

CHAPTER 9

SPECIAL ISSUES

Introduction

9.1 The Committee examined a number of special issues, often interrelated, affecting the social, economic and political development of Southern Africa. Health issues were of paramount concern, with HIV/AIDS rates the highest in the world and diseases that have been eradicated in other developing countries still endemic.¹ Amongst other significant issues considered were population growth, education and training, the special needs of women, workers' rights, the continuing effects of landmines, environmental degradation and wildlife conservation. Possible Australian assistance in these areas was examined.

Health issues

9.2 The Department of Foreign Affairs and Trade summarised the general health status of Southern African countries, with the qualified exception of South Africa, as poor. According to the DFAT report:

Per capita expenditure on health is generally low (ranging from US\$5 in Mozambique to a high but demographically skewed US\$141 in South Africa). Maternal mortality rates are unacceptably high...Prevalent malnutrition, a low ratio of trained health workers and inadequate water and sanitation...contribute to poor health standards.²

9.3 Professor Kenneth McPherson of Curtin University saw health in South Africa as a 'time bomb ticking away', relating in particular to HIV infection:

The figures coming out of South Africa now are as horrific as the figures in South-East Asia, if they are to be believed. Also, there are other questions of child health and health across the non-European community, which is a very pressing issue. I cannot see that there is going to be any sustained economic development, change or ongoing peace in South Africa if fundamental issues like health and education are not addressed.³

9.4 While there has been a fall in overall death rates due to improved health services and expanded immunisation programs:

..diseases that have been eradicated in other developing countries through preventative measures and the improvement of living conditions are still endemic in Africa. The incidence of malaria,

1 Exhibit No 67, p. 9.

2 DFAT, Submission, p. S921.

3 McPherson, Transcript, 4 October 1995, p. 261.

cholera, meningitis and other tropical diseases is high. Some 80-90 per cent of all malaria cases in the world occur in Africa and its control has been set back by the emergence of drug resistant strains. Tuberculosis is also a major killer and its resurgence parallels the spread of HIV/AIDS.⁴

9.5 The health of a population is affected by the lack of many of the basic necessities such as sanitation and a good quality and quantity of water supply. Sanitation and safe drinking water are clearly lacking in both urban and rural areas throughout many of the SADC countries and are a major cause of diarrhoea, disease and death. The provision of such infrastructure to the people of SADC countries would lead to clear improvements in their basic level of health.

9.6 HIV/AIDS in Africa accounts for 35.5 per cent of reported cases worldwide and 67 per cent⁵ of the estimated incidence of this disease. Heterosexual intercourse is the main mode of transmission, with infection rates higher in urban than rural areas and infected women outnumbering men 6:5. More than half of the infected women are under 25, with a large proportion being infected during adolescence. The World Health Organisation believes that one million children may have been infected perinatally.⁶ It is estimated that the number of people in Africa infected with HIV/AIDS may reach 33 million by the year 2000⁷ with the consequential impact on Africa of continuing and inestimable human loss and suffering.

9.7 DFAT emphasised the negative impact of HIV/AIDS on the communities of Southern Africa in its submission to the Committee, observing that 'the disease is killing the most economically productive in society - adults aged between 20 and 45 years'.⁸ HIV/AIDS is placing an ever-increasing burden on the communities of Southern Africa, and in particular, on an already over-extended health system.

9.8 In their submission the Australian Council for Overseas Aid (ACFOA) noted the rapid spread and extent of the infection. Zimbabwe has an estimated 600,000 cases of the infection, with 100,000 consequential deaths estimated over the next 18 months.⁹ In Zambia, one in three people are predicted to be infected by the year 2010 and in Malawi, one in four.

4 Exhibit No. 67, p. 9.

5 World Vision Australia, Submission, p. S674.

6 ACFOA, Submission, p. S744.

7 Exhibit No. 67, p. 9.

8 DFAT, Submission, p. S265.

9 *Insight*, DFAT, Vol 4, No. 20, 14 November 1995, p. 8.

9.9 DFAT commented on the AIDS epidemic in Zambia:

The UN currently estimates that 1.1 million Zambians will die of AIDS by the year 2005 and that Zambia is the fourth worst affected country in the World after Uganda, Zaire and Tanzania.¹⁰

Further in relation to Zambia, the Department stated:

However, efforts to contain the spread of the disease through education programs and the promotion of safe sex practices have been hampered by a combination of inadequate resources, popular prejudice and fear.....¹¹

9.10 The effects of HIV/AIDS on the most prosperous of the SADC countries, South Africa, are yet to be fully assessed. However, in 1990, there were 5000 known cases of the disease and in 1996 this figure was estimated to be 1.5 million. By the year 2000, an estimated 5 million South Africans will be infected.¹²

9.11 The impact of HIV/AIDS and its interrelation with the development of SADC countries cannot be overemphasised. For example, trade expansion will encourage the transmission of the disease, as has been evident on trade routes through truckers and migrant workers. Another fear is that it will have a negative effect on foreign trade and investment, acting as a disincentive to foreign business interests and deterring tourists. The ever-increasing incidence of infection places a direct burden on the health care system of Southern African countries. With the highest concentration of HIV/AIDS affecting adults of a productive age the disease is directly contributing to creating a higher proportion of dependents compared to the number of healthy productive people, further hindering community development.¹³

9.12 Although experiencing a lower incidence of HIV/AIDS than urban areas of Southern Africa, smaller villages and towns lose people needed for essential food production. This loss is further exacerbated by the need for the uninfected to care for sufferers, further decreasing productivity levels.

Australia's aid contribution to the control of infectious diseases in SADC countries

9.13 The Australian Government has acknowledged the importance of assisting the SADC countries in the control and treatment of infectious diseases. Australian assistance:

focuses on services that provide simple, cost-effective methods of prevention and treatment and is delivered to those most in need, particularly women and children. There is a strong emphasis on primary health care and disease control.¹⁴

10 DFAT, Submission, p. S397.

11 *ibid.*

12 AAP Article, John Daniszewski, 7 July 1995; and Canberra Times, 27 October 1996, p. 5.

13 ACFOA, Submission, pp. S744-745.

14 Downer, Hon A., *Australia's Overseas Aid Program 1996-97*, op. cit., p. 15.

This assistance also includes the crucial aid program for HIV/AIDS education and medical support for those infected.

9.14 DFAT outlined Australia's funding for health aid activities in eastern and southern Africa:

In 1994/95 AusAID spent \$4 million on health projects in eleven countries, including \$2.2 million on HIV/AIDS assistance. A further \$2.4 million was spent on community development projects which include health components. Funds are channelled through Australian NGOs and international organisations such as WHO and UNICEF. Priorities include infectious disease control (malaria, HIV/AIDS, cholera and dysentery) and improving maternal and child health. AusAID has funded an Australian consultant (Dr John Deeble) to advise the South African Government on national health financing and insurance policy.¹⁵

9.15 In November 1995 the Australian Government announced a \$10 million aid program over four years for HIV/AIDS care and prevention in Africa, in addition to \$7.8 million being spent on 10 HIV/AIDS prevention and care projects in southern and eastern Africa. This additional funding was also to be channelled through international organisations, Australian NGOs and indigenous groups.¹⁶

9.16 The Committee supports the Australian Government in providing assistance in the health care field in Southern Africa and the use of NGOs in its provision.

9.17 The Committee recommends that:

- 29. health issues continue to be addressed by AusAID and relevant NGOs with an emphasis on the provision of sanitation, safe water supply and basic health services.**

9.18 The Committee recognises the intense threat to development posed to the SADC countries by HIV/AIDS and also Australia's global interest in preventing the spread of the disease.

9.19 The Committee recommends that:

- 30. Australia continue to fund HIV/AIDS education programs aimed, in particular, at adolescents and young adults in urban areas where infection rates are higher than those in rural communities.**

9.20 A particularly sad legacy of HIV/AIDS are the children who suffer the loss of one or both parents to this disease, and who may also be infected at birth. According to anecdotal evidence, in the rural areas those children orphaned by the virus are usually taken in by the extended family or others in the village. In the urban areas, however, it appears that the social network is not as strong, and there has been an increase in the number of street children.

15 DFAT, Submission, p. S921.

16 *Insight*, op. cit., p. 8.

9.21 The Committee recommends that:

31. **Australia ensure funding is allocated through AusAID and NGOs for the establishment and continuation of hospices and orphanages for infants and children such as those suffering from HIV/AIDS and those orphaned as a result of the disease.**

Population growth

9.22 AusAID reported to the Committee that the annual population growth in Africa:

is around 3 per cent (1985-1990), as compared to 1.9 per cent in Asia and 2.1 per cent in Latin America. On average each African woman gives birth to six or more children. By the end of the century, the population of Africa is projected to reach 876 million (over double what it was in 1980) and, by 2025 nearly 1.6 billion. Between 1990 and 2015, the urban population is expected to grow by more than 700 million, a figure that is larger than the current population of the continent.¹⁷

9.23 Table 9.1 sets out figures for average annual population growth rates, total fertility rates and infant mortality estimates over a 14 year period for most of the SADC countries.

9.24 The figures on population growth rates for Africa quoted in para 9.22 appear to have been taken from the United Nations 1987 monitoring report on *World Population Trends and Policies*.¹⁸ This data reflects earlier statistical trends and would not have reflected the full impact of changing social patterns or HIV/AIDS.¹⁹ As these figures are, in some cases more than 10 years old and relate to Africa as a whole, they cannot be considered a reliable indicator of current demographic trends.

17 Exhibit No. 67, p. 8.

18 New York 1988, Table 1.

19 In evidence to the Committee, ACFOA commented at 9.70 - 'that 50% of infected women in Africa generally are under 25, with infected women outnumbering men 6:5, creating an alarming predicament for the future of their children. Babies are at great risk of perinatal infection, dramatically reducing their life expectancy...'

Table 9.1 Population Statistics - SADC Countries

	Average Annual Population Growth Rate (%)		Total Fertility Rate		Infant Mortality per 1,000 Live Births	
	1980-90	1990-94	1980	1994	1980	1994
Angola	2.7	3.8	n/a	n/a	n/a	n/a
Botswana	3.5	3.1	6.7	4.5	63	34
Lesotho	2.8	2.3	5.6	4.7	84	44
Malawi	3.3	2.8	7.6	6.7	169	134
Mauritius	0.9	1.3	2.7	2.0	32	17
Mozambique	1.6	2.2	6.5	6.6	157	146
Namibia	2.7	2.8	5.9	5.1	90	57
South Africa	2.4	2.2	4.9	3.9	67	50
Swaziland	n/a	n/a	n/a	n/a	n/a	n/a
Tanzania	3.2	3.0	6.7	5.8	104	84
Zambia	3.5	3.0	7.0	6.0	90	108
Zimbabwe	3.3	2.5	6.8	4.0	82	54
Sub-Saharan Africa	3.0	2.7	6.6	5.9	115	92

Source: World Bank, *World Development Report 1996*, pp. 194-199.

Note: For Angola, source is UNCTAD, *The Least Developed Countries 1996 Report*, Annex II, p.A-3

9.25 The Committee notes that in that UN publication the annual population growth for Southern Africa was projected to drop to 1.63 percent by 2020-2025 even on the more favourable mortality conditions then prevailing. The total fertility rate for Southern Africa was projected to decline to 2.76 by the year 2020-2025. The fragility of the data in the face of changing mortality experience is underscored when one notes that the same section of the UN report predicted rising expectations of life at birth from 55 years to 68.4 years by 2020-2025.²⁰ The Committee has already noted (para 5.13) that world health researchers recently estimated that by the year 2010 AIDS will have lowered the average life expectancy in Zambia from 66 years to 33 years with similar trends in Zimbabwe and Kenya. Given that the spread of AIDS has invalidated the life expectation predictions, it is unlikely that the other demographic predictions remain accurate.²¹

9.26 The impact of AIDS is difficult to quantify over the long term. In its 1994 publication, *AIDS and the Demography of Africa*, the United Nations considered the demographic impact of the epidemic. It noted that the distribution of deaths will be altered, with the proportion of total deaths in prime working ages increasing significantly and that decreases in average length of life are expected.²² The report noted however, that:

In spite of the devastating death toll and the resultant social impacts induced by the AIDS epidemic, substantial increases in the population

20 United Nations, *World Population Trends and Policies*, New York 1988, Table 1.

21 DFAT, Submission, p. S316 notes that in Malawi recent analysis suggest that since 1987 population growth has slowed to a rate of about 3 per cent per year because of a drop in fertility and a slowing of the decline in mortality, probably the result of increased mortality from AIDS.

22 United Nations, *AIDS and the Demography of Africa*, New York 1994, p. ix.

totals are projected....(for the 15 African countries examined)...Even in the four highest seroprevalence countries, the population will more than double between 1980 and 2005, resulting from the relative importance of fertility as a component of population change....²³

The impact of AIDS beyond the year 2005 has yet to be fully assessed and will in large part depend on the success of initiatives to combat the spread of the virus.

9.27 Annual population growth rate is not necessarily a good indicator of long term population trends. Annual population growth rates are heavily influenced by cohort effects, eg, lagged baby boom effects. It is quite possible for a population to be showing annual net growth even when the total fertility rate has fallen below 2.1 and the population is actually headed for long term shrinkage. In terms of long term population growth, the net reproduction rate also needs to be examined against changes in infant mortality. Given the large numbers of childbearing women who are HIV positive, total fertility rates which are higher than those of Western countries do not necessarily translate into proportionately larger population increases.

9.28 The Department of Foreign Affairs and Trade made a connection between land degradation and high population density in regard to Malawi, one of the least urbanised countries in Africa:

Population growth is already a critical problem, as almost all suitable land is now under cultivation. A national sample survey of agriculture in 1985/86 showed that 86 per cent of rural households had less than 2 ha of land and 55 per cent had less than 1 ha. With 171 persons per sq km of arable land, Malawi is one of the most densely populated countries in Africa.²⁴

9.29 In relation to a similar situation in Lesotho, the Department stated:

Lesotho's population of approximately 1.8 million people places an increasing strain on natural resources and the economy. (The national average population density exceeds 56.0 per sq km). Increasing population growth has meant a reduction in available grazing and cultivatable land, increased erosion and soil degradation and the migration of a large number of workers to South Africa.²⁵

9.30 It should be noted however that crude figures of number of persons per sq km of arable land are not meaningful figures for resource pressures in isolation. Population densities in Hong Kong, Singapore and Holland are high, however living standards are high and rising. Difficulties may emerge, however, when economic growth does not keep pace with the growth in population. Growth of the manufacturing, trading and services sectors plus improved agricultural productivity may dramatically change perceptions of population pressure in SADC countries.

23 *ibid.*, p. x.

24 DFAT, Submission, p. S316.

25 DFAT, Submission, p. S306.

9.31 The forced collectivisation of land, questions of land distribution, ownership, land management, sustainable practices, and drought are also relevant factors in land degradation. The Committee has acknowledged the impact of eviction, problems of land redistribution and the impact of Structural Adjustment Programs on the poor, especially on agricultural practices (see paras 5.24 to 5.33).

9.32 The World Bank has warned not only of the burden that continued population growth will place on social services but also the possible consequential large-scale migration from rural to urban areas, with the urban areas unable to cope with the influx.²⁶

9.33 On the other hand, the pressure of large-scale migration from rural to urban areas can occur independently of overall population growth. Rural to urban migration is often affected by a combination of restrictive land tenure arrangements, tax arrangements which penalise agriculture unduly and the centralisation of government services in the cities. How cities cope with the pressures on infrastructure brought about by rural to urban migration depends a great deal on their financing arrangements. For example, Johannesburg's site value rating system which is similar to Australia's, affords a potentially large revenue base to fund infrastructure improvements on an equitable basis without resort to user charges which would further impoverish landless migrant workers in the townships. The greater the pressure on urban land, the greater the site value and therefore the greater the revenue available for municipal improvements such as water and sewerage.²⁷

9.34 The complexity of causalities in the areas of land degradation and rural to urban migration have been recognised by a number of experts. For example, Kelley and Schmidt in the *Independent Inquiry Report into Population and Development* commissioned by the former Minister for Development and Pacific Island Affairs, Hon Gordon Bilney, MP, noted:

Problems associated with excessive city growth are to be solved primarily by modifying government policies that encourage people to live in, or move to, cities.²⁸

9.35 Another contributor, Theodore Panayotou of the Harvard Institute of International Development in his chapter on *Population Growth and The Environment*, stated:

Again, it is tempting to blame population growth for rural/urban migration and for the degradation of the urban environment, but this is largely a symptom of severely constrained responses to the interlocking forces of poverty and environmental degradation in the face of massive institutional and policy failures that are biased against agriculture and in favour of urban areas...²⁹

26 DFAT, Submission, p. S306.

27 A short history of South Africa's land rating system may be found in H G Brown et al, *Land-Value Taxation Around the World* (Robert Schalkenbach Foundation, New York, 1955) where it is noted at p. 42 that Johannesburg was the first city in the Transvaal to adopt site value rating in 1918-19. More recently, G R A Dunkley in *Land Tenure: A Time bomb ticking in South Africa* (paper presented at the 19th International Conference of the International Union for Land Value Taxation and Free Trade, London, March 1991) at p. 5-6 has noted that more than 70% of all rates are now collected from site value rating, with Cape Town and Port Elizabeth the only cities not using site value rating.

28 Ahlburg et al, *Independent Inquiry Report into Population and Development*, April 1994, p. 10.

29 *ibid.*, p. 9.

9.36 In his evidence to the Committee, Associate Professor John Lea also acknowledged the significance of resource ownership:

I really feel that South Africa has to face up to the huge problem of transferring wealth, and transferring it quite soon...you only have to see the disparities in the ownership and holding of land.. They said South African royalties have been paid. Paid to the government maybe but not to the people whose land it is and the people who could genuinely expect a return.³⁰

9.37 In recent years, population-related activities in Australia's overseas aid program have been the subject of much debate and review. As noted above, the then Minister for Development Cooperation, Hon Gordon Bilney, MP, commissioned an inquiry into population growth and development. That report, released in April 1994, found that while there were circumstances in which population growth might make the achievement of increased living standards more difficult, nonetheless simplistic conclusions were not warranted. It found that:

There is little direct evidence on whether rapid population growth causes poverty.³¹

That report went on to say, however, that:

Indirect evidence, however, suggests some possible links. First, rapid population growth is likely to reduce per capita income growth, which tends to increase poverty. Second, in densely populated poor nations with pressure on land, rapid population growth increases landlessness and hence the incidence of poverty. Finally, the adverse effects of rapid population growth on child health, and possibly on education, will likely increase poverty in the next generation.³²

9.38 The report noted that as the impacts of population 'can be both positive and negative...the net impact will also vary quite substantially...' ³³ It further states:

In many areas where the effects of reducing population growth are commonly judged to be advantageous (e.g. education, exhaustible resources, poverty, savings), the benefits of population policies are likely to be modest compared to the benefits of more direct policies that accomplish the same ends.³⁴

and

If governments seek to improve the economic position of the poor, it is best, where possible, to use **direct** policy instruments, such as increased access of the poor to land, credit, public infrastructure, and

30 Lea, Transcript, 6 September 1995, p. 84.

31 Ahlburg et al, op. cit., Executive Summary, p. 3.

32 ibid.

33 ibid., p. 1.

34 ibid., Final Report, p. 5.

services, particularly education and health. Some of these policies will be opposed by powerful pressure groups. While family planning programmes may also help to reduce poverty, their effects may be smaller, but cumulative, and take a longer time to be felt than direct policies. They are, however, likely to be easier to institute and relatively inexpensive, making them a potentially useful part of an anti-poverty policy package.³⁵

Australia's aid contribution for population related activities

9.39 Following the inquiry into the links between population and development, AIDAB (now AusAID) revised its guiding principles for its population related activities and stated that:

Under these guidelines, activities proposed for funding must be appropriate to the social, cultural and economic environment. They must demonstrate community support and involve participants, especially women, in defining the services they need. They must offer a range of family planning options, linked to effective health services, with training provided by skilled personnel. Services must be sustainable, in terms of continuity of supplies, and accessible and affordable to their users. Most importantly, family planning must be voluntary for all participants, and all participants must receive quality information as a basis for choice.³⁶

9.40 With a population in excess of 80 million people, spread over the 12 countries, slowing the population growth rate, particularly in the poorer over-populated agrarian societies, while not the only solution, may have benefits for economic development, health, food availability, housing, poverty, the environment and education.

9.41 AusAID has funded a number of integrated health and community development projects which include small family planning components, through the Southern Africa NGO Program. At present there is one activity in Tanzania receiving support, Kahama Child Survival, a World Vision Australia activity. Key objectives of the project are 'to reduce the infant mortality rate by addressing malnutrition, diarrhoeal diseases and malaria, and extending immunisation coverage and health information services. Health education and training will include advice on HIV/AIDS prevention and family planning'.³⁷

9.42 The importance of upholding human rights in the area of population control is underscored by the poor human rights records in a number of SADC countries. The Minister for Foreign Affairs, Hon Alexander Downer, MP, has emphasised the need for strict monitoring of population related program receiving Australian aid money and has issued a directive to AusAID that it should not fund abortion or abortion related drugs in aid

35 *ibid.*, p. 19. Allen C Kelley and Robert M Schmidt in their chapter *Population Growth and Economic Development* state: 'The concern about population growth resulting in resource exhaustion appears to be misplaced; the relationship between population growth and global resource use is not as strong as had been assumed.' (p. 9).

36 *ibid.*

37 AusAID, Submission, p. S1256.

programs. A checklist for contractors or activity managers provides closer project monitoring and reporting.³⁸

9.43 The Committee recommends that:

32. **any Australian Government funding for NGO family planning programs in SADC countries should ensure that these are culturally sensitive, fully in conformity with our legal principles of informed consent, free from any coercive policies or practices which prevent couples exercising true freedom of choice in determining family size, have regard to the human rights records of the countries concerned, and not involve abortion or abortion drugs.**

Education and training

9.44 AusAID, in its aid policy for Africa stated:

It can be argued that human resource development needs are at the heart of Africa's developmental difficulties. The need for capacity building in Africa cuts across all sectors and, in all cases, the need is urgent and acute. Africa still lacks not only experience and training in modern industry and management, but also has a very low level of general education and this condemns most African countries to a slow and painful development path.

As educational systems have come under severe strain because of civil disturbance, inappropriate budgetary priorities and demographic pressures, total enrolment has declined and the quality of education has deteriorated.

Also of concern is the low return from investment in education caused by significant numbers of the best qualified people leaving the country to seek employment with higher pay, along with professional satisfaction and political stability.³⁹

9.45 Education is development's most basic building block and a vital contributing factor to the alleviation of poverty.⁴⁰ The benefits of a more educated population are apparent: a more productive workforce helping to develop the economy; the possession of reading skills enabling agriculturalists to read about new innovations in ecologically sustainable methods, thus increasing the productivity of their land; and the ability to read notices on health warnings contributing to an increased awareness of health threats and preventative measures, in turn reducing the presently unsustainable cost of health care. The generally poor literacy rates in SADC countries are shown in the following Table 9.2.

Table 9.2 Adult Literacy Rates (%) in SADC Countries

38 AusAID, Submission, p. S1257

39 Exhibit No. 67, p. 10

40 Downer, Hon A., *Australia's Overseas Aid Program 1996-97*, op. cit., p. 13.

Country	Males	Females
Angola	71	43
Botswana	80	60
Lesotho	81	62
Malawi	72	42
Mauritius	87	79
Mozambique	58	23
Namibia	n/a	n/a
South Africa	82	82
Swaziland	77	77
Tanzania	79	57
Zambia	86	71
Zimbabwe	90	80

Source: *World Development Report 1996: From Plan to Market*, OUP for the World Bank, 1996

Australia's aid contribution to education and training

9.46 Australia has traditionally placed a high priority on educational aid programs, and of Australian aid funds to Africa between 1989-90 and 1993-94, some 18 per cent went to the education sector.⁴¹ In the policy document *Education and Training in Australia's Aid Program* the Australian Government has reaffirmed education and training assistance as an important element of Australia's overseas aid program but articulated a change in focus for this assistance:

While Australia will continue to assist directly with higher education through the provision of tertiary scholarships, there will be increased emphasis in the areas of basic education and vocational and technical education. Training assistance will be closely linked to the human resource development needs of individual countries.⁴²

9.47 In Southern Africa, the major recipients of educational and human resource development assistance from Australia have included Namibia, Mozambique, South Africa, Tanzania, Zimbabwe and Zambia. In Mozambique, counterpart funds from Australian food aid are supporting 4 per cent of the country's tertiary students. Table 9.3 sets out Australia's contribution for educational aid to SADC countries for the period 1994-95:

Table 9.3 Australia's Aid Flow to the SADC Countries for Education - 1994-95

SADC Country	Aid(A\$)
Angola	no bilateral aid
Botswana	654,000
Lesotho	572,000
Malawi	570,000

41 Exhibit No. 67, p. 16.

42 Exhibit No. 72, p. 3

Mauritius	2,826,000
Mozambique	1,476,000
Namibia	1,204,000
South Africa	2,617,000
Swaziland	317,000
Tanzania	1,346,000
Zambia	1,217,000
Zimbabwe	1,650,000

Source: *Australia's Overseas Aid Program: Official Expenditure 1990/91 to 1994/95*, AusAID, Canberra, November 1995, pp. 141-183.

9.48 A large portion of education assistance for Southern Africa has been devoted to in-Australia training. Australia's training awards for Southern Africa consist of the following schemes:

- the Australian Sponsored Training Scholarships (ASTAS), sponsored by the Australian government; and
- Australian Development Cooperation Scholarships (ADCOS), sponsored by the Australian Diplomatic Missions.

A breakdown of the scholarships received by SADC countries is provided at Table 9.4 below.

Table 9.4 List of Students in Australia by Country and Scholarship Type (1994-95)

Country	ASTAS	ADCOS	Total
Angola	-	-	-
Botswana	24		24
Lesotho	19		19
Malawi	29		29
Mauritius	36	53	89
Mozambique	16		16
Namibia	30		30
South Africa	27	18	45
Swaziland	11		11
Tanzania	38		38
Zambia	37		37
Zimbabwe	58		58
Total	325	71	396

Source: Exhibit No. 67, p. 25.

9.49 As noted in Chapter 8, Australia has historically provided educational assistance for disadvantaged South Africans, with programs operating between 1986 and 1993. These programs placed a strong emphasis on training activities in South Africa and neighbouring countries and scholarships in Australia. The focus of training was to prepare disadvantaged South Africans in South Africa and in exile in the frontline states, other African countries and in Australia for the peaceful transition to democracy. Assistance was provided by Australia to members of the democratic movement to gain skills in critical areas such as economic policy and planning.⁴³

9.50 Currently there is a high unmet demand for higher education among South Africa's disadvantaged population, with a significant inequality between white and non-white South Africans, a legacy of the apartheid era (as demonstrated by figures for 1990 in Table 9.5). The majority of tertiary institutions are now open to all students but are experiencing funding restraints.

Table 9.5 South African Education Indicators Along Racial Lines in 1990

	White	Black	Coloured	Asian
Pupils (millions)	1.0	7.7	0.9	0.3
Pupil/teacher	18.6	40.8	23.3	21.7
Expenditure/pupil (Rand)	4,087	907	2,406	3,055

Source: IMF Occasional Paper No 91: *Economic Policies for a new South Africa*. Ed. Lachman & Bercuson, Jan 1992, p. 22.

43 Levy, Wendy, 'Southern Africa Education Programs' in *Focus*, September 1995, p. 30.

9.51 A project intended to develop stronger ties between Australian and South African higher educational institutions is currently being planned by AusAID. Funding has already been provided for the pilot link between the University of South Australia and the University of Fort Hare and is expected to commence in 1996.

9.52 Presently the Australia/South Africa Bursary Assistance Scheme is providing study assistance over three years in the areas of health science, education, water and sanitation, engineering and applied science. The concentration is on courses that provide strong work skills that not only benefit the student but in time will also serve the nation. The Scheme actively supports the principles of the ANC's RDP which encourages human resource development for South Africans.

9.53 Namibia, like South Africa, was distinctly disadvantaged under apartheid, with non-white Namibians' access to senior secondary or tertiary education severely restricted. Qualifications were obtained by approximately 40,000 Namibians who went into exile, but unfortunately many of these qualifications were considered to be sub-standard by Namibian employers. To counteract this, after independence in 1990, the Namibian Government established an accreditation body, partially funded by AusAID in 1993 through the Commonwealth Secretariat, chiefly to evaluate teaching and non-teaching qualifications. Further funds have been provided until 1996 to enable the assessment of teacher, commerce and other training qualifications.

9.54 In addition, each year Australia is providing 30 Namibian students with ASTAS scholarships to obtain qualifications in such areas as economics, business/administration, environmental science, forestry, education, health and community services.⁴⁴

9.55 For Mozambique, civil war played havoc with the economy and infrastructure until 1992. This fact coupled with an extremely low literacy rate and little chance of these people receiving an education has created significant human resource problems. Since 1988 Australia has been providing in-country scholarships to underprivileged Mozambican students, particularly from rural areas. Presently 25 students are studying with assistance in such fields as agriculture, veterinary science, economics, biology, geology, psychology and education. Funding is provided through monetising food aid. The proceeds received from the sale of 10 per cent of the food aid provided by Australia to the Mozambican Government is channelled into the funding of scholarships.

9.56 Additionally, Mozambique is receiving approximately \$5 million from the Australian Government over three years to fund the Mozambique-Australia Human Resource Development Program which focuses on human resource development in the areas of agriculture, health, telecommunications and English teaching. The program incorporates training in-country, in Australia, throughout Southern Africa and additional assistance is provided by both Australian and regional experts. Australia also offers grants to Mozambican institutions to encourage and enable exchanges in the fields of agriculture, health and telecommunications.⁴⁵

9.57 The overseas aid arm of the Australian trade union movement known as the Australian People For Health, Education and Development Abroad (APHEDA), is currently

44 Exhibit No 67, p. 25.

45 *ibid.*

offering programs in Southern Africa, under the sponsorship of unions and grants received through AusAID, with the aim of training workers in technical and vocational skills so necessary for community development. ACTU expressed the basic principle of their commitment to community development in their submission to the inquiry:

At APHEDA, we believe that training in work skills is a form of development assistance which lasts into the long-term. Food and medicine, while necessary in an emergency situation, are quickly consumed, and the problem still remains. Training, however, lasts for the lifetime of the people trained and is a skill they can pass on to others.⁴⁶

9.58 The Committee believes this is a practical and realistic approach for the positive development of the people of Southern African countries. One of Australia's strengths is its ability to provide specialised courses to meet the immediate needs of African countries. Courses may not necessarily be of degree length; short courses by government departments and authorities or business groups and associations may be more appropriate to the needs of these developing countries.

9.59 As noted in Chapter 8, under the aid policy for Africa, in Category C approximately \$10.5 million per annum will be allocated for training assistance. Training aid recipients will include

those countries where Australian aid is not expected to play a significant role in development, either because of their relative high income levels (as in the case of Botswana, Mauritius and the Seychelles), or because Australian national interests are not at stake (Lesotho and Swaziland), or where reform has not yet been applied with vigour. Training would be provided in sectors where Australia has proven expertise such as agriculture, health, mining, land management, water and sanitation. As indicated...training will also be provided to countries in which other humanitarian and development activities are in place ...[ie South Africa, Zimbabwe and Mozambique]...⁴⁷

Awards for both sponsored and private students would be available in the form of ASTAS and ADCOS.

9.60 The Committee recommends that

- 33. AusAID continue to include a focus on education and training in its programs, with an increased emphasis in the areas of basic education and vocational and technical education.**
- 34. Australian universities and TAFEs collectively promote the opportunities for education (both in-country and in Australia) to Southern African countries.**

46 ACTU, Submission, p. S137.

47 Exhibit No. 67, p. xii.

Women

9.61 In the Southern African countries, as in many countries worldwide, women experience a lack of basic human rights. For a large proportion of the population this includes a lack of access to water and food, adequate shelter, health care and education. Women statistically are more often the victims of sexual abuse, domestic violence and exploitation.⁴⁸

9.62 The issue of women's rights in SADC countries is central to the development of a society. A serious commitment to the provision of aid specifically for women in Southern Africa is essential to enable the improvement of health, education and living standards, critical for the economic and social development of the SADC countries.

9.63 The economic position of women was noted by World Vision Australia:

...the proportion of women living in absolute poverty rose by 50% in the last two decades (it rose by 30% for men), and about one third of African households are headed by women...⁴⁹

9.64 In evidence, Ms Edwina Faithfull-Farmer, from World Vision Australia, expressed optimism for the future empowerment of women in Southern Africa through improved health services, micro-enterprise, development of initiative and greater resource access. Ms Faithfull-Farmer stated her belief 'that small changes can have quite a lot of impact as well as the larger scale activities'⁵⁰ in bettering the lives of women in SADC countries, particularly the severely impoverished.

9.65 Agriculture is the primary means of survival for much of the population of Southern African countries with women accounting for 75% of agricultural labour and being chiefly responsible for food production and frequently food marketing.⁵¹ Therefore aid programs that concentrate on the provision of community based farming projects incorporating intensive training for women, particularly in dry-land farming techniques, can have a major impact on the daily lives of people.

9.66 Women are traditionally marginalised economically in Southern Africa with the denial of the right to own land. In Botswana, Lesotho, Namibia and Swaziland married women are under the permanent guardianship of their husbands and have no right to manage property.⁵² In South Africa, a task force has been formed by the government to actively review the laws pertaining to land ownership by women with the intention of improving women's access to land.⁵³

48 'Violence Against Women', Fact Sheet 5, *Fourth World Conference on Women, Beijing, China, 4-15 September 1995*, Parliamentary Library Information Service, 27 September 1995.

49 World Vision Australia, Submission, p. S655.

50 Faithfull-Farmer, Transcript, 29 September 1995, p. 199.

51 Exhibit No. 2, p. 9.

52 Novicki, M, 'Women: the breadwinners of the world', in *Africa Recovery*, December 1995, p. 18.

53 Speech by Dr Nkosazana Dlamini-Zuma, Minister of Health for South Africa, *Fourth World Conference on Women, Beijing, China, 4-15 September 1995*, Parliamentary Library Information Service, 27 September 1995.

9.67 The Committee supports the United Nation's *Declaration on the Elimination of Discrimination Against Women, 1967 (Article 6a)* which states that women have:

The right to acquire, administer, enjoy, dispose of and inherit property, including property acquired during marriage.

9.68 The average life expectancy of women in Southern Africa is 54 years compared with 79 years for Australian women. Girls are twice as likely to die from malnutrition and preventable childhood diseases as boys.⁵⁴ Communicable diseases pose the greatest health threat to women of Southern Africa, accounting for 70 per cent of all deaths.⁵⁵ While some of these diseases may not always be fatal, they can reduce immunity and severely impact on a woman's ability to care for her children, maintain her household or earn her livelihood.

9.69 As noted earlier, HIV/AIDS has had a particular impact on women in the SADC countries. In Zambia, for example, there is a lower life expectancy of the general population as a result of the HIV infection, with a higher percentage of women infected than men:⁵⁶

By mid-1993, 36 per cent of expectant mothers attending antenatal clinics at the country's largest hospital, the University Teaching Hospital in Lusaka, tested HIV positive, and a study of the capital's prostitutes estimated that 90 per cent were infected with the virus.⁵⁷

9.70 The Australian Council for Overseas Aid submission mentioned that gender inequality plays a strong part in the AIDS/HIV problem for the women of Southern Africa, with particularly young women affected by the unequal power relations between men and women, encroaching on their ability to negotiate safe sex. ACFOA further stated that 50 per cent of infected women in Africa generally are under 25, with infected women outnumbering men 6:5, creating an alarming predicament for the future of their children. Babies are at great risk of perinatal infection, dramatically reducing their life expectancy. For example, the Council indicates that in Zambia and Zimbabwe life expectancy for babies born in the Year 2010 will be decreased by 30-33 years as a result of HIV.⁵⁸

9.71 Infant and maternal mortality rates in the Southern African region are among the highest in the world, with inadequate nutrition, poor economic and health conditions being strong contributors. Fertility rates are also high with women bearing an average of six children. The added risk of dying from pregnancy-related causes for Southern African women is 1 in 23, while a North American woman's is 1 in 4,000.⁵⁹

9.72 Education plays a fundamental role in the development process by providing the human resources integral to social and economic progression.⁶⁰ For women 'the attainment of development goals is linked not only to the education of women but to the size of the gap

54 Downer, Hon. A., *Australia's Overseas Aid Program 1996-97*, op. cit., p. 15.

55 'Women's Health', Fact Sheet 3, *Fourth World Conference on Women, Beijing, China, 4-15 September 1995*, Parliamentary Library Information Service, 27 September 1995.

56 'An overview of The World's Women in 1995', *Fourth World Conference on Women, Beijing, China, 4-15 September 1995*, Parliamentary Library Information Service, 27 September 1995, p. 6.

57 DFAT, Submission, p. S397.

58 ACFOA, Submission, p. S744.

59 'An overview of The World's Women in 1995', op. cit., p. 3.

60 Exhibit No. 67, p. 19.

between the education levels of women and men'.⁶¹ Ways of increasing female participation in education include:

- upgrading physical facilities for girls;
- advising on text and curriculum content;
- special targeted secondary scholarships; and
- increasing the numbers of trained women teachers.⁶²

9.73 Inequalities in the participation of children in primary school education are evident in Southern Africa with the majority of children not attending being female. The literacy rate for adult women of Sub-Saharan Africa is 43 per cent, the lowest in the world.⁶³ Improving the basic level of education for female children of SADC countries is central to the concept of 'grass roots' development.

9.74 South Africa is setting an innovative example in relation to women in government. The South African Minister for Health, Dr Dlamini, outlined this issue in her speech at the Beijing Women's Conference in September 1995:

Deeply conscious of the need for women to be involved in making decisions about the new South Africa, the majority party, the ANC, decided on a quota and ensured that 33% of its candidates in the country's first democratic elections were women. [Most, but not all, other parties also put forward more women than they had ever done before.] As a result today 25% of our members of Parliament are women. Two of our provincial legislatures and our National Assembly are presided over by woman speakers.

We are also one of the very few Parliaments that now provide child care facilities for members of Parliament and all parliamentary workers.

Throughout this century, apartheid South Africa produced only two (2) women ministers. Democratic South Africa has begun with three (3) Cabinet Ministers and three (3) Deputy Ministers. Of the eleven (11) judges on our new Constitutional Court, two (2) are women.⁶⁴

9.75 The United Republic of Tanzania passed a law in 1992 that ensures a 15 per cent minimum representation of women in parliament.⁶⁵

9.76 The issue of female representation in the Zimbabwean Parliament was discussed when the Committee met with a Parliamentary Delegation from Zimbabwe in October 1995. In the present parliament of 150 members, 21 are women. Of these, 18 female members were elected by constituencies and 3 were appointed by the President. Two women are represented in a cabinet of 25, and the Deputy Speaker is female. Governors are appointed by the

61 *ibid.*, p. 22.

62 *ibid.*

63 'An overview of The World's Women in 1995', *op. cit.*, p. 6.

64 Dlamini, *op. cit.*

65 'Politics and Decision-making', Fact sheet No. 7, *Fourth World Conference on Women, Beijing, China, 4-15 September 1995*, Parliamentary Library Information Service, 27 September 1995.

President and one of the ten is female. In the diplomatic service, women hold the senior posts in Canada, Namibia, Sweden and the deputy in France is a woman. A formal quota system for female representation in parliament and senior posts does not operate in Zimbabwe, however there is an educational campaign in place aimed at raising the awareness of women to vote for other women at all levels of government. Assistance is also offered by NGOs in educating and encouraging women to take a more active role.⁶⁶

Australia's aid contribution to assisting the development of women

9.77 The Australian Government has assisted the SADC countries in striving to improve the basic human rights and status of women through specific aid projects:

- \$240,00 over 2 years for a Women's Livelihood Training Project in Mozambique;
- In Tanzania, \$753,700 is being provided over 3 years for an International Women's Development Agency (IWDA) women's credit project in the Tanga district and \$486,475 is being provided over 4 years for a Salvation Army project which provides training for street girls in Dar es Salaam to enable them to undertake alternate economic activities;⁶⁷
- In 1993-95 AusAID through the Small Activities Scheme, provided \$24,000 to SPEAK - Radio/Audio Program, South Africa. The program broadcasts material designed to empower women to place their needs and rights on the agenda at every level.⁶⁸

9.78 The Committee recommends that:

35. **AusAID provide funding to SADC for the establishment of a 'micro-enterprise program' for the women of Southern Africa, enabling them to borrow capital to establish livelihood projects.**
36. **the issue of women's health continue to be addressed by AusAID and relevant NGOs, with an emphasis on the provision of sanitation and water, maternal and infant health services, family planning services, and health education particularly relevant to HIV/AIDS.**
37. **funding and aid support continue to be provided through AusAID and NGOs to provide access to education for all children, regardless of gender.**

Workers' rights

9.79 Australian trade unions had strong links with the anti-apartheid movement and with non-racially based trade unions in South Africa. APHEDA has conducted training programs in South Africa, Zambia and Tanzania.⁶⁹

66 Committee discussions with Zimbabwe Parliamentary Delegation, Canberra, 17 October 1995

67 Exhibit No. 13.

68 Exhibit No. 12, p. 43, p. 53.

69 ACTU/APHEDA, Submission, pp. S135-142.

9.80 The importance of trade unions in the struggle against apartheid and in the building of a new South Africa was emphasised by the ACTU:

Oppression of 'progressive' or non-racial trade unions in South Africa was a key part of the Apartheid strategy to retain powers for over four decades. The establishment of democratic and non-racial trade unions is an important part of the new South Africa's hopes for economic development and social justice.⁷⁰

9.81 South Africa experienced rapid union growth in the 1980s, at a time when unionisation levels were declining internationally.⁷¹ The Congress of South African Trade Unions (COSATU) has been an influential force in South African politics, and a number of its senior personnel have entered Parliament.

9.82 The International Labour Organisation (ILO) has been providing technical development assistance in Africa since its inception. South Africa was expelled from the ILO during the apartheid period, and only rejoined in May 1994. Southern African countries generally have ratified very few ILO conventions. In commenting on the overall situation of workers' rights in Africa as a whole, the International Confederation of Free Trade Unions (ICFTU) noted:

Developments on the labour scene in Africa suggest that the democratisation process which started at the beginning of the nineties and in which trade unions often played a leading role, has now slowed down considerably. In many countries national trade union centres which had struggled to wrest their independence and autonomy from the former one-party systems are now faced with governments efforts to undermine the scope of their activities or to re-assert controls over the labour movement. Attempts to form new trade unions have been repressed. This has been particularly the case in countries where the former ruling clique has been able to hold on to power through fraud in presidential or legislative elections.⁷²

9.83 The 1995 ICFTU survey of violations of trade union rights reports difficulties of varying sorts in Botswana, Mauritius, Namibia, South Africa, Swaziland, Tanzania, and Zimbabwe.⁷³

9.84 The Committee notes the important role trade unions have played, particularly in South Africa, as a means of safeguarding workers' rights, not only economic but also political. The Committee supports the continuation of assistance of bodies such as APHEDA to trade union groups in Southern Africa.

Landmines

70 ACTU, Submission, p. S83.

71 ACTU, Submission, p. S87.

72 ACTU, Submission, p. S84.

73 Exhibit No. 36.

9.85 The international community has been addressing the issue of landmines through the Inhumane Weapons Convention Review Conference, which began in Geneva in 1995 and concluded in May 1996.

9.86 The issue of landmines in Southern Africa and the destruction they continue to cause long after the resolution of the initial conflict is of grave humanitarian concern. The effects of landmines on civilian populations include not only death and permanent disabilities but their mere presence is also responsible for the generation of psychological and cultural damage through fear; the creation of a medical and social burden and the further impoverishment of communities by denying them access to their land and natural resources.

9.87 In the severely landmine infested countries of Southern Africa, particularly Angola and Mozambique, there is an abundance of potentially rich agricultural land, however the people are unable to fully utilise their land due largely to the presence of landmines. The advantages to SADC countries of mine-free agricultural land include:

- greater food provision;
- increased income;
- decreased loss of stock; and
- lowered unemployment.

9.88 The presence of land mines in Southern African countries poses a threat to aid providers, often resulting in the decision to avoid such areas. Aircraft are employed where road transport is considered hazardous due to mines, translating to high transport costs.

9.89 The great percentage of mines in Angola and Mozambique have been laid without markings or warnings, with past and potential victims being chiefly civilians. The cost of an anti-personnel landmine is extremely cheap in monetary terms with an average price of \$3.00 to \$15.00 per unit,⁷⁴ but the real price paid is the huge cost in terms of lost human lives, permanent disabilities and wasted agricultural sustenance for communities. The fiscal cost of a single landmine removal ranges from \$300-\$1000⁷⁵ with the added loss of life of one deminer for every 5000 mines cleared. The ancillary costs directly associated with the destruction of land mines in SADC countries include those of medical treatment, lost working capacity and land use.

9.90 Mozambique and Angola have major problems with landmines, severely inhibiting both countries' capabilities for economic and social development. The circumstances of these countries are considered below.

Mozambique

9.91 Mozambique has an estimated 2 million landmines, and simply walking in fields or between or around villages is one of the highest risk activities for its people.⁷⁶ Each detonated blast of a landmine in Mozambique kills 1.45 people and wounds 1.27.⁷⁷ With an absence of landmines in Mozambique agricultural production has the potential to increase

74 *Landmines Must Be Stopped*, International Committee of the Red Cross, 1995, p. 43

75 Anderson, da Sousa and Paredes, 'Social cost of land mines in four countries: Afghanistan, Bosnia, Cambodia and Mozambique', in the *British Medical Journal*, Volume 311, 16 September 1995, p. 718.

76 *ibid.*, p. 720.

77 *ibid.*, p. 718.

nationally by 3.6 per cent.⁷⁸ In certain border lands of Mozambique there are still mines which were laid by the Portuguese army and Frelimo during the war for independence in the 1960s, by the Rhodesian army in the 1970s, and by the Mozambican government and Renamo during their 16 year civil war.⁷⁹

9.92 The resettlement of refugees and displaced people in Mozambique is largely dependent on the establishment of an effective mine clearance program to enable progressive rural rehabilitation and by simply limiting the number of casualties.⁸⁰

9.93 To date, the clearance of mines from roads and other infrastructural facilities has been the priority of aid agencies in Mozambique.⁸¹ The Committee believes that a greater emphasis should be placed on clearance programs in rural areas to enable not only the practical issue of land usage to be addressed, but as an important confidence builder for the Mozambican people.

9.94 In 1992 the ADF provided four personnel as mine clearance instructors to the United Nations operation in Mozambique (UNOMOZ), resulting in the training of approximately 500 Mozambican deminers. The commitment of the ADF to training mine clearers has continued following the cessation of UNOMOZ in January 1995.⁸²

9.95 Since October 1994, Austcare has been actively involved in training Mozambicans, many of whom are refugees, specifically in training and trialing the use of dogs in mine clearance. In evidence to the Committee, Ms Patricia Garcia, Program Coordinator of Austcare, gave details of the program, which to date has successfully trained fourteen Mozambicans. After overcoming some initial cultural problems, as Mozambicans traditionally do not have an affinity with dogs, Austcare taught these people to breed, care for and discipline the dogs, and essentially to train them for demining activity.⁸³

9.96 Austcare has a policy of developing self-sufficiency in regard to mine clearance. Ms Garcia claimed that there was some initial pessimism by the Australian Government about the program and disbelief that the Mozambicans could acquire the necessary skills for demining. Austcare took the initiative and has actively encouraged the transfer of control of this program directly to the Mozambicans.

9.97 Ms Garcia stated:

It would have been a lot easier to send Australian instructors over there and just keep doing it and say 'We will clear the mines; we will do it ourselves, send our own equipment, bring our own dogs...' It is a lot harder to actually teach the Mozambicans everything from the first moment and then withdraw as soon as possible.⁸⁴

78 *ibid.*, p. 721.

79 Mudzingwa, Z: 'Relics of War hinder Regional Economic Development', in *Southern African Political and Economic Monthly*, September 1994.

80 McGrath, R., 'Landmines-The Global Problem', in *War of the Mines - Cambodia, Landmines and the Impoverishment of a Nation*, Pluto Press, London, 1994, p. 123.

81 *ibid.*

82 DFAT, Submission, p. S493.

83 Garcia, Transcript, 6 September 1995, p. 97.

84 *ibid.*

9.98 The Committee congratulates Austcare on the success of this program and for their encouragement and support in assisting the people of Mozambique to develop a degree of self-sufficiency in the area of demining skills.

Angola

9.99 The landmine situation in Angola is considered to be a humanitarian emergency. An estimated 20 million mines have been planted across one third of the country,⁸⁵ with 9-15 million⁸⁶ still undetonated. In evidence, Ms Patricia Garcia of Austcare stated that Angola is perceived as presently having 'the highest number of landmines in the world'.⁸⁷ It is estimated that 1 in 400 people in Angola is a surviving amputee.⁸⁸

9.100 Ms Garcia noted that it was hoped to transfer the demining skills used in Mozambique to Angola. A positive point in relation to this exercise for SADC countries was described by Ms Garcia as 'the countries themselves taking care of their own problem in their own backyard',⁸⁹ which would ultimately contribute to the self-sufficiency of Angola and Mozambique.

Australia's position

9.101 On 6 July 1995, the Australian Government issued a policy statement on the 'indiscriminate use and misuse of landmines' stating that it urged all countries to support:

- a ban on long lived anti-personnel landmines, that is, a ban on landmines which do not have self-destruction and self-deactivation capability;
- a ban on non-detectable landmines;
- a ban on trade in any landmines which are not sanctioned by the Convention;
- a ban on the supply of landmines to all countries not party to the Convention; and
- extension of the Convention to cover internal conflict and civil wars, which would prevent the supply of landmines to non-government entities, such as guerilla forces.⁹⁰

9.102 Australia took an active part at the Inhumane Weapons Convention Review Conference in September and October 1995. In response to a parliamentary question on landmines in October 1995, the Minister representing the Minister for Defence stated:

85 *Landmines Must Be Stopped*, op. cit., p. 34

86 *Landmines Must Be Stopped*, op. cit., p. 10

87 Garcia, Transcript, 6 September 1995, p. 96.

88 JSCFADT, *A Review of Australia's Efforts to Promote and Protect Human Rights*, November 1994, p. 105.

89 Garcia, Transcript, 6 September 1995, p. 96.

90 Hon Gary Punch, MP. 'Australia promotes efforts to clear landmines.' *Press release (Minister for Defence Science and Personnel)*, 60/95, 6 July 1995.

It saddens me to inform the House that the Inhuman Weapons Convention review failed to reach an agreement on any limitations on the use of antipersonnel landmines...On behalf of the government, I very clearly put to the conference that we are committed to the eventual elimination of all antipersonnel landmines as an ultimate goal.⁹¹

9.103 The Minister stated that he was convinced that the failure to move by a number of countries had less to do with military doctrine and security and more to do with the costs of replacing existing stockpiles.⁹² In a later response, he claimed that Australia does not manufacture or export landmines and there are no records of the export of landmines from Australia.⁹³ He stated that, in the absence of widespread international support for a total ban, the Government was advancing the following proposals:

- Tight restrictions on international transfers of mines; and
- A complete moratorium on the export of the long-lived anti-personnel landmines.⁹⁴

9.104 The Committee was told that the then Australian Government was not going far enough to address the global problem of landmines. In commenting on the human and economic cost of landmines in Africa, the ACFOA stated that:

..we would like to see Australia adopt a position of a total ban on the sale and production and use of land mines so that these tragedies do not occur in the future.⁹⁵

9.105 On 15 April 1996 the Minister for Foreign Affairs and the Minister for Defence announced a unilateral suspension on the operational use of anti-personnel landmines by the ADF. Provision was made for the ADF to train soldiers in mine warfare and mine clearance. When the Inhumane Weapons Convention Conference continued in April 1996 the Australian Government called for a global ban on the use, transfer, production and stockpiling of anti-personnel landmines. Although this view gained some support, there was insufficient support overall for a total ban. The Conference concluded in May 1996 and the Australian Foreign Minister reported that Australia was disappointed at the outcome, and indicated that Australia would continue to campaign for a global ban on the use of anti-personnel landmines.⁹⁶

9.106 The Committee recommends that:

38. Australia continue to work for a total ban on landmines.

Australia's aid to Southern Africa for demining

9.107 In the financial year 1995-96 the Australian government proposed to provide \$5 million to international assistance for demining activities. Specifically in Southern Africa,

91 House of Representatives, *Hansard*, 16 October 1995, p. 2103.

92 *ibid.*

93 House of Representatives, *Hansard*, 16 October 1995, p. 3844.

94 *ibid.*

95 ACFOA, Transcript, 29 September 1995, p. 233.

96 House of Representatives, *Hansard*, 8 May 1996, p. 348.

through the United Nations, Australia provided \$250,000 for mine awareness and clearance operations in Mozambique. This was supplementary to the activities of the Australian Army in Mozambique at a further cost of \$300,000. In Angola, the Australian Government allocated \$300,000 for mine clearance and awareness activities throughout the year.⁹⁷ In July 1995 the Australian Government also pledged \$500,000 to the UN Voluntary Trust fund for Mine Clearance.⁹⁸

9.108 The positive benefits of community education programs on the dangers of landmines are strongly supported and encouraged by the Committee.

9.109 The Committee recommends that:

39. Australia continue to provide assistance through government and NGO agencies to SADC countries for demining activities. Such assistance should encompass:

- (a) medical and rehabilitation assistance to landmine victims, including the supply of prostheses to victims;**
- (b) community education on the dangers of landmines; and**
- (c) training for local people in demining methods.**

Environmental issues

9.110 Southern Africa and Australia have many things in common, not least of which is a similar climatic environment. Both areas experience drought on a regular basis. Relations between Australia and southern Africa on environmental issues have generally focused on scientific and technical issues in the major environment conventions and forums.

9.111 As noted in Chapter 5 (paras 5.24-5.33), structural adjustment programs in a number of Southern African countries have exacerbated their environmental problems:

What has happened with the structural adjustment programs, by and large, is that they have tended to pressure countries to export more of their agricultural produce...It has also pushed agriculture into very marginal areas...and that has stressed the land...[It] has not been done in a way that is in any way environmentally sustainable.⁹⁹

9.112 As a consequence of urbanisation, the proportion of population not producing its own food is rising fast and has profound implications for the region's food security. Urbanisation also raises major issues with regard to pollution. Air pollution associated with vehicle emissions and industry, solid waste, most of which is not collected or treated, contaminated water supplies, will all have serious implications for public health. The failure

97 Buckley, I., 'Landmines-The Hidden Killers', in *Pacific Research*, Peace Research Centre, Australian National University, Vol 8, No. 3, 3 August 1995, p. 11

98 *Canberra Times*, 8 July 1995.

99 ACFOA, Transcript, 29 September 1995, pp. 235-236.

of many structural adjustment policies to date is attributable to the failure to address such issues effectively.¹⁰⁰

9.113 Desertification, the degradation of land in arid, semi-arid, and dry sub-humid areas, caused primarily by human activities and climatic variations, is a particularly serious problem for Africa where 66 per cent of the continent is estimated to be desert or dryland and 73 per cent of the agricultural drylands are already degraded.¹⁰¹

9.114 The Sahelian countries have played a major role during negotiations on the UN *Convention to Combat Desertification in Those Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa*.

The treaty acknowledges that the struggle to protect drylands will be a long one...because the causes of desertification are many and complex, ranging from international trade patterns to the unsustainable land management practices of local communities. ...Countries affected by desertification will implement the Convention by developing and carrying out national, sub-regional, and regional action programmes. ...[T]hese programmes...should emphasise popular participation and the creation of an "enabling environment" designed to allow local people to help themselves to reverse land degradation.¹⁰²

9.115 Of the SADC countries, Angola, Lesotho, Namibia, South Africa, Tanzania, Zambia and Zimbabwe have all signed the Convention. Botswana was an active contributor during negotiations but is yet to sign the Convention.¹⁰³ Australia signed the Convention in 1994 but has not as yet ratified it. The Convention is currently the subject of an inquiry by the Joint Standing Committee on Treaties of the Australian Parliament.

9.116 DFAT has noted that:

There is considerable potential for scientific cooperation with South Africa and the countries of southern Africa for example, the CSIRO Centre for Arid Zone Research has undertaken, or has underway, a number of cooperative scientific projects on arid land assessment with Botswana, Namibia and South Africa.¹⁰⁴

9.117 This view was supported by Austcare when its program coordinator for Africa, Ms Garcia noted:

...Australia is seen by the African countries...as an important country. Not only are they able to learn from our experiences, but, particularly, they can share the technological experience of countries like Australia which have similar problems with drought and desertification, as well

100 Marter, A. and Gordon A., 'Emerging issues confronting the renewable natural resources sector in Sub-Saharan Africa', in *Food Policy*, Vol. 21, No. 2., May 1995, pp. 232-234.

101 ACFOA, Submission, p. S743.

102 *The United Nations Convention to Combat Desertification: An Explanatory Leaflet* published by UNEP Information Unit for Conventions, May 1995

103 DFAT, Submission, p. S489.

104 *ibid.*

as experience in how to deal with them. We would be able to share that information, and provide that technology to countries in the SADC region.¹⁰⁵

9.118 South Africa and Australia are both members of the Valdivia Group,¹⁰⁶ formed to discuss southern hemisphere cooperation on environment and related science issues. The Valdivia Group has established five working groups - on climate change; biological diversity; forests; ozone; and desertification. The Committee believes that increased participation and cooperation in fora such as this would be very useful to all involved.

9.119 In Southern Africa, of the region's 7 million sq km of land, over 1 million are designated as 'protected'. While protected areas helped to conserve wildlife, they 'failed to benefit local people who incurred losses of property from raids by wild animals. This created hostility towards such areas. Consequently, game was killed in communal lands and on private farms.'¹⁰⁷ Some 35 species in Southern Africa face extinction.¹⁰⁸

9.120 Government policy in many Southern African states has moved to address these problems, and new approaches involving the local people have been introduced. Community wildlife programmes such as Zimbabwe's Communal Areas Management Programme for Indigenous Resources (CAMPFIRE) have proved successful in changing the perceptions of local communities from seeing wildlife as a liability, to now seeing it very much as an asset. Other initiatives have included game ranching and the use of funds raised from culling excess numbers of wildlife to fund park management and security.

9.121 The Southern African Nature Foundation (SANF) is the local arm of the World Wide Fund for Nature. Established in 1968, since its inception it has raised almost R100m for more than 400 conservation projects in southern Africa.¹⁰⁹

9.122 Despite many successful programs, poaching remains a problem in a number of areas. The black rhino populations are severely depleted. Zimbabwe has sent some rhinos overseas for breeding purposes, and in Namibia and Zimbabwe dehorning of rhinos has been undertaken to discourage commercial poachers from killing them.¹¹⁰

9.123 Under the Convention on International Trade in Endangered Species (CITES) a ban was imposed in 1989 on products derived from African elephants. While it is still the case that elephant herds have been greatly reduced in many countries, in Zimbabwe, South Africa, Botswana and Namibia in particular they are thriving and in fact have started to cause significant damage because of over-grazing in parks and reserves. The argument was put to the Committee that the blanket CITES ban on African elephant products is a disincentive to wildlife protection. Unable to sell elephant products, rural people have less incentive to protect what they see as 'valueless' elephants that might invade their crops.¹¹¹

105 Austcare, Transcript, 6 September 1995, p. 92.

106 More formally known as the 'Group of Temperate Southern Hemisphere Countries on Environment'. Members are Australia, Argentina, Chile, South Africa, New Zealand and Uruguay.

107 *Southern African Environmental Issues No. 9: Wildlife Management Programmes*, SARDC, 1994.

108 Exhibit No. 21, p. iv.

109 *ibid.*

110 *Southern African Environmental Issues*, op. cit.

111 Mcpherson Consulting Group, Submission, p. S810.

