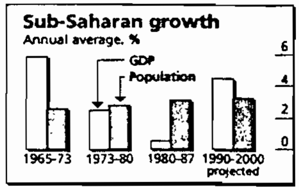
AIDS in Africa



An economic tragedy, as well as a human one

ECONOMISTS, like generals, too often base their next campaign on the lessons of the past. Fifty years ago the military strategists who put their faith in the Maginot Line were confounded by the Nazi blitzkrieg. Today it is possible—put it no higher than that—that economists planning the next stage of the war on poverty in sub-Saharan Africa may be making as big a mistake. They are basing their plans on st demographic trends. What they neglect is the scourge of the age, AIDS.

Rapid population growth is a drag on development; nowhere is this more obvious than in Africa where, since 1960, the delivery of goods and services has barely kept pace with the delivery of babies. Black Africa's population growth has risen from 2½% annually 30 years ago to 3¼% today—the highest rate ever recorded for a region of any size. Its population has doubled since 1965 and, on present trends, will double again to reach 1 billion in 20 years' time. It holds back progress in farming, health, education and much else.

With all this in mind, the World Bank's strategy for African economic recovery in the 1990s, published this week, is people-centred. It calls for an annual investment of 0.8% of black Africa's GNP (admittedly not a big proportion) in population control, along with imaginative measures to boost productivity through increased investment in human capital.

The bolt from hell that threatens to blow this strategy apart, not perhaps throughout the continent but in parts of east and central Africa, is the AIDS epidemic. In contrast to Bank's assessment of population growth slowing to 2¾% early in the next century, some AIDS researchers predict growth as low as 1%, or even, on the bleakest of guesses, an absolute decline by the year 2010.

Time may prove such doomsday projections wrong: demographic forecasts, always fraught with difficulty, are made even more uncertain by AIDS, about which so little is known. But the issue deserves more discussion than the single page it gets in the Bank's report, if only because population issues lie at the heart of its African strategy. The Bank laments the emigration of skills from Africa: there are more than 10,000 trained Nigerians in America alone. But the numbers pale beside some experts' estimates of 1½m-2m African deaths from AIDS-related diseases during the 1990s (such deaths so far probably number around 300,000).

AIDS is by no means the biggest killer in Africa: dysentery, malaria, tuberculosis and measles take a terrible toll, especially among children. AIDS, however, strikes disproportionately among adults. And in economic, though not human, terms, high infant-mortality rates are quite different to high death rates among skilled men and women—doctors, engineers, teachers and administrators—in whose education a country has invested heavily. It is the selective, rather than the total, impact of AIDS on economic performance that is potentially devastating.

To prove Cassandra wrong

If the Bank's Africa strategy is to succeed, governments must cut public-sector deficits, raise domestic savings and increase both the level and efficiency of investment. This will not happen if spending on AIDS victims and their families absorbs a large and growing chunk of the continent's scarce resources, if the return on human capital falls, and if personal savings are depleted by soaring medical expenses while personal incomes are truncated by high death rates among the working-age population. And companies will be reluctant to invest in training if they fear losing workers to AIDS when they should be at their most productive.

It is too late to escape the consequences of the existing incidence of AIDS: 2½m Africans probably have the disease already. But modest investment in AIDS-prevention, especially education and condoms, would pay handsome dividends in the next century. Without it, Africa may be doomed to slip ever further behind the rest of the world.