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Forum 4: “Africa and the Millenium Development Goals”

Initial Statement

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AIDS means there are a number of places in the world where the development picture is extremely bleak. This is particularly the case in countries of Southern Africa. In Swaziland, the worst affected country in the world, HIV prevalence in antenatal clinic attenders is 42.5 %. Over a third of adults are affected. Similar levels hold in Botswana, and in my province – Kwazulu-Natal in South Africa. It is estimated by the South African Department of Health, that there are over 6 million adults infected in my country. That is twice the population of Berlin. But in many places, these figures are an underestimate. The true situation is very much worse. These survey figures are snapshots, we need to talk about the lifetime chance of being infected by this disease. Which in Botswana for a woman aged 15, is at least 85 %. In other words, in many African countries, a young person today has 75% chance of being infected, falling ill and die from this dreadful disease. This will be the case unless something happens. Unless prevention starts to work, and starts to work now.

Let me now turn to the impact. What does this actually mean for us, for Africa, for the millennium development goals. And I have to be honest with you part of the answer is that we simply do not know. We do not know what this is going to mean for democracy. We do not know what this is going to mean for security. We do not know what this is going to mean for the next generation, for children. There are some things so that we do know: We know that someone who is infected will on average fall ill and die some 8 to 10 years after being infected. But despite the recent advances in treatment especially drug therapy, treatment remains a distant prospect for most. There are few, very few, who will get the treatment ticket in the lottery of life.

We have two clear impacts that I want to dwell on for a minute. The first is that AIDS means there will be an increased demand for treatment and care. And if this is not provided by the public sector it has to be provided by the communities and by the families. And those are the people who are at least able to do so. One of the backhanders of this epidemic is that those

who fall ill and die are the bread winners, the farmers, the factory workers, the bank clerks, the civil servants and the policemen. The disease also primarily impacts the women. They are people we do not usually expect to see falling ill. And they are also by the way the parents and the supporters of the elderly.

South Africa is unique: we have social security grants and old age pensions. This can help the most vulnerable. In most of Africa that is a distant dream. When the breadwinner in the family dies, then the family has lost everything. What about treatment? Well, the lowest cost I have seen including drugs testing, staff and infrastructure, is at least €10 per patient per year. This puts it very beyond the reach of most. The capita GDP is below this in many African countries. This puts it beyond the reach of most governments not just individuals. If we are to provide treatment, and I believe we should, it has to be for life. Because, to stop treatment, will condemn people to death, to certain and rapid death. And that is why we need to ask, if development is sustainable. Because I have to tell you there is no way that the poor people who are being put on treatment in Windhoek, in Lusaka, in the countries across Southern Africa, across most of Africa, will ever be able to afford that treatment. And if you are going to make the commitment to provide treatment, then that commitment has to be for the rest of their lives. Is development sustainable in this setting? I do not have the answer, but let me pose the question to you. And hope that we have the courage to address it.

Now death of course is a measurable event. Deaths are and will occur in their millions. And this is why - as Evelyn Herfkens will say I hope - that the MDGs are under such threat. We both read a UN population division report. It is called „Population development and HIV: with particular emphasis on poverty’, What this tells us is that under five mortality in the worst affected countries is a 152 per thousand. On average in the developing countries it is just 89. Reducing infant and child mortality is a millennium development goal. Will we meet it? I doubt it.

Of course you have to be alive to enjoy the benefits of developments, anyway, whether it is sustained or not, AIDS is hammering life expectancy across Africa. From the same UN report, life expectancy in the seven worst affected countries today is just 41.3 years. Without HIV it would have been 63 years. By 2015, it will have declined further to a mere 37.6 years. Today, a woman in Germany can have a live expectancy of close to 83 years, and by 2015, who knows what it will be.

A Zimbabwean has a life expectancy of 33 years. I have to ask if sustainable development and reaching the millennium development goals is possible. And all this is new and unexpected. But perhaps Germany has something to teach us. In the immediate post-war period, Germany had lost huge numbers of working-age people, you had an orphan population. Of course you had skills you had a nation with an inflow of aid, you had a Marshall plan and you did have a nation. But, can you teach us - again it is a question I pose - that I can not answer.

And my fourth and final point. This epidemic is a long wave event. The millennium development goals talk about 2015. AIDS is going to continue well beyond that. The UN report says even if there were no new infections after 1st of July, a sweetly optimistic view, deaths would still be rising in 2010, and the reality as the report recognises is that we can expect to continue to see AIDS mortality rising until 2023. We know from Uganda that orphaning peaks 14 years after HIV pregnancy peaks. This means that in South Africa if HIV peaked today orphaning would only peak in 2019. Four years beyond the millennium development goal target date.

I believe that HIV/AIDS in Africa represents the major challenge for the millennium development goals today. It means that some goals are going to be unachievable, it means that sustainable development is something we have to talk about and think about and I really do urge the Council to explore what sustainable means. It means that African countries are not going to graduate from needing support. Not if we treat the people. If we treat the people, support will have to continue.

I have made a number of provocative statements. At least I hope I have. I have right to do this for two reasons. The first is this is not the first time I have said this. I have been saying this for ten years now. And nobody listened. So are you listening? And if you are, what are you going to do about it. And the second thing is, in the last five years I have watched friends and colleagues, and people I personally employed falling ill and dying. I am tired of it.

But in conclusion, and this is the message which is particularly important for this meeting, is that the best way to deal with HIV/AIDS is through sustained equitable development. Development that particularly addresses gender. It is the best weapon that we have in our armoury. If we can achieve sustained - and if we can achieve equitable, fair, and steady development, we make it harder for HIV to spread and we make it easier to fight the impact of AIDS. But, ladies and gentleman, it is a battle, and it is going to take a long time. Thank you.