

# THE FUTURE IMPACT OF HIV/AIDS ON LAND IN AFRICA

by  
**Robin Palmer**  
Land Policy Adviser, Africa  
Oxfam GB  
&  
**Dan Mullins**  
Regional Programme Adviser, Southern Africa  
Oxfam GB

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**A vast literature contains very little mention of the likely future impact of HIV/AIDS on land, livelihoods or production. This is something that needs redressing urgently.** The purpose of this short note is simply to highlight the problem.

The SADC region of Southern Africa is now home to at least one third of the global population of people living with HIV. About 12 per cent of the adult population of Southern Africa is now infected with HIV. As a consequence there and elsewhere in Africa we are beginning to see the following patterns emerging:

- At the household level, people who fall sick with HIV/AIDS are less and less able to work productively.
- So family members begin to devote more time to caring for them.
- So they devote less time to vital seasonal agricultural activities (e.g. planting or weeding).
- When people become sick, **vital physical and social assets like cattle or tools are depleted or sold off** as they or their families draw on their savings to pay for expensive medical care and then funerals, and for the hire of replacement labour. (Some advisers now try to convince infected people to accept that they are dying and not to deplete family assets).
- Once such productive assets are sold (often for artificially low prices), people's future range of activities is reduced.
- People's options become more limited.
- So they become increasingly vulnerable.
- Productivity declines in those activities still undertaken.
- **The quality of assets may also decline** (e.g. labour intensive work to protect against soil erosion may stop as shortage of labour increases).

- People in the most productive age group die off before they can pass on their experience and specialist skills (formal and informal) to the next generation.
- So **the skills and knowledge base within communities declines.**
- In these processes **women are especially vulnerable:**
- (a) **to infection** by their husbands;
- (b) **as widows**, to landlessness and near destitution following **property grabbing** by her husband's relatives - a 'custom' still prevalent in many parts of Africa.
- A widow is left to eke out a living without her land base or other assets.
- She becomes vulnerable to opportunistic illnesses.
- Those left to farm and earn income are disproportionately the elderly and children.
- External supports may also decline as relatively mobile **service providers**, such as NGOs and churches, government extension officers and teachers, themselves **become more deeply affected and infected by HIV/AIDS**, and their staff fall ill and die.

As a consequence, subsistence farming gradually is becoming less and less productive, especially in drier areas and in commodities which need high labour inputs. As the journalist Mercedes Sayagues has written in her excellent article *How Aids is starving Zimbabwe*:

**'African peasant agriculture will never be the same after Aids. But it is taking too long for ministries of agriculture, donors and NGOs to adapt to the grim reality.'** (*Daily Mail and Guardian*, 16 August 1999).

In terms of land tenure reform, **there is a real danger**, where the opportunity and the temptation exist, **that people might sell their land** (together with their other assets) to pay for fruitless health care or costly funerals.

The spectre of possible growing landlessness associated with HIV/AIDS should, at the very least, give serious pause for thought to those who still advocate that **individual titling** is the best, or indeed the only, way forward for land reform.

**Conclusion:** this situation, clearly **leading both to deeper poverty and increased inequity**, calls for **policy and practice changes of the most basic and fundamental nature.**