



**United States Conference of Catholic Bishops  
Delegation to Southern Africa  
October 21-31, 2002**

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Chairman, Committee on International Policy**



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President, Catholic Relief Services**

### **Findings and Recommendations**



Women are among the most vulnerable in southern Africa

A delegation of Catholic Bishops from the United States visited Zambia, Zimbabwe, Malawi and South Africa to assess the plight of more than 14 million people threatened with starvation, and to bring this complex humanitarian crisis to the attention of the American people. The impending disaster is further complicated by a heated debate over the impact of genetically modified grains on human consumption, the environment, agricultural export markets, political turmoil, crushing unemployment, and a high incidence of infectious diseases and HIV/AIDS. A similar humanitarian disaster looms large for Ethiopia where as many as 15 million people are

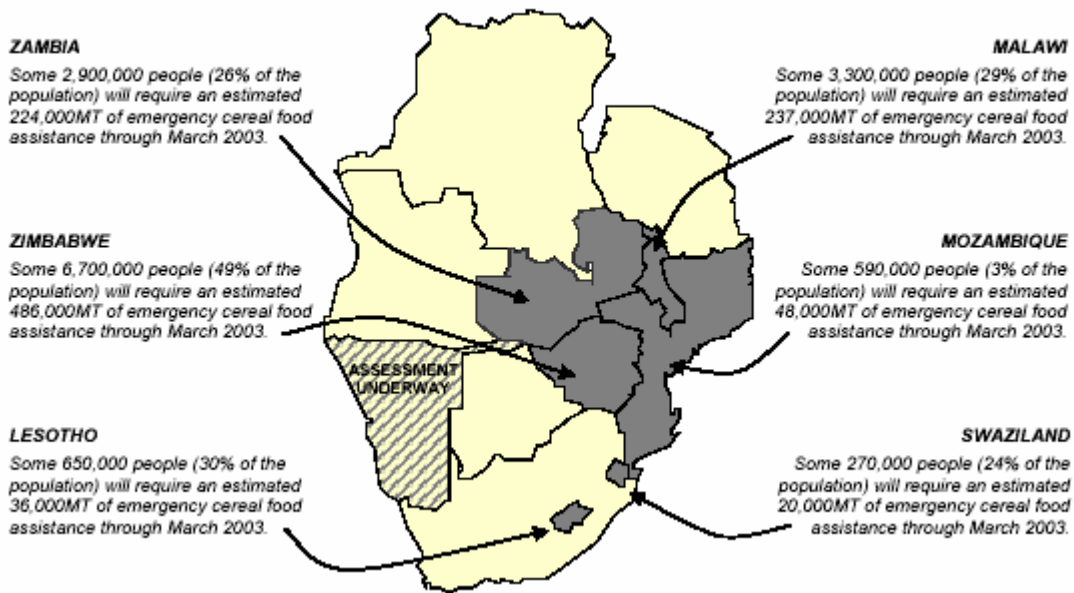
threatened by drought. Poverty, the legacy of war, infectious diseases, and ineffective food security strategies compound the situation and reduce the capacity of people to respond to the crises.

Bishop John Ricard (Diocese of Pensacola/Tallahassee), Chairman of the Committee on International Policy at the United States Conference of Catholic Bishops, Bishop Robert Lynch (Diocese of St. Petersburg), President of Catholic Relief Services, and staff met with government officials, Church leaders, international and national NGO representatives, and other groups in civil society in southern Africa. The Bishops visited areas hardest hit by the drought and listened to people describe its impact on families and local communities. They also visited communities, clinics, and programs providing services to those affected by the AIDS pandemic.



Cardinal Wilfred Napier, Archbishop of Durban, visiting HIV/AIDS ward in Kwa Zulu Natal

## DROUGHT



Source: Southern African Development Community

### Main Findings:

1. The drought that threatens the lives of more than 14 million people in southern Africa is the result of a series of factors that include irregular rainfalls, floods, an explosion of infectious diseases, ineffective food policy strategies, political turmoil, the heavy burden of international debt, debilitating poverty, and unemployment. As people become weaker, as families and communities show decreasing capacity to respond to subsequent emergencies, the impact of the drought itself is exacerbated, creating a cycle that further complicates already existing conditions.
  
2. The drought is causing untold suffering for families confronted with food shortages, a dramatic rise in the cost of basic commodities, and deepening poverty. As the crisis deepens, families are required to implement a number of survival strategies, including:
  - the reduction in the frequency and amount of food consumed (many people are eating only one meal a day or less);
  - the withdrawal of children from schools and their re-deployment in the economic sector, or to care for sick parents or other family members;
  - the increased incidence of women and girls engaging in prostitution to help supplement household income;

#### *The Threat of Famine*

- Over the next year, nearly 4 million metric tonnes (MT) of food assistance will be needed to meet the minimum food needs of the region's population; 1.2 million MT are needed immediately to feed those going hungry.
  
- The total shortfall of food in Zambia now stands at 71.3% while in Zimbabwe, shortfalls stand at 65%
  
- In the worst-affected southern African countries, as many as 300,000 malnourished people will die of diseases they would have otherwise fought off.

Source: OXFAM, UN, WHO

- the sale of family assets such as bicycles, televisions, farm tools, livestock, roof sheeting, and homes and land; and
  - the foraging for roots and wild plants for food.
3. The governments in southern Africa are distinctively ill-equipped to address the food crisis because of deep recession, decline in foreign investment, political turmoil, health crises, threats to social stability, and high international debt service obligations.
  4. The demands for emergency food assistance will increase in the six most affected countries in southern Africa (Malawi, Zimbabwe, Zambia, Swaziland, Lesotho, and Mozambique) in the coming months, particularly in the months of December 2002 through April 2003, and could continue well into 2004 if drought or other problems continue.
  5. In the case of Zambia, the provision of emergency food assistance faces particular challenges posed by highly-politicized debates surrounding genetically modified grains (GMOs) and their potential impact on human consumption, the environment, and trade. While parties to the GMO debate, including the U.S. government, European Union and Zambian government, recognize the threat of hunger and starvation confronting nearly 3 million Zambians, there has been little demonstration of innovation or flexibility in the response to the crisis.
  6. In Zimbabwe, where nearly 50% of the population faces some degree of food insecurity, political instability, accusations of the political manipulation of food assistance, and incidences of limited or no access to emergency food assistance in certain regions of the country represent disturbing developments. Dramatic decreases in food production (grains and livestock), coupled with limited access to maize seed for farmers and a staggering inflation rate (135%), further reduce the capacity of families and local communities to respond to the current crisis, and pose a threat to long-term food security and social stability.
  7. The impact of agricultural subsidies on the developing nations, particularly sub-Saharan Africa, has become ever more apparent under the current conditions of drought and potential famine. African governments seeking to diversify their economies and expand participation in international trade are confronted with unfair trading practices that do little to promote economic development and the eradication of poverty. These circumstances further reduce their capacity to respond to this crisis.
  8. Remote areas in southern Africa currently confronted by the drought will experience deeper food insecurity during the rainy season due to their relative isolation and lack of roads and other means of communication for delivery of emergency food assistance.
  9. The Catholic Church and other faith-based organizations, together with their international partners, including Catholic Relief Services, are providing emergency assistance to countries in southern Africa facing the threat of famine. Some international faith-based and humanitarian organizations have been prevented from distributing emergency food assistance in Zimbabwe (cf. finding #6 above), and from distributing GMO grains in Zambia (cf. finding #5 above).

## Recommendations:

1. The United States and the international community must deepen their commitment to provide emergency relief assistance to the millions of people in southern Africa and Ethiopia faced with the threat of severe malnutrition and starvation.
2. In responding to the immediate and urgent needs for emergency food assistance, donor nations also must dramatically increase development assistance for the poorest nations of Africa so that future crises might be averted, and their impact minimized.
3. Deeper debt reduction is needed for countries in sub-Saharan Africa, particularly those confronted by the threat of famine, infectious diseases and HIV/AIDS, and crippling poverty. We urge the Administration to support efforts that provide deeper debt reduction for the HIPC nations and increases in foreign assistance for nations confronted with health crises including HIV/AIDS.
4. Increased flexibility for the provision and delivery of emergency food assistance, including support for the purchase of non-GMO grains and the milling of GMO grains, should be included in current efforts to respond to the drought in southern Africa. It is incumbent upon the international donor nations that seek to promote non-GMO agricultural policies in sub-Saharan Africa to provide greater emergency food assistance to nations that cooperate with them. In addition, African governments will need to show greater flexibility in developing food security strategies, and will need to clarify and strengthen relationships with their trading partners so that future food crises might be averted or their impact minimized.
5. The United States and the European Union, in demanding that the developing nations of Africa open their markets, must seek to remove existing trade policies that do great harm and prevent the developing nations from free and fair access to international markets. The current drought highlights the need for wealthy countries to reexamine their agricultural subsidies policies, and their impact on the economies of sub-Saharan Africa. Greater market flexibility is urgently needed by the peoples of Zambia who are confronted by a crisis in the copper mining sector and who are seeking to diversify their markets to include agricultural export and tourism.
6. Media in the United States should focus greater attention on the plight of the peoples of southern Africa, particularly those facing the threat of starvation, even as it gives attention to other urgent matters confronting the international community. Failure to report the scale of the current crises in sub-Saharan Africa continues to foster feelings of 'isolation' and marginalization among Africans.

### ***Baltimore Declaration***

On December 3, American humanitarian organizations, including Catholic Relief Services, and the United Nations' World Food Program launched a global campaign to assist the more than 34 million people who face the very real risk of death by starvation.

The humanitarian organizations appeal to governments, citizens' groups, private voluntary organizations, religious institutions and individuals to join in a massive and urgent response. They are mobilizing their organizations to provide the resources required to stave off this looming disaster. They also call upon governments in food-insecure countries, donor governments, and the entire international development community to take the necessary steps to avert future crises of this nature.

For more information: see "Africa in Crisis," [www.catholicrelief.org](http://www.catholicrelief.org).

### ***The Burden of Poverty and Debt***

- In Malawi, an estimated 60% of the population lives below the national poverty line; and in Zambia a staggering 73% live below the national poverty line.
- Governments in southern Africa struggle to provide public health services on budgets as low as \$20/person/year and lack adequate staffing and medicines.
- Heavy debt burdens divert the precious resources governments need to combat the health and drought crises; in 2002, Zambia will spend 25% of its government revenue on debt service, and Malawi will spend 15%.

Source: World Bank, WHO

## HEALTH, INFECTIOUS DISEASES, HIV and AIDS

### Main Findings:

1. Global health, infectious diseases, and HIV and AIDS in southern Africa must be understood within the context of the particular historical and cultural realities of each of the groups, regions, and nations at risk. HIV and AIDS are not only a health issue. This pandemic is intimately connected to poverty, marginalization, poor nutrition, lack of educational opportunities, and the contravention of traditional social norms, in particular the treatment of women and minors.
2. The health crises in southern Africa is of such magnitude as to threaten the economic, social, and political stability of the entire region and effectively undermine all current and future programs designed to promote human development and eradicate poverty.
3. Health care infrastructures are under severe stress due to an explosion of infectious diseases throughout southern Africa, particularly malaria, tuberculosis, and HIV and AIDS. In South Africa, some clinics and hospitals report that as many as 50% of all outpatients are infected with the HIV virus, and more than 75% of patients admitted to hospitals suffer from AIDS-related infections. Many hospital wards are being converted, de facto, into AIDS wards or hospices, and hospitals are forced to assume the cost of burying those who have been abandoned by their families. In some areas, hospitals have resorted to 'pauper cremations' due to a lack of adequate cemetery space.
4. One troubling dimension of the face of HIV and AIDS is the high infection rate present among health care workers, teachers, the military, government officials, and other professionals. In one hospital in southern Africa, 25% of all workers die on a quarterly basis. In Zambia, the student to teacher ratio has nearly doubled.
5. In southern Africa, two groups are particularly vulnerable to the transmission of HIV and AIDS: women and children. In the case of women, the lack of educational opportunities, political and economic empowerment, and certain cultural practices and/or beliefs among the male members of certain societies contribute to a high incidence of exploitation and abuse. The plight of children in southern Africa is particularly alarming. In South Africa, one in three children or minors will experience sexual abuse. According to volunteers in programs working with 'AIDS-orphans', one third of these children fall victim to sexual abuse by the 'breadwinner' of the adoptive family within the first three months. This problem extends to other countries in southern Africa.

#### *HIV/AIDS and Communicable Disease in southern Africa*

- In the southern African region, 11.8 million people are living with HIV/AIDS and over 3 million children under the age of 15 have lost a father, mother or both parents.
- Women bear a disproportionate burden of HIV/AIDS; in South Africa women account for 57% of those living with HIV/AIDS.
- Experts estimate that in South Africa from 2010–2015, there will be 17 times as many deaths among persons 15–34 as there would have been without AIDS
- Malaria is the leading cause of under-five mortality and constitutes 10% of Africa's overall disease burden
- Nearly 1.6 million tuberculosis cases occur each year in sub-Saharan Africa
- Since 2000, cholera outbreaks have been on the increase in southern Africa; in Malawi's last rainy season, more than 900 died and 32,000 were infected with cholera.

Source: UNAIDS 2001, UN, WHO, STOPTB

6. The crisis in health care in southern Africa is further complicated by the loss of trained personnel who are recruited to work in other countries, or who move from rural to urban zones within the same country in order to improve their social and economic conditions.
7. The stigma associated with HIV and AIDS continues to undermine all strategies for addressing the pandemic and poses serious obstacles to the development of community-based care programs. The need for educational programs that present the scientific facts of the disease, and moral programs that promote the dignity of the human person, is deeply felt.
8. The Catholic Church, other Christian churches, Islamic communities, and secular humanitarian organizations are making significant contributions in areas of palliative care, community involvement, the creation of lay voluntary associations to provide direct service to people living with AIDS, and the care of ‘vulnerable’ (AIDS) orphans. According to government officials in several countries in the region, the care provided by faith-based organizations to people living with AIDS surpasses that of the government. Catholic Relief Services provides more than \$27 million worldwide in the fight against HIV and AIDS, most of which comes from private donations and most of which is targeted to support programs in sub-Saharan Africa.
9. The exponential growth in the number of AIDS orphans, the increasing numbers of ‘street’ children (those living in major urban areas without any recourse to family life and structures), and the rise in child-headed households (sibling households) pose a particular set of problems and require new responses from within African societies, from national governments, and from the international community.
10. Educational programs designed to promote morally responsible behavioral change are providing an important service to communities decimated by HIV and AIDS, but support for such programs is woefully inadequate.

### **Recommendations:**

1. The international community, and the U.S. government in particular, has a moral responsibility and a strategic interest in providing dramatically increased funding for the fight against Tuberculosis, Malaria, HIV and AIDS, and other infectious diseases in sub-Saharan Africa. The U.S. government should substantially increase its contributions to address global health crises by as much as \$1.5 billion dollars, and thus provide moral leadership to the international community.
2. The fight against infectious diseases in the world’s poorest countries, particularly those in sub-Saharan Africa, must include efforts to reduce the debt service payments that take away much needed funding from other critical needs. We therefore urge the Administration to support initiatives that would revise the enhanced HIPC by limiting debt service payments to five percent of government revenues for countries with severe health crises.
3. African governments must accept greater responsibility for dealing with sexual violence directed against women and children, and perpetrators must know that they will be held legally accountable. In addition, African governments, with the support of the international community, should channel greater resources into community-based educational programs promoting the dignity and rights of women and children, and for programs providing counseling and other services to victims. Greater efforts also must be made to educate military personnel, police units, and other agencies of the government so that the rights and dignity of women and children might be respected and promoted.

4. Greater support should be provided for community-based health care and home-based palliative care programs, and to support the training of health care volunteers throughout sub-Saharan Africa. Increased funding should also be provided for micro-credit programs to help strengthen the economic viability of local communities. In addition, increased funding should be made available to governments through the international fund for global health to help strengthen the delivery of health care services, and to provide greater financial incentives to health care workers who might seek higher paid jobs elsewhere.
5. Faith-based programs are currently involved in providing services to many communities in southern Africa ravaged by infectious diseases, HIV and AIDS, and poverty. These programs merit the support of the U.S. government, and the international community, so that an increasing number of infected and affected people and communities might be served. Educational programs promoting morally responsible behavior change also merit the support of the U.S. government and the international community.
6. Recent initiatives by the mining, automobile, and other industries in southern Africa to provide greater and more affordable access to drugs to combat infectious diseases, particularly HIV and AIDS, demonstrate the positive role that private industry can play in promoting global health. These initiatives merit the support and encouragement of African governments and the international community.
7. The promotion of greater access to a wide variety of drugs to combat infectious diseases, including HIV and AIDS, and to prevent mother to child transmission (MTCT) of the HIV virus, must be integrated into national health programs to ensure their sustainability and their effective delivery. African governments, together with private donors and the international community, should take steps to develop strategies and implement programs that will support expanded and more affordable access to a wide range of drugs to treat AIDS-related opportunistic infections and to make available anti-retroviral drugs. The United States, together with member nations of the World Trade Organization, should take steps to ensure that developing nations confronting health emergencies are permitted to exercise full rights contained within the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement (recourse to “parallel importing” or “compulsory licensing”).
8. We encourage the American public, including Catholics of the United States:
  - to increase their awareness of the critical problems confronting the peoples of Africa
  - to call upon the U.S. government and the international community to provide the necessary assistance
  - to support the efforts of humanitarian and development agencies working in Africa
  - to pray for our brothers and sisters in southern Africa who suffer from poverty, famine and disease

***Learn more***

To learn more about ways you can get involved, see the U.S. Conference of Catholic Bishops' "A Call to Solidarity with Africa," [www.solidaritywithafrica.org](http://www.solidaritywithafrica.org); and Catholic Relief Services' "Africa Rising: Hope and Healing" campaign, [www.catholicrelief.org/get\\_involved/advocacy/africa\\_campaign.org](http://www.catholicrelief.org/get_involved/advocacy/africa_campaign.org).