

HUMAN DEVELOPMENT IN MOZAMBIQUE IS GETTING WORSE! Tragic evidence contradicts UNDP report*

by António Francisco **

He uses statistics like a drunkard uses a lamp-post: more for support than for illumination. (Andrew Lang)

Introduction

When we began to believe that the major obstacle to improving human development in Mozambique had finally been overcome, tragic news arrived, shaking our hopes, in a clear warning that the future may be even worse than the past. It is not another war - at least, not a war in the strict sense of the word, in which guns are used to impose by force what cannot be achieved through persuasion and compromise. But that does not mean that this new kind of war, imposed by the HIV/AIDS pandemic, is any less devastating. Quite the reverse! Several years ago the HIV/AIDS epidemic became a pandemic (that is, a generalised epidemic), which promises to become - incredible though it may seem - deadlier than all the wars and natural disasters that have struck Mozambique over the last half century. The main difference, perhaps, is that in this case most of the victims die silently, many of them absolutely alone, and convinced that the cause of their death is one of the various other diseases that lie behind a life expectancy for Mozambicans that was already very low even before HIV made its appearance.

Life expectancy at birth is a demographic measure widely recognised as one of the main indicators for people's living conditions: through it, one can estimate the longevity and state of health of a population. At the start of the 1990s, this indicator was incorporated into an index, which also includes two other components that are important for human development: knowledge and living standards. Taken together, these three components formed the Human Development Index (HDI), which has been used as a measure of human development, understood as the process of enlarging people's choices (UNDP: 1999, 2000).¹

Over the last decade we have become used to hearing that Mozambique is among the ten countries in the world with the lowest HDI.² Only with difficulty can

* Published by the weekly newspaper Savana June 22, Maputo, pp. 16-17, and Savana June 29, Maputo, pp. 16-17; Translation by Paul Fauvet.

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¹ Those readers interested in the technical aspects of calculating the HDI can consult the technical notes in the UNDP national and international reports. As for the details of the calculations made for this research, as well as suggestions for improving and deepening them, I can be contacted at my faculty or through the e-mail address: afrancisco32@hotmail.com

² In the UNDP's 2000 Global Human Development Report, Mozambique is classified in 168th position, out of 174 countries. The countries with the lowest human development in this list are: Sierra Leone,

this lamentable international position of Mozambique be altered, at least in the short and medium term. Immediately, the best thing that can be done to alter it, before anything else, is to recognise the difficult reality in which the country finds itself. Only thus, aware of the disease that is corroding Mozambique's human fabric, will we be able to find effective means of turning it round, of controlling it and preventing it from continuing to damage human development in Mozambique. And this is precisely where the problem lies. Are we aware that human development is currently getting worse?

Rather more than a year ago we had reason - certainly more reason than now - to respond positively to the previous question. What we knew, up to the end of 1999, about the three components of the HDI showed us that the Mozambican population was indeed managing to improve its human development. As one of the authors and the main coordinator of Mozambique's first two national human development reports, I shared in this belief. In fact, I was one of those mainly responsible for the frankly positive image that the reports on 1998 and 1999 gave of the recent human development trend in Mozambique.

This positive image was not intended to deceive readers. Nor was it drawn up to feed the ego of the funding agency, or to please rulers and politicians who prefer to be ruined by praise, rather than saved by criticism and recognition of the truth. But it is certainly surprising that, after another year of opportunity to reflect upon the already high prevalence of HIV/AIDS in the country, a new UNDP National Human Development Report (NHDR2000) has appeared, which still neglects, with arguments supposedly resting on great technical and scientific rigour, the impact that HIV/AIDS is now having on the levels and the recent trend of human development of the Mozambican population.

This article takes its inspiration from the same frontal approach and spirit of intellectual honesty which lay behind the piece I published, about a year ago, in this same weekly (Francisco, 2000). Unfortunately, in this case the article is intended to correct rather than confirm what the data available up to the end of 1999 allowed us to conclude about reality. The article shows that human development in Mozambique, when measured by the HDI, has stopped growing and must indeed now be on the decline.

New statistical data should soon test the quality of the estimates that MISAU et al. (2000) presented in their important study *Impacto Demografico do HIV/SIDA em Moçambique* (Demographic Impact of HIV/AIDS in Mozambique).³ Such data will allow us to reassess and update, with greater rigour, the scale of the impact of HIV/AIDS on life expectancy and on the HDI. But the research that I have undertaken, based on the available data, allows me to state right away that it is most unlikely that the new data will justify the optimism on which the hypotheses underlying the population projections undertaken immediately after the 1997 Census (INE, 2000) were based. In the absence of better data, the study by MISAU et al. (2000), which already contains estimates of life expectancy at birth taking into account the impact of HIV/AIDS, provides the best basis currently available for researching, with reasonable rigour and realism, the recent human development trend in Mozambique.

Burkina Faso, Ethiopia, Burundi, Guinea-Bissau, Mozambique, Chad, Central African Republic and Mali.

³ This study, the authorship of which is henceforth given as MISAU et al., was drawn up by four Mozambican institutions: the Ministry of Health (MISAU), the National Statistics Institute (INE), the Planning and Finance Ministry (MPF), and the Population Studies Centre (CEP) of the Eduardo Mondlane University (UEM).

In this context, although it was not the initial intention of this article to expose the analytical weakness and intellectual inconsistencies of the recent UNDP report, that exposure will become a by-product of the independent work I present here. Regrettably, as this article shows, the NHDR2000 lost an unequalled opportunity to offer us a more realistic, deeper approach towards current human development in the country, and consequently to provide political decision makers and readers in general with a more responsible and useful warning.⁴

If the results of this independent research of mine contribute towards clarification and greater awareness of the impact of the HIV/AIDS pandemic on human development in our country, then I believe it may also contribute to dissipating illusions and deceptive images that certain studies insist on keeping alive. This is important and urgent, particularly now that there are those who believe, and with good reason, that the HIV/AIDS pandemic might surpass the preceding challenges, and may perhaps undo any progress so far made by Mozambique (Wils et al. 2001: 6). It will depend on us to prevent this prognosis from ever being confirmed!

What would human development in Mozambique be without AIDS?

The NHDR1999 estimated that the reduction in human development shortfalls between 1994 and 1998 should have been around 5%. That Report also added a forecast: if the previous positive trend in the HDI variables was maintained in 1999, then one could anticipate that, in the last five years of the 20th century, Mozambique would have managed to reduce its human development shortfalls by about 7% (UNDP, 2000: 11; Francisco, 2000: 16-17).

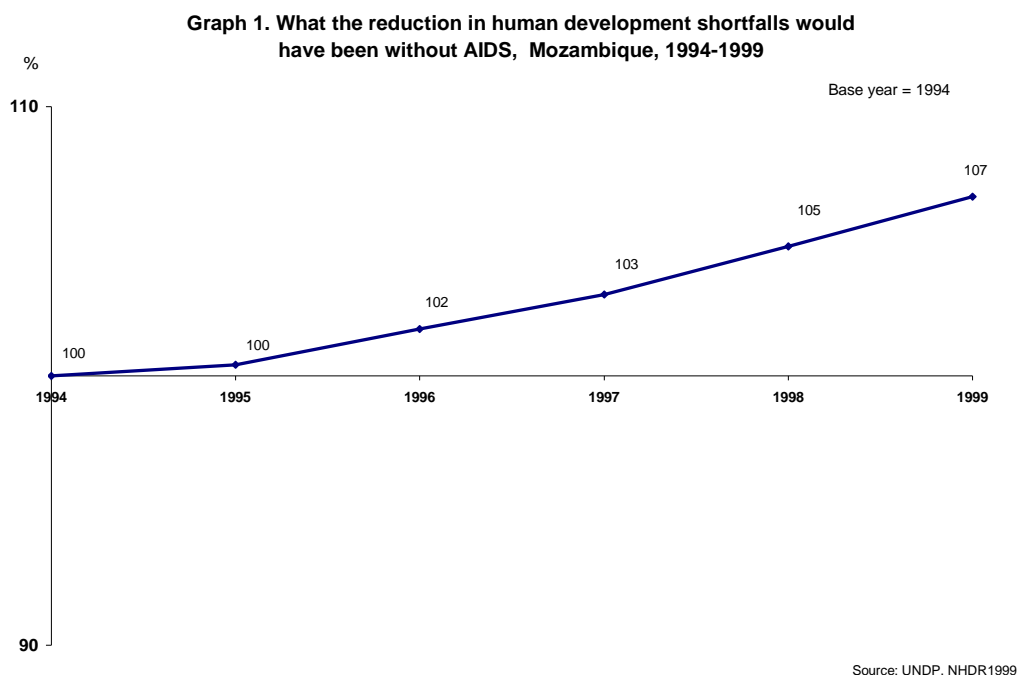
This was a modest and slow reduction in the high human development deficit the country still faced. But at least it was a step in the right direction. Unfortunately, we were wrong! As shown below, this picture is unrealistic and deceptive; and there is now more up-to-date empirical evidence on which this statement can be based.

But before moving on to alternative pictures, it is appropriate here to clarify certain questions as to the supposed limitations of the data of MISAU et al. (2000), compared with the INE's 1999 projections. Anyone who does not know how demographic projections are reached may be intimidated with the authority of the supposedly technical and well-informed arguments behind the claim that it is better to use the INE's 1999 projections, while no more representative data about HIV/AIDS prevalence is available. This is a feeble argument, and one which distorts the significance and usefulness of the INE population projections, compared with the forecasts of MISAU et al. (2000).

The latter, although fragile, have the advantage that they are not based on the hypothesis that mortality will decline over the next decade, a hypothesis which neglects HIV/AIDS prevalence. Knowing that the INE projections (1999) did not take the impact of AIDS into consideration, and that the INE itself collaborated later in drawing up the projections that have now been available for a year (MISAU et al., 2000), does it make any sense for analysts or researchers to pretend that the later projections do not exist? What spirit of investigation and critical sense does the NHDR2000 wish to develop?

⁴ My comments on NHDR1999 and NHDR2000 are restricted to the aspects relevant to the theme of this article. Other comments will wait for another occasion.

Even if the INE continues to use its 1999 projections as the official ones, is that official nature of the projections any reason for researchers to stop deepening their understanding of reality by using the other data that are available? This makes one recall the early 1980s, when the prices of goods fixed administratively were regarded as the only market prices, as if one expected the parallel market to be converted into a socialist militant. But I doubt whether the INE would recommend researchers to use the criteria of "official data" as a criterion of analysis, much less advise them to use only data which make it possible to produce politically correct pictures.



Most likely evolution of human development: 1994-2000

The study of MISAU et al. (2000) is perhaps the most dramatic piece of research published in independent Mozambique.⁵ Even if its data are shown to be something of an over-estimate, as new and more statistically representative samples become available, in essence the tragedy of HIV/AIDS prevalence that MISAU et al. (2000) expose is already far advanced, so that new data may reveal that the previous ones were all wrong. It also no longer makes sense to insist that AIDS is (just?) "a hidden threat to development", or "a phenomenon that threatens to knock down all the gains made..." (p. 86) in the recent past.

No! It was a threat in the mid-1980s when the first cases of people carrying HIV and AIDS began to be made public. Since then the epidemic has become a

⁵ Anyone who wants to go to the trouble of spending a little time reading the study by MISAU et al. (2000), will certainly agree that adjectives such as "tragic" or "dramatic" are far from alarmist. By way of example, it is enough just to mention some of the shocking figures that the study presents: more than 80,000 deaths in 1999, and about 100,000 deaths in 2000; around 107,000 people newly infected in 2000; a forecast that up until 2010 an average of 150,000 people a year will be dying. And all this is solely due to HIV/AIDS.

pandemic which is now destroying (not merely threatening!) the social and human fabric of the population. Its effects are visible in day-to-day life: from the increased number of sick people in hospital wards, to the ever more frequent funerals, to the shocking statistics that MISAU et al. (2000) published more than a year ago.

So, if the HIV/AIDS prevalence was around 15.4% among the population aged between 15 and 49 in 1999 (MISAU et al., 2000), can we say that human development, and particularly the levels and trend of the HDI, have not yet begun to be affected? This was the question I asked myself some months ago - and the results of the research I undertook I shall now present. I shall begin by referring to the behaviour of the three variables, taken separately, and later I shall consider them as integrated into the HDI.

Per capita income and living standards

Real Gross Domestic Product (GDP) per capita is a good indicator of living standards because it shows variations in production at constant prices; that is, in the absence of inflation. Thus real GDP per capita can be used as an indicator of people's living standards.

The figures used here to calculate the income index, as one of the components of the HDI, are based on the World Bank's estimates of real GDP, using the scale of international dollars, or purchasing power parity (\$ PPP), instead of exchange rates as conversion factors.⁶ Thus between 1994 and 2000, the annual growth rate of real GDP per capita (in \$ PPP) was 6.4%. In 2000 the GDP was 32% larger than the GDP of 1994.

Over the same period the population grew by between 10% and 13%. Even taking the maximum figure (13%), which does not take into account the effect of AIDS, it is evident that between 1994 and 2000 the national wealth grew more rapidly than the population did. That is, real per capita production grew, and thus the average living standard of Mozambicans also improved.

In Graph 2, the line corresponding to the growth of the GDP is shown in an index, according to a specific formula that, put simply, expresses the proportion of economic growth that may really have contributed to human development. In these terms, I estimate that 7% out of the 32% economic growth accumulated over five years has reverted directly to human development.

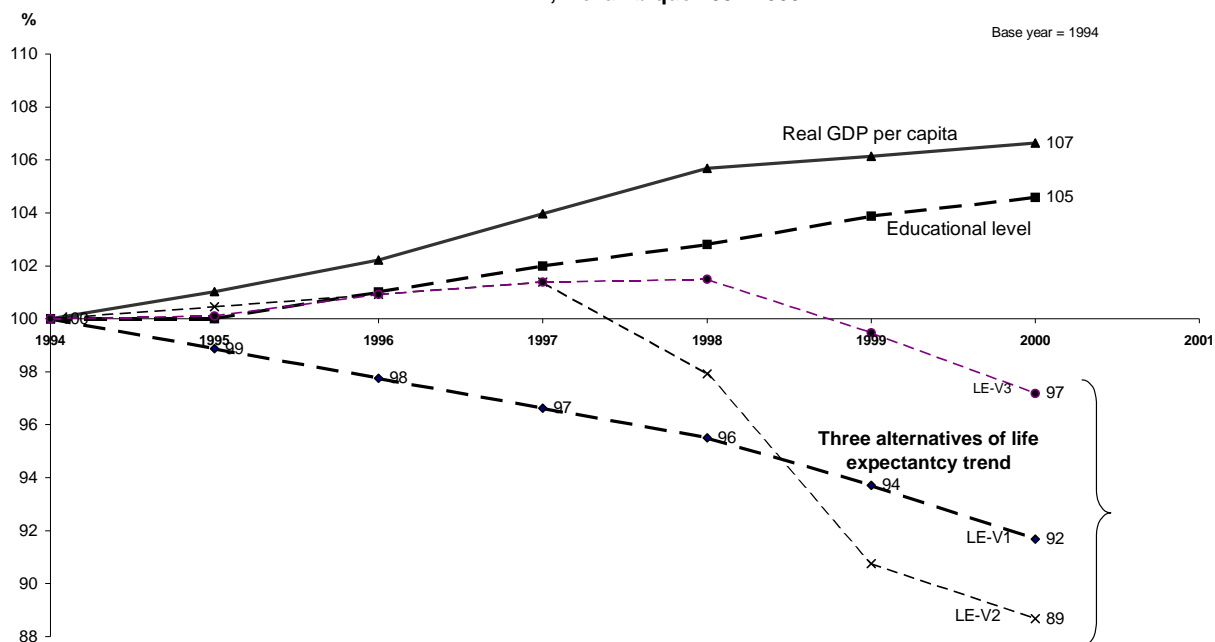
In part, this confirms what the ordinary citizen feels and laments. For example, reflecting this feeling, Joaquim Fanheiro, General Secretary of the Organisation of Mozambican Workers (OTM), recently stated "the economic growth that has been mentioned in the official statistics has not been reflected significantly in poverty alleviation and in improving living conditions" (Metical no. 998, 30/05/2001).

This perception of the invisibility of the impact of recent economic growth is understandable for two reasons. First, the period of real positive growth is still very short, and started from a very low level, after several years of negative growth, or of economic growth lower than the growth in population. Secondly, economic growth does not generally benefit the population in an even fashion.

⁶ There are slight differences between the data used in this article and those of NHDR2000. Very probably this is because my source is the CD-ROM 2000 of the World Bank, while the UNDP indicates it has used data from two successive World Bank reports: 1999/2000 and 2000/2001. However, these differences have no implications for the main conclusions of the article.

It is thus understandable that people still say that they do not feel the dividends from the recent economic growth. For this perception to change, it will be necessary for real growth of production to continue for a long period, and for the mechanisms of the social distribution of national wealth to be improved, for the benefit of the majority of the population. In other words, this will involve establishing links and flows between economic growth and human development that are

Graph 2. Recent evolution of the three indices that integrate the HDI, Mozambique 1994-2000



currently either very weak or simply do not exist.

In any case, even knowing that the impact of economic growth on improving the living conditions of the population is still limited, it remains important to recognise that this crucial component of human development has made a positive contribution to its progression. This is fundamental, if we take into consideration that, over about a quarter of a century, economic growth constituted one of the main obstacles to improving human development. Without rapid and sustained growth in the living standards of the population, progress in human development is non-viable and practically impossible.

Educational level: adult literacy and combined enrolment ratio

The 1997 Census shows that the adult literacy level in Mozambique is 39.5%. There is no sign of adult literacy undergoing improvement in recent years, just as there is no sign to the contrary either. On the other hand, the data provided by the Ministry of Education show that school attendance has increased between 1994 and 2000 at an average rate of 6% a year.

In the HDI, adult literacy and the combined enrolment ratio are integrated into a single educational index, which represents the contribution of knowledge to human development. Thus the available data suggest that the educational index contributed about 5% to the improvement in human development between 1994 and 1999.

Just as in the case of the contribution made by economic growth, which is still not very visible, so in the case of educational level, there are reasons for concern - not only over the future, which it is feared could worsen because of HIV/AIDS (UNDP, 2001; Wils et al., 2001), but also already over the present. If adult literacy remains stationary, the educational level of the population will be entirely at the mercy at whatever improvements may take place in school attendance among children and young people. And clearly a poor level of knowledge, in school, functional and professional terms, holds back improvements to the quality of Mozambican human capital, economic productivity and a whole vast range of opportunities which people will cease to enjoy because of their low level of knowledge.

Life expectancy: declining for the first time in half a century!

Unlike estimates based on the INE's 1999 projections, which did not take AIDS into account, MISAU et al. (2000) estimate that life expectancy was 37.9 years in 1999 and 36.7 years in 2000.

It is not surprising that some people, aware of what this level of life expectancy means in historic terms, hesitate to believe it. It is a dramatic and unprecedented revelation. It means that, at the start of the 21st century, Mozambique is recording practically the same level of life expectancy that it had reached in the late 1960s, 40 years ago!

So there is reason to ask: are we going backwards, or in 1997 had we simply not achieved the 42.3 years life expectancy estimated by the INE ? By the looks of things, the answer is both. On the one hand, even if new studies, statistically more representative of the entire country, show that the situation is not as serious as suggested by MISAU et al. (2000), it is also very unlikely that the optimistic figure estimated by the INE in 1999 will be validated. Confirmation of the 1999 estimate would mean that, in contradiction with plenty of empirical evidence that now exists, AIDS would not yet be worsening the levels of infant and adult mortality. This possibility seems out of the question. It is no accident that the recent work of Wils et al. uses the scenario "NoAIDS", among seven other possible scenarios, "purely for comparative purposes to evaluate the impact of the epidemic" (Wils et al., 2001: 8; Gaspar, 2001).

There is another question which it is difficult to answer even with the new data on HIV/AIDS prevalence. It concerns the past - namely, when did life expectancy really begin to drop? If in 2000 life expectancy at birth was around 36.8 years, because of AIDS, very probably the decline would have begun prior to 1997. But when? It is difficult to know.

While the hypothesis of a sharp fall in life expectancy as from 1997 is unlikely, in the current study it appears as one of the alternatives shown on Graph 2 (Variant 2). The other alternative, perhaps more realistic, assumes that the figure of a life expectancy of 42.3 years in 1997 is an overestimate, because it does not take into account the effect of AIDS prior to the 1997 census.

If life expectancy at birth was around 38.7 years in 1980, it must have continued to increase until at least the first half of the 1990s. But it is not known exactly when, in the 1990s, the increase in life expectancy stopped, and the direction of the trend changed. One possibility is that it occurred after the end of the war, in 1992, when the displaced population was resettled, and thousands of Mozambicans returned from the neighbouring countries.

For this work I have simulated several alternatives for projecting backwards the trend in life expectancy, one starting in 1994 and the other in 1997. Graph 2 illustrates these trajectories. Variant 1 assumes that life expectancy increased from 38.7 years in 1980 to 40.5 years in 1994, and then declined at about 1.2% a year, until reaching 36.8 years in 2000, the figure given by MISAU et al. (2000). Variant 2 assumes that the fall in life expectancy happened suddenly, as from 1997, as may be inferred from the data of MISAU et al. (2000).

Finally I have drawn up a Variant 3, which considers the possibility that the data of MISAU et al. (2000) are overestimates. If this is confirmed, then the fall in life expectancy may not have been as sharp as is thought. Thus, assuming that MISAU et al. (2000) overestimated the decline in life expectancy at birth by about 10 per cent, this would mean that in 1999 it should have been around 39.7 (instead of 37.7) years, and in 2000 about 38.8 (instead of 36.8) years.

HDI estimates more realistic than those in the UNDP report

What then were the more realistic levels and trends of the HDI in Mozambique, between 1994 and 2000, compared with the unrealistically optimistic hypothesis of the most recent report published by UNDP-Maputo ?

On the same lines as the work I did personally for NHDR1999, Graph 3 summarises the response to the above question. To this end, instead of presenting the annual evolution of the HDI figures, I show an estimate of real progress in terms of the reduction or increase in human development shortfalls, by calculating the distance a particular value of HDI has to travel to reach the maximum possible value of 1. In other words, the difference between the figure reached by Mozambique and the maximum possible figure shows the level of shortfall, the deficit or the distance that the country still has to travel in terms of human development.

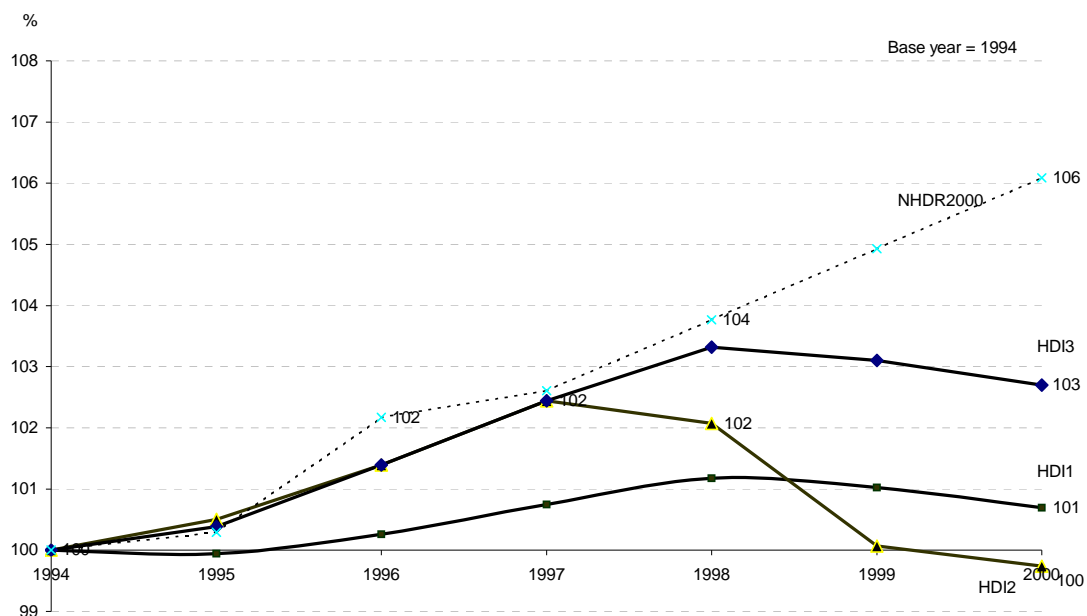
Graph 3 shows the three most likely trends, in accordance with the three variants for the evolution of life expectancy described above, and confronts them with what the NHDR2000 offers us. Let us now consider, in summary form, the results obtained.

HDI variant in NHDR2000: This trajectory is not significantly different from that presented in NHDR1999, with the difference of just one percentage point between them. It assumes that, in recent years, the effect of HIV/AIDS on life expectancy was zero. Thus the NHDR2000 concludes, as can be read in several passages of the text: that the HDI has undergone "a significant increase", and there are grounds for "optimism and renewed hope" about progress in human development.⁷

⁷ It is not worthwhile analysing here a much more unrealistic vision than that of NHDR2000, and I will merely draw attention to it. It is to be found in the Regional Human Development Report 2000 of SADC, which was prefaced by Prof. José Oscar Monteiro, chairperson of the committee that drew it up. The data on population and life expectancy used in this SADC report are prior to the 1997 census, and thus ignore the best information published by the INE in the last three years. For example, according to this regional report, in 1995 Mozambique had 18.9 million inhabitants and a life expectancy at birth of 46.5 years. Thus in some parts of the text, one gets the impression that the countries with the largest gains in life expectancy are (apart from Mauritius and the Seychelles), Angola, the Democratic Republic of Congo and Mozambique. In the cases of Angola and Congo, we can imagine the problems faced in collecting up to date information. But for Mozambique, the problem is in ensuring that those who use statistics are themselves up-to-date, and make better use of the most recent data that the INE and other Mozambican organisations have published.

HDI1 - Hypothesis that life expectancy began to decline prior to 1997: The HDI1 variant considers the possibility that life expectancy at birth had already begun to fall some years prior to 1997. If this was the case, my research gives the following evolution for the HDI: from 0.303 in 1994, the HDI grows until it reaches 0.311 in 1998, the year in which the trend is reversed and becomes negative. Speaking realistically, there is no evidence that can lead us to believe, as the NHDR2000 states, that in 2000, or even in 2001, the decline in the HDI can be halted. On the one hand, the available evidence indicates that life expectancy will continue to decline, because the possibility of controlling the prevalence of HIV/AIDS is by no means guaranteed. On the other hand, there is no evidence that the

Graph 3. More likely alternatives for the HDI, compared with the optimism of the UNDP Report, Mozambique 1994-2000



other two variables, the economic and the educational, may, in the short term, compensate for the deterioration in infant and adult mortality.

HDI2 - Hypothesis of a sharp decline in life expectancy after 1997: The HDI2 variant rests on the hypothesis that life expectancy fell sharply as from 1997. While this may be unlikely, it is worth noting what it would have meant for the trend in the HDI over the period under study. The result obtained is a growth in HDI from 0.310 in 1994 to a maximum of 0.326 in 1997. It then begins to decline, falling to 0.308 in 2000. That is, according to this hypothesis, currently Mozambique is recording an increase, and not a reduction, in human development shortfalls. By 2000 the level of shortfall may already have been greater than in 1994. And in the immediate future, just as in Variant 1, there is no evidence that the situation can improve in the next few years.

HDI3 - Hypothesis that the data of MISAU et al. (2000) exaggerate the reduction in life expectancy: If the data of MISAU et al. (2000) do indeed overestimate the prevalence of HIV/AIDS, because the sample used was not sufficiently representative statistically, then the figures for life

expectancy must be under-estimated. But given this possibility, what a researcher or analyst should do is not restrict himself merely to more out-of-date figures, while waiting for better data to be published. It is possible to anticipate some hypotheses, and this is the least that the NHDR2000 should have done. So let us suppose that MISAU et al. (2000) have underestimated life expectancy at birth for 1999 and 2000 by between 5% and 10%. If we want to be optimistic, but without ever ceasing to be realistic, in order not to induce readers into erroneous conclusions, let us consider the greatest margin of error: 10%. The result is shown in Graph 3: a slow but real reduction in life expectancy, and its current level should be below that recorded in 1994. If this is confirmed, then the HDI is also undergoing a decline, and is now below the level reached in 1997. Thus, in the best-case scenario, while the shortfalls are not increasing as rapidly as suggested in the two previous variants, they are also not diminishing with the speed suggested by NHDR2000.

Conclusions and political implications of this research

In this article, I show how the important study by MISAU et al. (2000), regardless of the fragility and limitations of its data, can be used with originality and scientific rigour, as well as with a sense of responsibility for the readers in general, and for political decision makers and government members in particular. I also show why the recent UNDP Maputo report resorts unnecessarily to scientifically inconsistent arguments to justify its inability to go deeper into the revelations of the MISAU study (2000) concerning the impact of HIV/AIDS on recent human development in Mozambique. From the explanations and alternative analyses presented above, the reader may, for example, understand why the following conclusion by Emmanuel D. de Casterle, the UNDP Resident Representative, reached in his preface to NHDR2000, is deceptive:

Based on the historical series for the period 1996-1999, the national HDI has increased from 0.325 to 0.344 and the social components of the index are playing an ever-increasing role in the upward trend (de Casterle, 2001: iv).

This conclusion rests on an incorrect and partial use of only some data on the current level of life expectancy. If NHDR2000 had taken into consideration, in estimating the HDI, the statistical data of MISAU et al. (2000), the conclusions reached would have been less optimistic, but definitely more realistic and correct.

On the other hand, this article provides a broader, deeper and better grounded analysis of the levels and recent trend of human development in Mozambique, as these have been measured through the HDI. My main concern was not to dispute whether the life expectancy of Mozambicans is greater or less by one, two or three decimal points. It is well known that, in any debate, the details are very important - but, like the series of trees that form a forest, also in analysing a reality so complex as that of human development, what matters in the end is a vision of the whole.

Can we state, with, for example, the confidence expressed by UNDP-Maputo, that the population and human development in Mozambique are progressing? Are there really reasons for "optimism and renewed hope", as NHDR2000 states?

Unfortunately, the shortest, simplest and most direct answer to the above questions is: no. To state the contrary, particularly with the support of arguments that have been inebrated with partial, unsustainable and scientifically incorrect justifications, would result in providing a bad service for the users, particularly for political decision-makers and rulers.

It is imperative that we should have the courage to recognise that Mozambique is undergoing a dramatic and unprecedented phenomenon: the decline in the life expectancy of its population. There are no records, at least as regards the second half of the 20th century, of a reduction of this sort in Mozambican life expectancy. This is a matter of great concern, because of what it represents for the future of Mozambique. It is enough, for example, if we consider the following: even if the national economy were to manage, over this decade and the next, growth rates of 20% a year, who will believe that such growth has generated social and human development if we reach 2010 or 2020, and the life expectancy of Mozambicans is at the same level as in 1960?

It is true that the national economy has been making real progress and to some extent, so have average living standards. Educational levels have also improved, albeit very slowly, and only at the level of school attendance by children and young people. On this, it is worthwhile noting the concern that the President of the Republic expressed in a recent interview: "Literacy...I am not very happy with the results" (Chissano, 2001: 18). But the present article advances evidence for political and government leaders, alongside President Chissano, to find reasons, apart from those which they certainly already have, to be concerned more with the situation of life expectancy, that human dimension without which it is not worth much to have more money and knowledge.

Thus the interest of the exercise presented in this article is far from being merely academic. It is, on the contrary, academic in the worst sense of the term to spend intellectual effort and financial resources in looking for technical arguments to limit, rather than to expand and deepen, the intellectual debate on the reality of current human development. Indeed, if we follow the analytical perspective that the NHDR2000 offers, we will end up by falling into the sort of scholastic discussions in which the thinkers debate how many angels can dance on the tip of a pin.

A mistake in analysis so elementary, as that which the UNDP report on the levels and recent trend of the HDI in Mozambique reveals, would not be admitted in a simple final year thesis for a degree at the Eduardo Mondlane University. But at school or university, if a student makes such mistakes, the worst that can happen to him is that he repeats the subject or rewrites the thesis. But in real life people only live once. AIDS does not allow tests, examinations or repeating school years.

It is not by chance that the HIV/AIDS epidemic has come to be called a pandemic. It is generalised over a vast region, and so far it is still spreading in an uncontrolled fashion. The more arguments that are invented to avoid a deeper look at the impact of the HIV/AIDS pandemic on human development, the more preconceptions and illusions are nourished. This only helps induce political decision makers and citizens in general to remain complacent and indifferent to the destruction that HIV/AIDS has been causing in the social and human fabric of the Mozambican population. If there are doubts as to the quality of the available data and hypotheses, the most sensible solution is to investigate possible alternatives that may illuminate the matter with greater scientific rigour.

In any case, there is still reason to believe that human development in Mozambique is, and will be, a process of enlarging people's choices, including in terms of political and intellectual possibilities for a debate in a more correct direction. In this regard, it is gratifying to note that civil society is increasingly

awakening from the lethargy into which it had sunk. For example, at the start of this article I used two terms - turn round and control - which come from a recent message from several representatives of civil society, delivered to the Prime Minister, Dr. Pascoal Mocumbi. As the daily paper *Notícias* reported:

Civil society expressed its belief that AIDS can be controlled and turned round, but "it is imperative that the policies formulated in the country, as well as the initiatives taken to attract investments and donations, have a basis that ensures the use of a significant part of these resources in programmes against AIDS, taking into account the fact that nations are beginning to regard the African case as a state of emergency" (*Notícias*, 16/06/2001: 1)

This message was given as a government delegation prepared to travel to New York in late June to seek urgent support from the United Nations for the struggle against AIDS. But our government delegation should take care! Its mission could be faced with embarrassing situations, resulting from contradictory and deceptive messages that have been spread concerning the current impact of HIV/AIDS in Mozambique. While, on the one hand, UNDP based itself on MISAU et al. (2000) in drawing up some parts of its report, on the other hand NHDR2000 neglects that same source precisely in the part that is the core of human development reports: the levels and current trend of the HDI.

Let us imagine, for example, that some of those influential bureaucrats in the UN, with good or bad intentions, but very zealous in their duties, react to yet another appeal for aid from Mozambique, in these terms: "What?! Mozambique is asking for urgent support yet again...and this time because of HIV/AIDS? But haven't SADC and UNDP-Maputo just put out reports showing that life expectancy and human development continue to increase significantly in Mozambique? If that is the case, then it is more urgent to assist the neighbouring countries first, where there is strong evidence that their life expectancy has been in decline for several years because of HIV/AIDS. According to UNDP-Maputo, the HIV/AIDS situation in Mozambique may eventually worsen, but for now there are other countries that are more of a priority".

We are not free from this kind of argument which, ironically, is corroborated by the main UN body in Mozambique. This is where the main danger and the negative socio-political implication lie of the kind of estimates that the recent report by UNDP-Maputo give us: but in this article I expose their lack of sense and scientific consistency. In fact, Mozambique is not an exception in the region, when it comes to the critical situation of life expectancy and human development, caused by HIV/AIDS.

I have no intention of competing with the authority and good reputation of institutions such as UNDP-Maputo, but I hope that the evidence I present here may contribute towards correcting the incorrect and deceptive vision of the recent NHDR2000. I am convinced that the intention of being optimistic and positive should not distort the need always to be realistic. Otherwise, well-meaning optimism is no more than demagoguery and pretence.

As Wils et al. state, "In the past decade, the HIV/AIDS epidemic emerged, silently and unexpectedly, due to a failure to interpret and communicate information about the present situation and expectations for the future (Wils et al., 2001: 6).⁸ However, as the old proverb so rightly says - hope is the last thing to die. And there is still hope - no doubt about that! It is merely enough, as the poet Fernando Pessoa

⁸ This reference refers to the text in English, since the Portuguese version completely distorts its basic idea. Indeed, the translation of this important work could not be worse. Anyone who wishes to read it, should not read the Portuguese version, if they are able to read the English one. For example, in the passage mentioned above, the Portuguese translation omits the reference to "failure to interpret" the present situation and future prospects.

once wrote, to understand that "the start of the cure is in awareness of the disease, the start of truth is in recognising error".

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