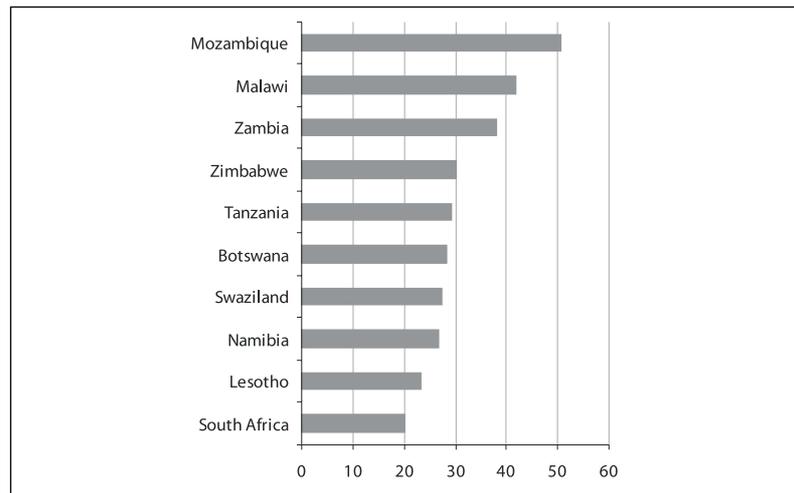


Figure 5: Human Poverty Index (%) (1998)



Source: UNDP (2000)

Challenges to Social Development

Food security Food insecurity has been a recurrent phenomenon in southern Africa. It has happened in the past, it is here at present and will recur in the future. The region suffered a chronic food and humanitarian crisis in 1992 as a result of drought conditions affecting 18 million people. As Table 12 illustrates, not only is food insecurity a persistent problem in the region, but it is on aggregate an increasingly pervasive problem too. It is therefore not surprising that the issue of food security has featured prominently on the SADC agenda, as indicated by the adoption of a Regional Policy and Strategy for Food, Agriculture and Natural Resources in 1992 and the revised 'Food Security Strategy Framework' in 1997. However, despite this policy framework, southern Africa is again facing a serious food and humanitarian crisis, which started in the 2001/02 season and is affecting over 14 million people. Six SADC countries have borne the brunt of the crisis,

namely Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.

Table 12: Percentage of undernourished people in total population

Countries	1979–81	1990–92	1998–2000
SADC	33	42	54
Angola	37	61	50
Botswana	30	17	25
DRC	33	32	73
Lesotho	30	27	26
Malawi	26	49	33
Mozambique	55	69	55
Namibia	20	15	9
Swaziland	14	10	12
Tanzania	28	36	47
Zambia	26	45	50
Zimbabwe	26	43	38

Source: FAO (2002)

A combination of factors is responsible for this situation. Climatic conditions account for the immediate cause of the crisis, with drought and excessive rainfall adversely affecting crop planting and harvesting, and consequently leading to falls in production. It could, however, be argued that such climatic variability in the region is normal rather than exceptional. Other factors, which increasingly account for the crisis, are longer-term livelihoods failure, inappropriate policies in some countries, as well as the devastating impact of the HIV/AIDS pandemic (Devereux & Maxwell 2003; UNECA 2003).

The United Nations Consolidated Appeal for Humanitarian Assistance to the affected southern African countries was launched in July 2002. The amount of money required was US\$611 million of which US\$507 million was for food aid, US\$31 million for agricultural recovery and US\$48.2 million for health and other needs. It is expected that actual needs may exceed this estimated amount, as the situation may get worse.

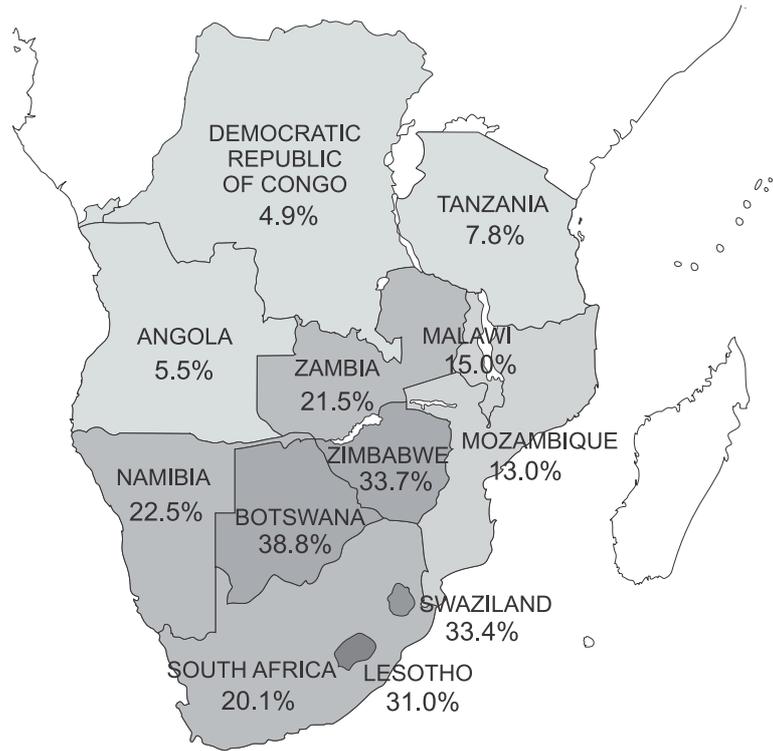
Angola is also affected but in a different context; its food and humanitarian needs are being addressed under a separate appeal (UNECA 2003).

While many SADC leaders made a commitment at the 1996 World Food Summit to implement policies to improve nutritional status, evidence suggests that little progress has effectively been made in this regard in many countries. It is therefore critical that food security and nutritional status within SADC be improved; failure here will undermine the attainment of the millennium development goals, especially in relation to universal primary education, gender equality, reducing child mortality, improving maternal health, combating HIV/AIDS, and ensuring environmental sustainability (UNECA 2003).

HIV/AIDS pandemic Even though the HIV/AIDS pandemic is of global concern, the effects of the disease are most profoundly felt in sub-Saharan Africa. According to UNAIDS (2002), an estimated 28.5 million people or roughly 70 per cent of all global HIV infections are found in sub-Saharan Africa, and the disease is now the leading cause of death on the continent. The SADC region in particular bears a disproportionate burden of HIV/AIDS cases, with certain member states having the world's highest rates of HIV infection. The adult prevalence rates exceed 30 per cent in Botswana, Lesotho, Swaziland and Zimbabwe (Figure 6) (SADC FANR⁶ 2003). The lowest prevalence rates in the region are found in Tanzania, the DRC and Angola. It is important to note that in the case of Angola the low estimate may be due to the poor availability of reliable data. Nonetheless, Angola has all the structural vulnerabilities to facilitate a rapid increase in the HIV/AIDS pandemic, including a breakdown in health services and access to STI treatment and care, social and economic disruption, large numbers of uniformed and demobilised soldiers, and a highly mobile population (Steinberg & Bowen 2003).

Unless appropriate measures are taken, the pandemic is likely to have a significant negative impact on the political,

Figure 6: HIV prevalence rate in adults, 15–49, 2001



Source: UNAIDS (2002)

social and economic domains of many of the SADC countries, and will compromise the region's successful progress towards the Millennium Development Goals.

HIV/AIDS is likely to compound poverty in the region, since the disease drastically reduces household incomes by lowering the productivity of those who fall ill. The high levels of poverty and inequality in the region have made the population more susceptible to the accelerating epidemic. For instance, households have to divert scarce resources away from basic

needs to cater for medicine, care and funerals. Moreover, unsafe water and sanitation, which is common amongst the region's rural poor, increases the likelihood of those with HIV/AIDS contracting opportunistic infections. Such infections undermine the immune system and can accelerate the progression from HIV to full-blown AIDS.

The high regional HIV/AIDS prevalence rates are also eroding gains made in providing universal primary education and in promoting gender equality. Young women, who are more susceptible to infection and suffer higher levels of infection rates, are increasingly dropping out of school to assume additional household responsibilities in caring for HIV/AIDS sick and orphaned, and in generating additional income.

It is also increasingly being recognised that household food insecurity in southern Africa cannot be properly understood if HIV/AIDS is not taken into consideration. There is mounting evidence to suggest that households affected by adult morbidity and mortality, and with a high demographic load are significantly more vulnerable to food security shocks than are other households (SADC FANR 2003; Mphahlele 2003; De Waal & Tumushabe 2003). The implication is that HIV/AIDS significantly increased the vulnerability of affected households to severe food insecurity in 2002/03 by eroding traditional strategies used to cope with food insecurity, by reducing the capacity to produce and purchase food, by depleting household assets, and by exhausting social safety nets.

Recognising that the impact of HIV/AIDS is complex and is going to require urgent and innovative responses in forthcoming years, SADC has called for new approaches to food security in the region (SADC FANR 2003). More specifically, a 'three-pronged attack' is advocated to help prevent a downward spiralling livelihood trajectory for HIV/AIDS-affected households:

- Humanitarian assistance programming and government policy;
- A focus on consumption-side support and productivity enhancement; and

- Household and community safety nets.

This will require a series of policy interventions, ranging from those offering immediate relief to longer-term development initiatives. Given the region's financial and resource constraints, the donor community will have to play a substantive role in the provision of both capital and technical assistance to ensure that the envisaged interventions are both operationalised and sustainable.

The State of the Environment in Southern Africa

Biological resources Southern Africa has rich biological resources in a variety of ecosystems that include moist tropical forests in Angola and Zambia, savannas, coastal and mangrove forests, deserts and semi-deserts, and in South Africa the extraordinary diversity of plants of the Cape Floral Region (AMCEN and UNEP 2002). The subregion boasts an average of 57 mammalian species and 136 breeding bird species per 10 000 km² (AMCEN and UNEP 2002). These biological resources are important as they:

- Ensure long-term food security;
- Provide access to genetic resources for crop and animal-breeding purposes;
- Make available many species of plants and animals for medicinal purposes and traditional healing; and
- Are potentially useful for commercial production.

The subregion is facing various environmental pressures. They include the expansion of human settlement, of agricultural and mining activities, as well as of other commercial and subsistence activities. Furthermore, the region faces pressures generated by poaching and an increased trade in plant and animal products, such as black market trafficking in rhino horn.

Subregional cooperation plays a significant role in the conservation of biological resources in southern Africa, and the Southern African Convention for Wildlife Management has