

## THE IMPLICATIONS OF HIV/AIDS ON TOURISM ENTERPRISES IN THE SUB-SAHARAN AFRICA

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### ABSTRACT

*Tourism plays a vital role in the economy of many countries in the Southern African Region. It creates employment, earns foreign exchange, markets the Southern African countries globally, attracts foreign investments and contributes to Gross Domestic Products (GDP). The paper analyses the potential of tourism entrepreneurship in alleviating poverty in Botswana in an innovative approach, contributing to the understanding of relationship between poverty and HIV/AIDS and the implications of HIV/AIDS on tourism entrepreneurship as well as recommending strategies that can be applied in maximising tourism benefits and mitigating the negative impacts of HIV/AIDS on the tourism sector. This paper is useful for tourism businesses, tourism policy makers, decision makers and tourism leaders, government officials and general communities in realising that they can best utilise tourism to fight the spread HIV/AIDS. This also helps tourism role players to work closely with the communities in developing tourism for the benefits of the economy of the Southern African tourism and communities in general. This paper should be of value to academics who wish to increase their knowledge of the HIV/AIDS implication on the tourism businesses.*

**Keywords:** Tourism, HIV/AIDS, Sub Saharan Africa

### INTRODUCTION

This paper evaluates the impact of HIV/AIDS on tourism in Southern Africa. The paper states that Southern Africa is confronted with many risk factors associated with the spread of HIV/AIDS (The Botswana Ministry of Health, 2000). These risks include but not limited to the migratory pattern of wage workers in the region, alcohol abuse, and deterioration of traditional family structures that used to reinforce morality (The Botswana Ministry of Health, 2000). Other susceptibility factors are family and communal disruption (transfers), poverty, low status of women, high proportion of single parents and early parentage. The average age of first sexual encounters in Botswana is 17 years (The Botswana Ministry of Health, 2000). The HIV/AIDS pandemic has serious social and economic effects on Southern African countries. Therefore, the purpose of this paper is to assess

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the impact of HIV/AIDS on the tourism industries, particularly in relation to human resources and productivity. The paper concludes by suggesting that tourism organizations should use their existing networks to share information regarding how they can best deal with the impact of HIV/AIDS, and encourage their employees not only to go for voluntary HIV/AIDS testing, but also consistently taking HIV/AIDS drugs if found to be eligible.

## LITERATURE REVIEW

The impact of HIV/AIDS on Southern African countries, economies is well documented. Lisk (2002) indicates that HIV/AIDS affects the gross domestic products (GDP) of a number of countries in Southern Africa generally and through its impact on tourism labour supply, savings, and through reduction in the productivity. However, HIV/AIDS does not affect Southern African tourism sector only, but also other sectors in of the economy. These include but not limited to a significant number of people who have died due to the disease and use of funds which would otherwise have been used to pursue development goals. To some countries such as Botswana, HIV/AIDS reduced the economic gains achieved in the 1980s and early 1990s, particularly in respect to the human resource. In addition, HIV/AIDS also affects a country's savings and investment rates. Studies in Tanzania, Cameroon, Zambia, Swaziland, Kenya, Botswana and a number of other Sub-Saharan African countries indicate that the rate of economic growth in Southern Africa has been reduced by as much as 25% over a 20 year period as a result of the HIV/AIDS pandemic (Botswana Harvard International, 2003). Most of the countries in the Sub-Saharan region depend on tourism for their economy. According to the World Travel and Tourism Council [WTTC] (2002), the HIV/AIDS pandemic in South Africa is felt directly by many organizations' managers. These organizations include companies in the tourism industries. According to the Namibia's Ministry of Environment and Tourism (1994), there are several mechanisms by which HIV/AIDS affects a country's macroeconomic performance. For example, HIV/AIDS deaths lead directly to a reduction in the number of tourism workers. The high death rates associated with HIV/AIDS in tourism organizations means that experienced tourism employees are constantly replaced by younger and inexperienced workers, resulting in reduction on productivity. The human resource is the most important of all organizations resources. Therefore, an experienced employee is difficult to replace, resulting in the reduction of the quality of service in a number of companies including those in the tourism industries.

An argument for tourism development in Africa is that it created jobs, and alleviate poverty (Mbaiwa, 2004, 2005a, 2005b). However, poverty in Southern Africa and in other parts of Africa is likely to increase due the continued spread of the HIV virus in Africa. HIV/AIDS creates a vicious cycle by reducing economic growth, which leads to increased poverty, which in turn, results in the rapid spread of HIV/AIDS due to reduced household income and nutrition. In addition to these impacts, the HIV/AIDS pandemic results in income inequality by increasing the supply

price of scarce tourism skilled labour, which results in higher wages of skilled workers when compared to the wages of unskilled labour. Ramsey *et al.* (2002) stated that the impacts of the HIV/AIDS pandemic in Sub – Saharan Africa include the destruction of the development progress at various levels and throughout societies. Africa is burdened by large socioeconomic difficulties and poverty, and the HIV/AIDS pandemic threatens human welfare and social stability. HIV/AIDS is the largest obstacle to the implementation of the African Renaissance through structures like NEPAD (Ramsey *et al.*, 2002). The poverty rate in a number of Southern African countries is high, and three quarter of the African continent people live on less than US\$ 2 a day (Ramsey *et al.*, 2002). The most destructive impact of HIV/AIDS in Sub – Saharan Africa is its contribution to poverty by increasing the vicious cycle of poverty already prevailing in the region, and it increases forms of social inequality.

The World Health Organisation's report (2000) indicates that in South Africa, Botswana, Namibia, Zambia and Zimbabwe, life expectancy in 2000-2005 was expected to be between 20 and 29 years lower than it would have been in the absence of HIV/AIDS. The population in these countries was expected to be 20% smaller than it would have been by the year 2015. However, because of the high fertility levels, the population will still continue to grow. There is an average interval of nine to eleven years between HIV infections and full-blown AIDS. The Botswana Tourism sector was reported to have high HIV/AIDS prevalence among tourism workers in 2002, and the estimation in mid 2003 by the Department of Tourism was 15%, or 5% fewer than it would have been without the impact of HIV/AIDS. By the year 2015 the total percentage is expected to reach 30% or some 10% lower than it would have been without AIDS. The impact of HIV and AIDS on Southern African Tourism productivity is obviously negative, but what is difficult to determine is the magnitude of that impact. As the disease develops workers suffer from progressively more illness, before they eventually die (United Nations Development Program 2000). HIV/AIDS affects most companies' productivity because workers take time off work because they become ill, and some employees' work rate drops because of illness and depression. Some tourism organisations experience a problem of absenteeism because workers are either sick or attending funerals of family members who die of related to AIDS. Some working days are lost because some employees take time off to look after their sick relatives and family members attributed to HIV/AIDS. Essentially, all of these effects reduce the supply of tourism labour, and increases its costs.

The other channel through which AIDS affects productivity is through the disruptive effects, which results in frequent replacement of workers. Even if tourism workers who fall sick can be replaced, their replacement does not immediately reach the same levels of productivity (Department of Tourism, 2004). This effect is more pronounced in Botswana and the entire Southern African Tourism Industry because on-the-job learning and experience is important. It is difficult or even impossible to replace a highly qualified and experienced worker after he dies. Due to high prevalence of HIV/AIDS epidemic in Southern Africa, the tourism sector is facing a problem of

losing some of the experienced workers. This is costly because a lot of time and money is spent in recruitment and training of new workers. As a result, some tourism companies operate with unqualified workers, which lead to low productivity and poor service rendered. While the general channels from HIV/AIDS infection to low productivity can be described in some detail, quantifying the productivity impact is much more difficult. A lot of information is available about the general level of HIV prevalence in Southern Africa, but less information is available about prevalence rates in different sections of the tourism labour force.

Most tourism companies in Botswana are suffering from HIV/AIDS-induced absenteeism, a decline in the skilled workforce, fall in productivity, increased sickness payments and rising employee benefits costs (The Botswana's Department of Tourism, 2004). Furthermore, the cost of standard forms of benefits such as death or disability benefits or a spouse's pension is also expected to double in future. In general, the costs of tourism employment are likely to rise as a result of HIV/AIDS (Botswana, Department of Tourism Research & Statistics, 2004). The analysis by the Department of Tourism indicates that HIV/AIDS exacerbates the shortage of tourism skilled labour, leading to an increase in the wages of skilled workers. The Botswana Department of Tourism (2004) also shows that the government's employment costs in tourism are between 36% and 40% of the annual budget. The extent to which it would be affected depends on the proportion of the wage bill paid to skilled workers. The proportion of the tourism skilled workers according to the Department of Tourism (2004) in the overall labour force is approximately 20%. Government employs a higher proportion of skilled workers than in the labour force as a whole. The Botswana Department of Tourism indicates that 27% of tourism workers in both the government and private sectors are classified as skilled. It is also indicated that the skilled workers' salaries are on average 2.5 times higher than that of unskilled workers' salaries. With the persistence of HIV/AIDS, this is expected to rise. HIV/AIDS-related illness and deaths of tourism workers affect employers both by increasing their costs and reducing revenues. The Department of Tourism (2004) in Botswana indicates that employers in the tourism sector spend a lot of money in areas like health care, burial, training and recruitment to replace the sick or dead employees. The process of recruitment and training is costly and time consuming. Revenues are decreased in some of the tourism organisations because of absenteeism due to illness or attendance of funerals, as well as taking care of the family members who are sick. This is a serious problem because the productive employees spend most of the time off duty attending funerals or taking care of family members who are ill of HIV/AIDS. In a number of cases some tourism organisations lose their experienced key workers, who are difficult and to a certain extent impossible to replace. Labour turnover organisations experience leads to a less experienced and therefore less productive tourism workforce. This in return results in poor quality service rendered by the affected tourism organisations.

The Botswana Human Capital Corporation (2003) in collaboration with the Department of Tourism in Botswana depict that besides the costs of general health care, tourism employers in Botswana are

most concerned about HIV/AIDS because there is no simple solution they can buy off the shelf for the pandemic of HIV/AIDS. Furthermore, Human Capital Corporation indicates that the employer is exposed to the legislation placing restrictions on the scope and funding of occupational health care in Botswana and in general. For example the company cannot impose compulsory testing for HIV. The codes of legislation are clear: obligatory testing for HIV constitutes a breach of confidence and can lead to unfair discrimination, with consequences under the Botswana Labour Relations Act. Based on the legislation, the employers are omitted from pre-testing the potential employees during employment process. This poses some problems to the organisations and employers since the chances of employing people who are HIV positive are high. Namibia's Tourism Board (2004) states that the relationship between HIV/AIDS and the costs and revenue of employers has rarely been examined systematically. Moreover, little data is available on how HIV/AIDS affects micro and small formal and informal tourism enterprises. Overall, there could be a reduction in profits if tourism companies in Namibia and in a number of Southern African countries do not take measures to prevent the impact of HIV/AIDS.

The Namibian Tourism Board also indicates that tourism employers are unlikely to be affected significantly by HIV/AIDS where those tourism employees who have to leave the tourism companies can be replaced without loss of productivity. This may happen in countries with high employment and underemployment rates. In view of the expected impact of HIV/AIDS on the composition of the available tourism workforce, there is likely to be a mismatch of human resources and tourism labour requirements in terms of qualifications, training and experience. Other significant impacts include a loss of tourism markets where the purchasing power of the population declines. South Africa's Department of Economic Development and Tourism (2004) indicates that the most terrific impact of HIV/AIDS is in lives lost. Another impact felt mostly by those not infected is economic. Predicting the impact of the disease, especially in Southern African feeble economies, is an inappropriate practice even by the economics standards due to the fact that AIDS is more vulnerable in areas where data are least accurate. The pandemic depresses the Sub-Saharan Africa's annual growth GDP growth rate by 0.8 percentage points. The Botswana Department of Tourism (200) also states that some tourism organisations in Botswana face a problem of over-spending due to the workers who become too sick to work but still have a contract binding the organisation to pay them. This is a serious problem because the organisation seeks for a replacement for a sick worker, and will be paying both the sick worker and the one replacing him. As a result, the organisation is losing a lot of money.

Botswana's Department of Tourism in (2003) expressed concern about the impact of HIV/AIDS on the rate of growth of tourism consumption expenditure in the country. The department indicates that the tourism growth rate is becoming lower and lower due to HIV/AIDS. HIV/AIDS causes reduction in the population growth rate and in Gross Domestic Product (GDP). The ministry of Health report (2002) states that over 70% of death cases in Botswana are caused by HIV/AIDS

related diseases. Botswana is facing a problem of taking care of orphans that result from HIV/AIDS. The impact of HIV/AIDS on demand for tourism in the country is significant since the disease is claiming a high percentage of lives. This in return affects tourism demand because the people who die of AIDS include the market for tourism. Reduction on the population is a reduction on the tourism market, which also results in lower growth in demand. A number of people spend more money on caring for the orphans left by some family members who died of HIV/AIDS. This results in a low demand for tourism because of low disposable income available to spend on tourism. Another concern according to the Ministry of Health is that some of the orphans are HIV positive, and they need more care and expenses are accumulated. This results in a fall in tourism demand because people do not have both money and time to spend on tourism activities.

The Botswana Central Statistics Office [CSO] (2000) projects that the rate of population growth over the next 25 years could fall from 2.8% a year to 0.9% a year under the AIDS scenario. Based on this prediction, it becomes clear that the demand for tourism in the country will deteriorate since the population growth is falling. The Central Statistics Office also indicates that there is a reduction in GDP growth from 4% without AIDS to 2-3% with AIDS. Based on this information, it is evident that tourism consumption growth rates will be much lower in the future as a result of AIDS as compared to the present and the past years. The most significant impact of HIV/AIDS on the general labour is on population growth (UNAIDS, 2003). The highest rate of HIV/AIDS in the world is in Southern Africa (UNAIDS, 2003). The UNAIDS (2003) further shows that about 36% of the adult population in Botswana, 25% in Zimbabwe and Swaziland, and 20% in South Africa and in Zambia are infected with the HIV virus. This is compared with the HIV/AIDS prevalence rate of 1.2% for the world as a whole. Life expectancy is projected to drop from 60 years to 30 years by 2010 in these countries, and their rate of population growth is expected to drop. These demographics have serious implications on businesses and tourism companies in particular. According to Ellis and Terwin (2004) HIV/AIDS affects many Southern African tourism companies and in general through long and frequent labour absenteeism, lower labour productivity and higher employee benefits. HIV/AIDS leads to higher labour turnover rates, lost experience and skills and higher recruitment and training costs (Ellis and Terwin, 2004). Therefore tourism companies in Southern Africa struggle to retain their skilled workers, while at the same time trying to fill the gaps caused by deaths and absenteeism employing semi-skilled and this affects their performance. HIV/AIDS affects companies in many ways. These include loss of skilled workers, training and recruitment costs, declining competitiveness and lower productivity. In the following sections, this paper further explores these factors.

Employees are critical for gaining a company's competitive advantage because they are responsible for the design and implementation of companies' strategies (Hitt et al. 2007) and a company's ability to attract and hold capable employees is essential for its success (Pearce and Robinson, 2009). The tourism industry is highly labour-intensive, therefore management of the human

resource is a very critical function (Grobler, 2007). However, competitive efforts by companies through human resources are undermined by HIV/AIDS in Southern Africa. For instance, Over (2001) indicates that HIV/AIDS affects the Zimbabwean tourism by disrupting the human resources available in the country. A country's human resources are provided by the size and quality of its labour force, and HIV/AIDS affects both. HIV/AIDS affects the size and productivity of the tourism labour force because of mortality and morbidity. Tourism employees who die of HIV/AIDS-related illness do not only represent losses in productivity, but also losses in terms of knowledge and experience they possess. HIV/AIDS mostly affect people aged between 15 and 49 (Lisk, 2002), some of whom work in the tourism sector.

The loss of tourism workers and work-days linked to HIV/AIDS-related illness and the cost of taking care of the ill workers and their families contribute to low productivity, loss of earnings, and loss of skills and experience in a number of tourism companies in Southern Africa. Furthermore, the loss of skilled workers to HIV/AIDS greatly reduces the quality of basic services. The result is that a number of tourism organisations hire or train two or three employees for the same position or replace their loss of key employees by importing tourism labour from other countries. This leads to the risk of creating a bigger immigrant sub-population, which is often more vulnerable to HIV/AIDS infection (Botswana's Department of Tourism Research and Statistics, 2004). Other tourism companies and multinationals provide anti-retroviral drugs to infected employees. However, the distribution of these drugs safely is expensive, and the alternative is to let workers fall sick and die. South African government started providing anti-AIDS drugs like antiretroviral (ARV) to the general public in 2004 but at a few dozen public clinics (South African Department of Economic Development and Tourism, 2004). HIV/AIDS kills young working adults, and this generally affects the South African economy and productivity (Ramsey et al. (2002). However, the specific impacts on the business depends on the benefit package offered by the individual companies to their employees but it involves: absenteeism, hiring replacement of workers, costs of treatment and funerals, reduced productivity, retraining of workers and providing family pensions. A study of 15 companies in Ethiopia over a five-year period indicates that 53% of all illness among workers is AIDS related. In Zimbabwe, the law was passed that funerals should only be held on weekends as the large number of funerals was intruding the economic activities (Ramsey *et al.*, 2002).

The Botswana Tourism Sector also faces some costs arising from the AIDS related mortality, and the loss of trained worker who are expensive and difficult to replace. Some of the workers in a number of organisations are experienced, and it is difficult and expensive for a number of organisations to replace an experienced person if he or she dies. Projections by the National Development Plan in collaboration with the Department of Tourism (2003) are that adult mortality (age 15-49) might increase by as much as 40 deaths per thousands adults per annum. This will lead to an increase in training costs since the skills imported would be lost. Both the Government and

the private sector need to train more than the usual number of people in order to compensate for those who die either during their training, or during their period of service following the training, when the skills are being put to use. This increases the costs as excess people are trained as part of contingency plan. The amount of extra training required would depend upon the length of the training course, and the length of time for which the government or the private tourism organisation would expect to benefit from the skills provided. The aims and objectives of the Botswana Tourism sector are to provide quality service to the clients and compete globally, which require proper training in excellent schools. For example, the Department of Tourism indicates that a first degree course lasting four years might be expected to be followed by four years of service by employees concerned. This is a total of eight years. On the other hand, the number of people dying of AIDS over an eight year period is compounded – and amounts to about 220 per thousands (Botswana National Development Plan, 2003).

The impact of HIV/AIDS on staff recruitment costs is felt by many countries in the region. The concern for the Namibian Tourism Board includes the costs of new recruitments which are projected at 15 new recruits per 1000 employees per year. This is expected to be affected by HIV/AIDS related illnesses (Namibia's Tourism Board, 2004). The total costs of this extra recruitment excluding training are not expected to be sufficiently large to justify an independent estimate. The problem facing many tourism organisations in Namibia with regard to new recruits is the fact that new recruits tend to be less productive when they start to work, so there is a hidden cost in inefficiency resulting from an increased staff turnover. Operating the tourism business with inexperienced employees may result in poor service rendered, which may also lead to lack of competitiveness in the global market by tourism organisations. This could be the situation in a number of Southern African countries that are vulnerable to HIV/AIDS (Namibia's Tourism Board, 2004). The effects on the individual tourism organisation depend upon the degree of employment of skilled workers and the company size. This could be expected to have the greatest impact on the bigger tourism organisations, which are major skilled workers' employers. The other impact pointed out by the Namibian Tourism Board is the fact that there is an increase in death benefits and funeral expenses facing the tourism sector both in the government and private sectors. This results from an increased mortality rate among employees. This could however be significantly offset by savings in pension costs resulting from the earlier mortality of employees. The Botswana National Development Plan projections (2000) indicated that pension liabilities are expected to be about 9.8% of the bill for personnel emoluments, or about 3.7% of the recruitment budget. This poses (some problems – delete) threats to a number of tourism organisations in the country and the entire Southern African Region, especially the small organisations that are still at their infant stage. In responding to this problem, a number of organisation including government departments work in collaboration with insurance companies providing the annuity in the short term, and encourage employees to have life insurance.



## IMPIRICAL SURVEY AND METHODS

This section presents the research results. The results are presented using various statistical presentations such as tables according to the key objectives of the research. The sampling method used in identifying the respondents in this research is non-probability (snowballing) method. The target group in this research are the tourism managers in Botswana (Kasane and Maun), Namibia (Swakopmond), South Africa (Cape Town) and Zimbabwe (Victoria Falls). The tourism managers from various tourism companies from the tourism destinations in the above countries were approached and the purpose of the research was discussed with them. They were then asked to identify and ask their subordinates, also in managerial positions who were willing to participate in this research. The purpose of using this method was because HIV/AIDS is a sensitive issue and generating information from people who do not know one as a researcher about HIV/AIDS could be more difficult than when they are asked by their managers. However, the researcher is aware that this method could lead to tourism managers who are not willing to participate in the research to participate just because the manager is forcing them. To address this problem, the researcher made it clear to the general managers and CEOs that the participants were not going to be forced to participate in this research, and that those who voluntarily participated in the research were going to be anonymous.

### Analysis of results

The measurement scale used in this research is the Likert Scale, and respondents were given five options (strongly agree, agree, neutral, disagree and strongly disagree).

**Table 1: Total number and percentage of respondents**

<b>Executives</b>	<b>Number of Respondents</b>	<b>% Response</b>
CEO	17	9%
General Managers	36	20%
Financial Managers	25	14%
Human resources Managers	37	21%
Food and beverage Managers	16	9%
Other employees	33	18%
Government Officials	16	9%
<b>Total</b>	<b>180</b>	<b>100</b>

The results in Table-1 indicate that most people are concerned with HIV/AIDS in their companies. This is because they do participate in AIDS survey.

1. Are you aware that Southern Africa is the region in the world with the highest rate of HIV/AIDS infection? The first question of the survey examined the level HIV/AIDS awareness in Southern Africa among the respondents. The Table-2 presents the results indicating how the respondents answered the question:

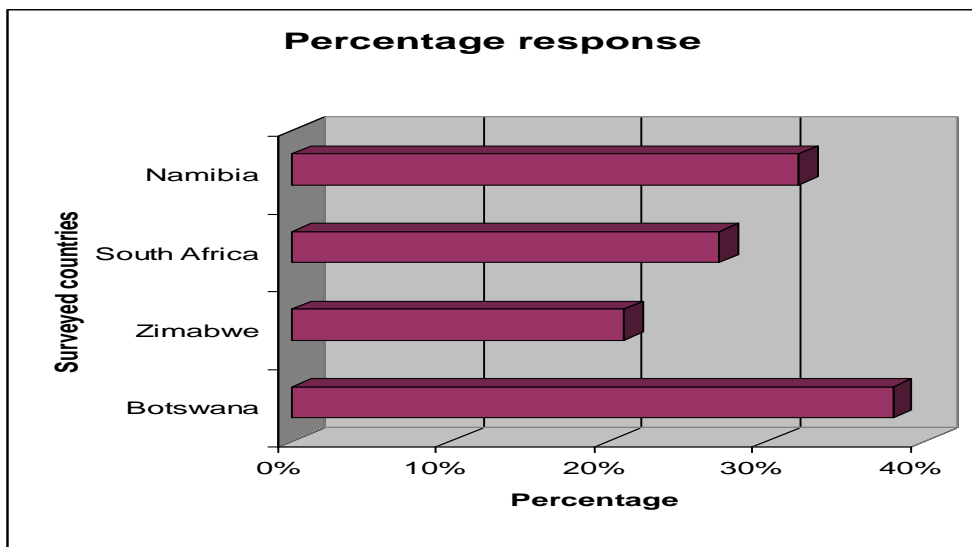
2. The AIDS problem affects your country's tourism sector:

The results of question 1 indicate the impact of HIV/AIDS in a number of Southern African countries is experienced by a number of tourism organisations. This is because 46% of the respondents strongly agreed with the statement, and 27% also agreed.

3. Tourism is widely seen as one of your country's most important economic activity – creating jobs and attracting foreign income:

In answering question 96% of the respondents strongly agreed to the statement and 4% agreed but not strongly to the statement. These responses indicate that tourism contribute significantly to the Southern African economy.

4. In your day – to – day activities, is the AIDS problem directly affecting the running of your business?



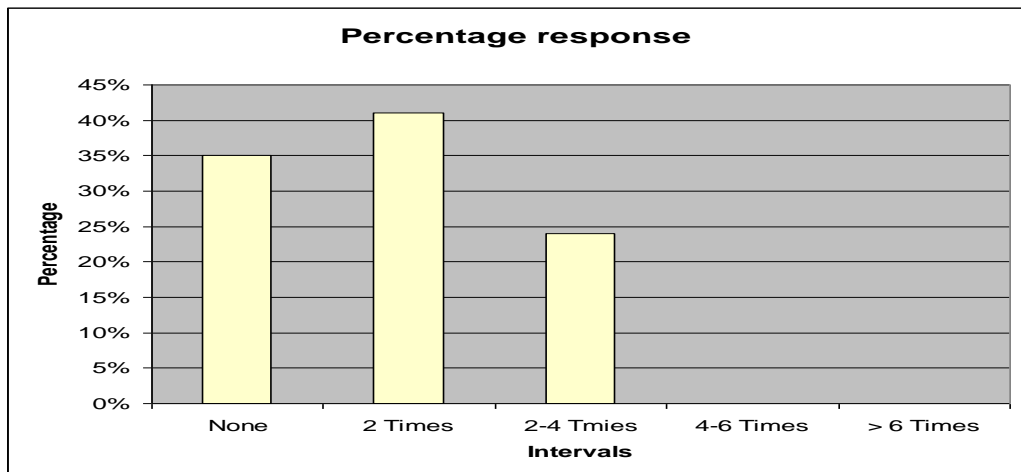
**Graph 1: Percentage response for each country**

The graph-1 presents the response results of the company executives and managers who indicated that HIV/AIDS affects the day-to-day running of their businesses. To be specific on each country's response rate, Namibia is 32%, South Africa 27%, Zimbabwe 21% and Botswana 38% of the respondents in 40 tourism organisations. Based on these results, it is clear that the daily running of a number of tourism companies in the Southern African region is affected by the HIV/AIDS pandemic.

5. How many times does your organisation conduct employment interviews in every twelve months replacing workers who either die or leave the job due to HIV/AIDS related cases?

**Table 2: Total response from each country**

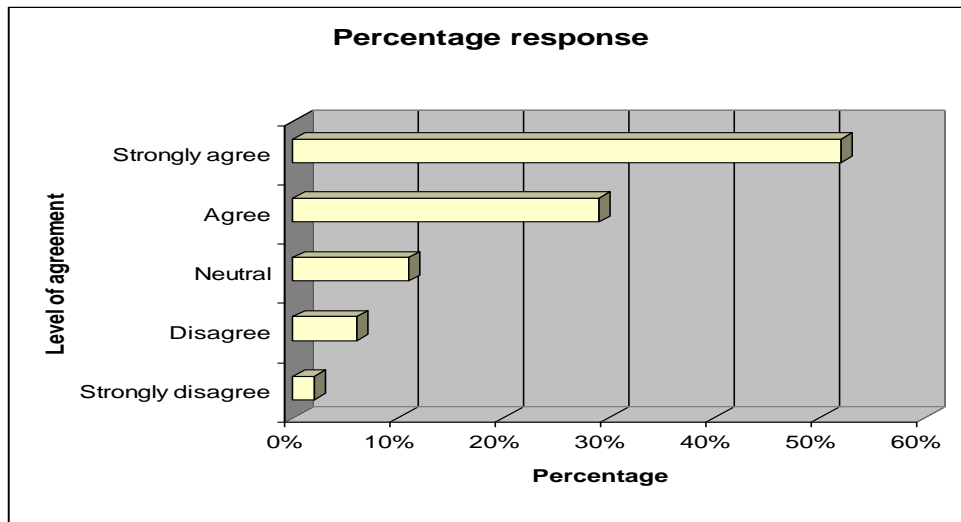
Country	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Namibia	15	10	8	5	3
South Africa	23	17	6	3	2
Zimbabwe	18	14	2	5	4
Botswana	27	7	4	5	2
<b>Total</b>	<b>83</b>	<b>48</b>	<b>20</b>	<b>18</b>	<b>11</b>
<b>%</b>	<b>46</b>	<b>27</b>	<b>11</b>	<b>10</b>	<b>6</b>



**Graph 2: Overall percentage response**

The graph-2 presents the overall percentage response rate of the people who answered the questionnaire in Namibia, South Africa, Zimbabwe and Botswana. The results indicate that 35% of the respondents indicated that they do not conduct any employment interview in 12 months resulting from the HIV/AIDS pandemic. However, 41% of the respondents indicated that they conduct employment interviews at least twice in 12 months to replace employees who have died or have left the job due HIV/AIDS-related illness. Furthermore, 24% of the respondents indicated that they conduct employment interviews at least two to four times in 12 months. These results indicate that HIV/AIDS has negative impact in tourism labour force resulting in employment costs.

6. Workers go on sick leave for lengthy periods – linked to HIV/AIDS:



**Graph 3: Overall percentage response**

The graph-3 presents the overall percentage response results of all the people in the tourism sector who participated in the survey in all four countries in which the survey was conducted. To be specific, 52% of the respondents strongly agreed with the statement indicating that the Southern African tourism sector experience a problem of some workers going on sick leave for a lengthy period attributed to HIV/AIDS. In addition to this, 29% of the respondents agreed with the statement but not so strongly, 11% were neutral, 6% disagreed and 2% of the respondents strongly disagreed with the statement. This indicates that beside the four countries in which the study was conducted, the entire Southern African tourism sector could be faced with a serious problem attributed to HIV/AIDS. If employees take long sick leave, productivity and service quality become negatively affected. It is difficult for the companies to replace these employees even with casual workers, especially if most of the people who go on sick leave for a lengthy period are the skilled workers.

7. Southern African tourism is losing experienced workers who are difficult to replace:

**Table 3: Percentage response**

Country	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Namibia	49%	29%	22%	0%	0%
South Africa	61%	33%	6%	0%	0%
Zimbabwe	63%	28%	9%	0%	0%
Botswana	73%	24%	3%	0%	0%

The Table 3 presents the percentage response results of the people who participated in the survey from the tourism sector of the countries indicated in the table. The percentage response for the

respondents who indicated that Southern African tourism is losing experienced workers as indicated in each country is 73%. Training of these tourism workers is expensive. These results indicate that the Southern African tourism could be losing experienced workers due to the HIV/AIDS pandemic. This study was carried out in four of the Southern African countries, but looking at the results one could ascribe them to a number of other countries in the region. HIV/AIDS impacts negatively on the Southern African Tourism Sector by killing the experienced and skilled tourism workers. Some organisations are reported to have some problems of poor quality service rendered because they operate with young inexperienced workers. A number of tourism organisations in Southern Africa experience costs resulting from continuous employment and regular interviews as a process to replace the lost employees due to HIV/AIDS. Some key employees are lost to HIV/AIDS. In response to the pandemic, some organisations train their employees in different positions so that they can be able to perform different tasks so that if one person is ill or absent, they can have a replacement. This is costly because training people is expensive and time wasting. For example, the government of Botswana sends large numbers of students to foreign countries for training not only in tourism courses but in general. The government also has some policies in place to fight the pandemic. The public is offered AIDS drugs like Anti-retroviral free of charge by the government of Botswana.

The HIV/AIDS pandemic is severe not only in Southern African tourism but in general. Some of the people working in the Southern African tourism sector are infected and affected by the pandemic. Most people are aware of the HIV/AIDS pandemic, and messages are spread by the governments in their respective countries. Tourism plays a vital role in the Southern African economy by creating employment and attracting foreign income to a number of Southern African countries. HIV/AIDS threatens Southern African tourism, and causes problems like workers absenteeism and prolonged sick leave. Some tourism companies in Southern Africa lose experienced workers who are difficult to replace, and this results in an increased cost of operations because of the need to replace the workers who die or who become sick for a long time. However, the tourism international market-base is not seriously affected and tourists still visit the region, but the local market is slightly affected. The overall implication of these results is that the Southern African tourism is faced with some challenges resulting from HIV/AIDS, but with the efforts made by governments and private companies, the impact may be reduced. For example, the provision of AIDS drugs like ARV prolongs the lives of people who are HIV positive, and may reduce the high death rate in the region. But all these may work only if people change their risky behaviour, like using preventive measures to avoid contracting or spreading HIV/AIDS. The other implication is that a lot needs to be done to educate tourism workers and the general public about HIV/AIDS.

## CONCLUSION AND POLICY RECOMENDATIONS

This paper has argued that HIV/AIDS impacts negatively on the Southern African Tourism Sector by killing experienced and skilled tourism workers. A number of organisations are reported to have some problems of poor service quality because they operate with young inexperienced workers. A shortage of skilled workers leads to higher production costs and a loss of international competitiveness (Botswana, Department of Tourism 2003). The market for tourism is globally focused and most Southern African countries operate their tourism businesses under the World Tourism Organisation standards in order to compete globally. To compete internationally, skilled workers are essential so that quality service can be provided. However, due to the prevalence of HIV/AIDS, service quality and productivity in most of these Southern African countries may deteriorate further because skilled workers continue to be lost.

This paper has further argued that most Southern African countries and tourism companies are facing high expenditures resulting from the monitoring of high risk groups, the establishment of prevention strategies, and the provision of health care and welfare for the infected and affected tourism workers. For instance, the Botswana Ministry of Health, in collaboration with some tourism organizations have established home-based care programmes for workers suffering from HIV/AIDS. Furthermore, tourism organisations in countries such as Botswana encourage their workers to go for voluntary HIV/AIDS testing, and also encourage those who are HIV positive to take AIDS drugs like ARV, which are freely provided by the government. This has exerted a lot of pressure on the social security system, including life insurance and pension funds.

A number of intervention strategies are needed to control the loss of employees to HIV/AIDS in southern Africa. Much of these evolve around awareness and voluntary testing. Tourism businesses must formalise collaborative relationships with organisations such as Tebelopele, a non-governmental organization in Botswana that is responsible for HIV/AIDS testing and counselling. Furthermore, tourism organizations can make use of their existing local networks to share information regarding how to deal with HIV/AIDS prevalence at the workplace.

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