



# **The Economic Consequences of A Deadly Harvest or Future Growth**

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AgriAids is a non profit organisation focusing on reducing the direct negative impact of HIV on farm workers.

Its main endeavor is to manage HIV programmes for **farm workers (FW)** by organising quality health and wellness services for them, with the support of the farmer and the management.

# AGRI AIDS

- Funding since 2009 by PEPFAR/USAID; since then, 9000 farm workers and their families have participated in AgriAids' programme;  
Total amount of FW = 650.000
- Where: North West, Limpopo, Mpumalanga, KZN ;
- 9000 fw → 3000 pos → sooner or later they all need ARV's;  
approx 30% needs it sooner than later

AGRI AIDS



## Some facts

- 15-35% of adults between 15 and 40 are infected; within 5-10 years they will be chronically ill or dead
- SA has one of the highest prevalence percentages (after Swaziland) in the world
- General prevalence amongst farm workers varies from 15-70%
- 800 people die every day in SA of HIV related illnesses and 1500 get infected
- Life expectancy of people with HIV is nearly the same compared to people without HIV, **IF** ARV's are taken on time and at the same time.

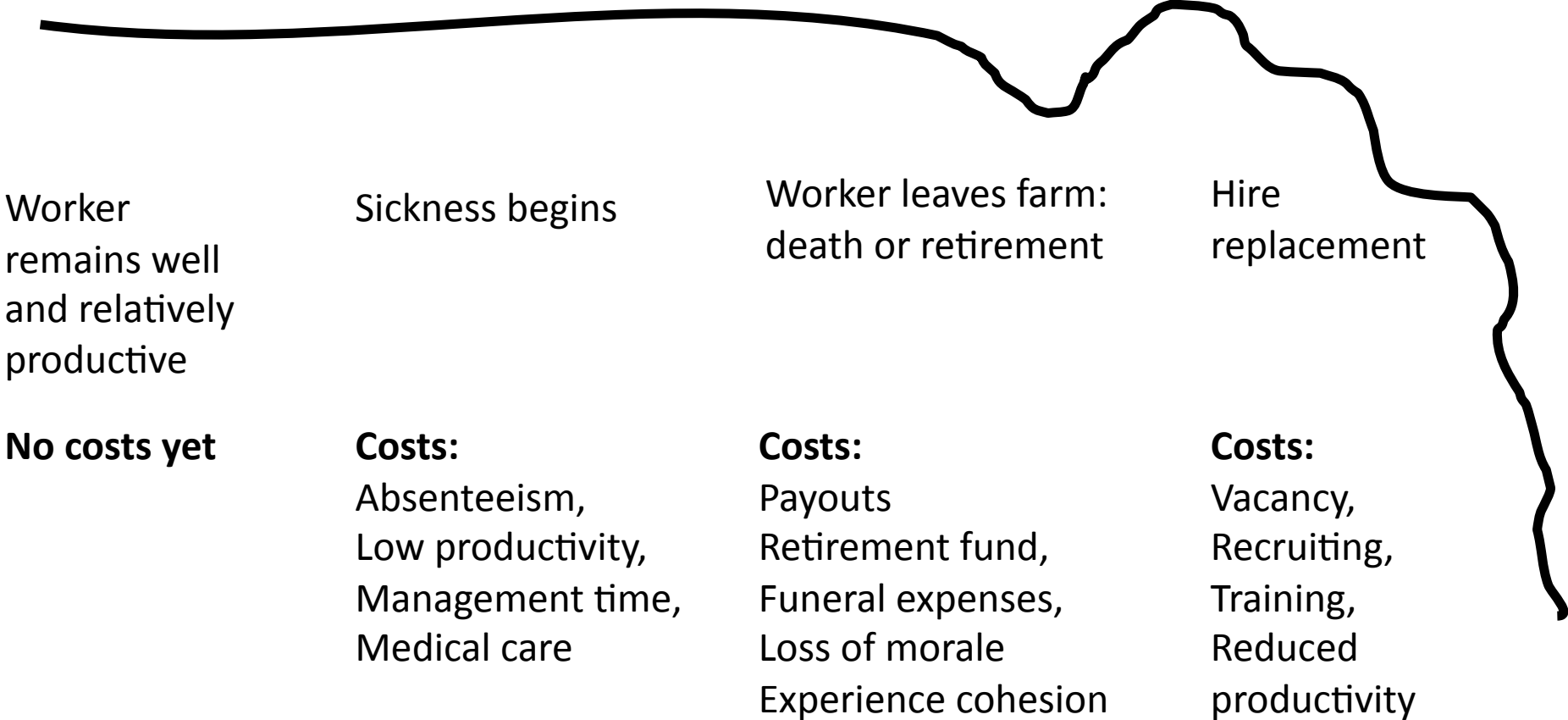


# Stages of the Illness

**3-7 Years Well-Being Phase**

**Sicknesses**

**AIDS**





## AgriAids Model

- Awareness with farmer and farm management (MoU)
- Awareness sessions with FW's
- Performing HCT , including TB and general wellness screening (work place delivered service, as much as possible)
- Follow-up on (pos) tested FW's

In close cooperation with Public Health Care  
**(sustainability)**



## AgriAids Model

- AgriAids appoints District Coordinators (DC) to give support and guidance to farmers and the farm workers
- After FW's are tested and know their (pos) status, the DC helps the farm workers getting access to care and treatment, and give support to adhere to medication

# Awareness in the field



# EISH!



# Queuing for testing



# Privacy for counselling





## Role of farm management

- **Supportive and facilitating** creating an enabling environment for workers  
*(farm worker will not be fired being HIV/Aids positive; you facilitate time wise, organising transport if necessary; stimulate that people appoint farm leaders for training etc)*
- **De-stigmatise** (*talking on HIV/Aids instead of keeping quiet*)
- **Convincing** your people, promoting HCT and support the F.W. to get access to the clinics

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## Why support an HIV programme (quotes of farmers)

- A farm is about people, no people no farm
- Warning signs have been there now for years,  
(no rocket science needed to see econ. impact down the line)
- Since the HIV programme the productivity, the moral and the atmosphere has improved in a way I never expected.

**No trust, No programme**



## No HIV/Aids programme

- Far lower productivity
- Higher absenteeism
- High mortality infections
- Need to retrain /rehire

## HIV/Aids programme

- versus normal productivity
- versus lower absenteeism
- versus less and less new infections
- versus no retraining/hiring

**I leave it to you to calculate the economic impact !!**



## Experiences:

- Cooperation with the PHC is crucial for a sustainable programme
- More and more farmers are willing to implement an HIV programme for their workers
- Therefore AgriAids developed a Good Practice Guide to give farmers guidance
- Farms who implemented a programme are experiencing less absenteeism, higher productivity and less people dying .



## Latest developments

- The Government launched an HCT campaign in 2010 (10 million people got tested last year)
- People have to get ARV's when their CD4 count is 300, (was 200)
- The Minister of Health, Dr Motsoaledi, is very committed to improve the health care services for FW's (testing and access to care and treatment)
- The model AgriAids developed for FW's is accepted by the National Department of Health as a good working model.

# Working in rural settings



# The “bakkies” of the field staff





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