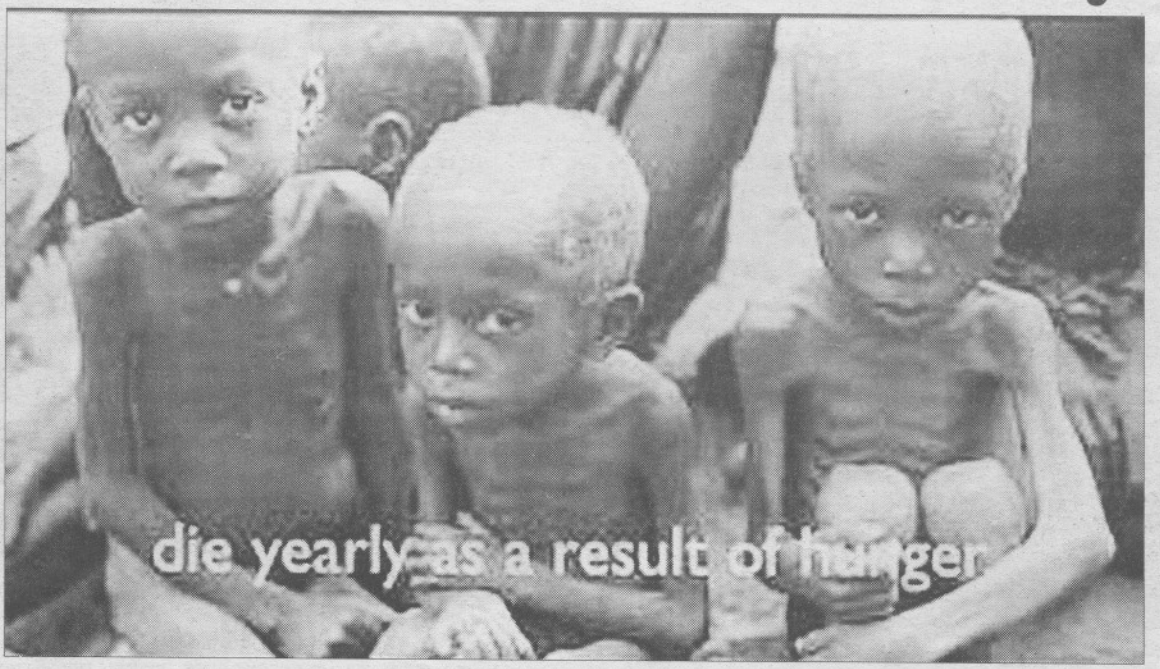
Sickness, hunger sabotage, Swazi life and the economy

BY ROBIN ROOT



IN February 1999, King Mswati III boldly declared HIV/AIDS a national disaster.

Exactly 17 years later, in February of this year, the government proclaimed a national drought disaster – one of the worst in the country's history.

These two disasters currently intersect in the lives of tens of thousands Swazis: One in four adults is HIV Positive and one in four of the country's entire population is suffering acute food shortages.

These painful realities imperil the government's US$100 million ARTrollout and Swaziland's status as one of only five countries in sub-Saharan Africa to achieve greater than 85 per cent coverage.

At the NERCHA/Ministry of Health-sponsored conference 'From AIDS Crisis to Opportunity: What the World Can Learn from Swaziland', held in Mbabane in July, Mr Rudolph Maziya, Chairperson of the Global Fund Country Coordinating Mechanism, commended the government's early multisectoral response to the HIV/AIDS epidemic.

However, he lamented that it lacked a vital component: Substantive inclusion of the Ministry of Agriculture to co-ordinate a viable food system programme as part of a comprehensive HIV/AIDS strategy.

We are troubled by headlines alleging corruption in emergency food aid in Swaziland.

We are troubled by a failure to enact emergency initiatives to address the impact of famine on ART adherence and mitigate well-established links between food insecurity and HIV/AIDS. Our recent study found an ART default rate of 35.2 per cent, due to inadequate food among 304 individuals surveyed in the Shiselweni region.

A virtually equal portions expected to default in coming months due to hunger.

Extrapolating to the (2013) national figure of persons on ART, we estimate that up to 32 500 people have already defaulted as a result of insufficient food and 29 000 anticipate being unable to adhere in coming months.

So, why default on a life-extending medication? Because taking ART on an empty stomach makes some people feel incredibly sick, as if you are 'swallowing razor blades'.

Perhaps some individuals on ART are unaware that recent treatment lines may be better tolerated; perhaps some assume, reasonably so, that ART must be taken with nutritious food – thus, if the latter is not available/affordable, one should not take ART; maybe others assume it's ART that's making them feel sick, when it may be TB meds.

Clearly, in addition to emergency food aid, there is an urgent need for better health communications, especially as treatment evolves. Further, perhaps reports of people eating cow dung to buffer their stomachs to adhere to treatment are sensationalist 'rural' myth. Regardless, when phrases like this become popular, they are a valid expression – if not evidence - of collective suffering and a stunning popular commitment to adherence that deserves a meaningful rather than dismissive response.

Additionally, a pilot study of chiefs and indvunas by one of this piece's authors (Root) found that among traditional leaders' most pressing challenges is people defaulting due to hunger.

An interview with an indvuna was delayed so he could organise a recount; evidently, authorities required the number of homesteads in the community and not the number of children per homestead.

Poor communication reportedly delayed 'emergency' food distribution.

It is not right that any individual should go hungry; for people living with HIV, insufficient food and nutrition imperils their prospects of survival. Abandoning hard-earned adherence practices is disastrous for individuals, households, communities, and the nation.

Morbidity rates will worsen; drug-resistant strains may develop; and earlier mortality is a serious risk.

In other words, more people will suffer for longer periods of time.

In our view, drought and consequent hunger demand urgent interventions above and beyond what is currently being done.

In keeping with last month's landmark conference, the current food crisis and its intersection with the HIV and AIDS (and TB) epidemics is an opportunity to redress an early AIDS policy failure to include substantive food systems policies into the country's multisectoral response.

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