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AIDS and food insecurity: 'New variant famine' in Malawi?

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Introduction

In the midst of the 2002/3 food crisis in Southern Africa social scientists De Waal and Whiteside[1] (well known for their respective work on the social construction of famines and the socio-economic impacts of AIDS in sub-Saharan Africa), hypothesised in the Lancet that the AIDS pandemic was triggering a 'new variant famine' across Southern Africa – a region characterised by recurrent severe food shortages and high adult HIV prevalence rates.

Objectives

This short review considers the applicability of the 'new variant famine' hypothesis to Malawi.

The 'New Variant Famine' Hypothesis

De Waal and Whiteside[1] identified six southern African countries, including Malawi, with declining food production. They also all have high HIV prevalence rates and have experienced recurrent severe food shortages. De Waal and Whiteside[1] proposed this to be 'new variant famine' - a new type of famine exacerbated by the AIDS pandemic. They suggested it is famine characterised by more individuals and households becoming vulnerable, quicker; and being slower, and less able, to recover because AIDS' underlying erosion of health, economic and other coping mechanisms.

Evidence from Malawi

Health professionals in Malawi encounter the clinical manifestations of AIDS and malnutrition on a daily basis in many of their patients. Indeed, the pages of the Malawi Medical Journal testify to inadequate nutrition and AIDS being among the

major conditions afflicting the Malawian population, and underlying many other medical manifestations. Nationally HIV prevalence in Malawi remains high infecting about one in seven adults – adults who would engage in food production. Since 2000, Malawi has declared a food emergency most years. Even in years when no food emergency is declared, large proportions of the population require food aid. Annually in the hungry months the number of children in feeding centres rises.

In the 2002 food emergency AIDS-affected households were particularly vulnerable. The food crisis in early 2002 led to hundreds, maybe thousands, of hunger-related deaths – more than any famine in living memory in Malawi; while maize production fell by over 30% and maize prices rose by over 300%[2]. At the peak of the crisis in February 2003, nearly a third of the population were dependent on food aid.

It is noteworthy that the 'production shock' (i.e. inadequate rainfall) in 2002 was less severe than during the drought of 1991/2. It is suggested there were more deaths because vulnerability was greater. Devereux[2] cites AIDS as a partial cause of that increased vulnerability, alongside soil infertility, reduced access to agricultural inputs, deepening poverty, erosion of social capital, and the relative neglect of smallholder agriculture by development stakeholders over many years. Including agricultural extension weakened by staff absenteeism and vacancies dues to AIDS. There has been an ongoing decline in rural livelihoods in Malawi over the past three decades related to exposure to macro-economic shocks, weather-induced production shortfalls and demographic pressures[3] (leading to decreased land holding size and land conflicts), although there had been some improvement in food security prior to 2002. Some have observed that the primary cause of the 2001-3 crisis was a decline in purchasing power. Reduced purchasing power is also associated with AIDS – people spend time

and resources on medicines, care of the sick and funerals; labour is lost to illness and mortality.

Doubtless, AIDS continues to impact on all aspects of rural livelihoods in Malawi, and has significantly increased vulnerability of the poorest households to acute food insecurity through reductions in capacity for food production and income generation. The impacts of AIDS on food availability, food access and coping capacity are cumulative. However, the effects on food security processes and outcomes vary with different morbidity, mortality and demographic profiles. Most AIDS-infected households, for instance, are female headed. These have been found to have lower farm and non-farm incomes than AIDS-affected households[4].

Conclusion

We conclude that in Malawi, there is some evidence that supports the 'new variant famine' hypothesis. As de Waal and Whiteside predicted, the' new variant famine' they described would appear to have "…become a structural feature of the southern African landscape" (2003: 1236).

Implications

The Malawian government continues to base its main strategy for alleviating poverty on investment in the agricultural sector. Although government policies in agriculture and food security have until recently done little to take AIDS explicitly into account[5], programmes targetting inputs of seed and subsidised fertiliser to small farmers, are aimed at the most vulnerable, among whom are many AIDS-affected households.

Furthermore, non-agricultural livelihoods received less attention in government policy, but they are an important means by which households endeavour to survive, especially in the face of AIDS, when their own subsistence agricultural production is insufficient.

Although there are comprehensive policies in Malawi for government and partner stakeholders to reduce the spread and impact of AIDS[5], more research is needed to elucidate the complex linkages between the AIDS epidemic, food security and nutrition as well as to identify effective strategic interventions.

Editors' Note: The authors are currently engaged in a research project: *Averting 'new variant famine' in Southern Africa*, funded by DFID and ESRC.

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