scourge. Among the most prominent of these strategies are: the **DECLARATION ON THE AIDS EPIDEMIC**, adopted by the Heads of State and Government of the Organization of African Unity, during their Twenty-Eighth Ordinary Session, held in July 1992 in Dakar, Senegal; and **TUNIS DECLARATION ON AIDS AND THE CHILD IN AFRICA**, adopted also by the OAU Heads of State and Government, meeting in Tunis in June 1994. In addition,

issues of control and containment are being incessantly addressed by African partners in development. These include: WHO/AFRO, UNICEF, UNDP, UNFPA, ADB, World Bank, ECA, ILO, UNESCO, and GPA, among others. There are also many NGOs working in the HIV/AIDS sector with laudable commitment and dedication.

Distinguished Participants,
Ladies and Gentlemen,

This commitment notwithstanding, enormous challenges lie ahead which must be met in order to overcome the problems of denial, stigmatisation of those living with AIDS, lack of political commitment, socio-cultural obstacles and financial shortages. It is, thus, important to assess the extent to which these initiatives have been implemented and suggest best modalities for enhancing the prospects for their successful implementation.

I thank you for your kind attention and wish you successful deliberations.

PROVISIONAL PROGRAMME OF WORK

Monday, 2nd October 1995

Morning: 08:30 - 13:00

08:30 - 10:00 Registration (Africa Hall)

10:00 - 10:45 Opening Session

- **Statement by Dr. K.Y. Amoako, Executive Secretary of the United Nations Economic Commission for Africa.**

- **Statement by the Ethiopian Minister of Health (H.E. Dr. Adam Ibrahim).**

10:45 - 11:00 COFFEE BREAK

THEME ONE: THE HIV/AIDS PANDEMIC IN AFRICA: A BACKGROUND

11:00 - 11:15 Presentation of the Paper on the HIV Epedemic in Africa: The Two Scenarios. (Dr. Amin Salama/ECA/Clinic).

11:15 - 11:30 Presentation of the Paper on the Relationship between Sexually Transmitted Diseases (STDS) and HIV/AIDS. (Dr. Workneh Feleke MOH/Ethiopia).

11:30 - 12:15 Discussion

12:15 - 12:30 Presentation of the Paper on the Socio-Economic Impact of HIV/AIDS on Households and Families. (Dr. W. Karanja/ECA/SERPD).

12:30 - 13:00 Discussion

13:00 - 14:30 LUNCH BREAK

Afternoon: 14:30 - 17:45

**THEME TWO: THE IMPACT OF HIV/AIDS ON THE VARIOUS FACETS
OF THE AFRICAN SOCIETY**

14:30 - 14:45 Presentation of the Paper on Demographic Consequences
of HIV/AIDS. (Mr. Banda ECA/Population Division)

14:45 - 15:30 Discussion

15:30 - 15:45 Presentation of the Paper on the Socio-Demographic
Impact of HIV/AIDS in Africa.
(Ms. P. Stevens UNFPA/Headquarters)

15:45 - 16:30 Discussion

16:30 - 16:45 **COFFEE BREAK**

16:45 - 17:00 Presentation of the Paper on the Role of Education in the
Control of HIV/AIDS. (Mr. M. Musa/UNESCO).

17:00 - 17:45 Discussion

Tuesday 3rd October 1995

Morning 8:30 - 13:00

08:30 - 08:45 Presentation of the Paper on the Socio-Economic Impact of
HIV/AIDS on Women & Children.
(Dr. Moeti UNICEF/Nairobi/Kenya)

08:45 - 09:30 Discussion

09:30 - 09:45 Presentation of the Paper on the Socio-Economic Impact of
HIV/AIDS on the Labour Force. (Dr. Ruigu ILO/EAMAT)

09:45 - 10:30 Discussion

10:30 - 10:45 **COFFEE BREAK**

10:45 - 11:00 **Presentation of the Paper on the Socio-Economic Impact of HIV/AIDS on Health Services (Dr. Mwabazi WR/WHO).**

11:00 - 11:45 **Discussion**

THEME THREE: POLICY OPTIONS AND STRATEGIES FOR THE CONTROL OF HIV/AIDS IN AFRICA

11:45 - 12:00 **Presentation of the Paper on the Government Policies and the Implementation of AIDS-IEC and Condom Promotion. (Drs. I. Quaidoo/Gikonyo UNFPA/Nairobi/Kenya)**

12:00 - 12:45 **Discussion**

12:45 - 14:30 **LUNCH BREAK**

Afternoon: 14:30 - 16:30

14:30 - 14:45 **Presentation of the Paper on the Importance of Socio-Cultural Factors in the Control and Prevention of HIV/AIDS in Africa. (Dr. M.Kisekka UNFPA-Country Team)**

14:45 - 15:30 **Discussion**

15:30 - 15:45 **Presentation of the Paper on the Role of UNDP in the Fight Against HIV/AIDS in Africa. (Ms. Mulu, UNDP).**

15:45 - 16:30 **Discussion**

16:30 - 16:45 **Presentation of the Paper on the Impact of HIV/AIDS on women and Children in Ethiopia. (Ms. Tadelech, Ministry of Women Affairs, Ethiopia).**

16:45 - 17:30 **Discussion**

E/ECA/PHSD/SDU/95/1
October, 1995

Wednesday 4th October 1995

16:30

Preparation of the Report

16:30 - 18:00

Adoption of the Report and Closure of the Meeting.