African-Asian Agriculture against AIDS

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African-Asian Agriculture against AIDS

Consultation on Agriculture, Development and HIV-vulnerability Reduction
11-13 December 2002, Bangkok, Thailand

Building Regional HIV Resilience
UNDP South East Asia HIV and Development Programme

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FOREWORD

HIV/AIDS is creating a crisis in the rural areas of the countries most severely affected by this disease. In such areas, a significant proportion of the population depends on agriculture for subsistence. Up to now, most of the responses to national HIV epidemics have come from the health sector. However, owing to the centrality of agriculture in the lives of rural populations, people are beginning to see that the agricultural sector has a fundamental role to play in mitigating the impact of the pandemic.

Concrete interventions, based on the expertise and comparative advantage of the agricultural sector in the area of medicinal herbs, indigenous nutritious plants and labour-saving technologies, have been identified as fruitful lines of intervention for the agricultural sector. They could be implemented immediately by governmental organizations and NGOs responsible for agriculture and rural development.

In the face of severe food shortages partly caused by HIV/AIDS in Africa, such a consultation as this one promotes building not only partnerships between AIDS authorities and agricultural authorities, but also between Africans and Asians so that they can benefit from the experience of each other in preventing and mitigating the adverse impact of AIDS on agriculture and rural development.

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INTRODUCTION

The UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV) and the Food and Agriculture Organization of the United Nations (FAO) jointly organized the African-Asian Agriculture against AIDS Consultation on Agriculture, Development and HIV-vulnerability Reduction to formulate innovative approaches (a) to enable countries to face the challenges posed by the pandemic, (b) to build stronger links among those who are addressing the problem and (c) to take action together towards avoiding potentially disastrous consequences.

The consultation was held at Bangkok from 11 to 13 December 2002. Attending the consultation were representatives of six eastern and southern African countries (Ethiopia, Kenya, Malawi, Mozambique, South Africa and the United Republic of Tanzania) and six countries in the Greater Mekong Subregion (Cambodia, China, the Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam) as well as representatives of donors and the United Nations. Each participating country was represented by its national AIDS authority, a rural development institution, the Ministry of Agriculture, and a non-governmental organization (NGO) or grass-roots organization active in the agricultural or development sector. The meeting sought to identify the crucial role agriculture could play in reducing HIV vulnerability as well as to explore the benefits of cooperation between Africa and Asia.

I. OPENING SESSION

J.K. Robert England, United Nations Resident Coordinator and UNDP Resident Representative Thailand, in his opening statement pointed out that the purpose of the expert consultation was to engage development sectors in HIV responses and to build South-South cooperation. Africa has the highest number of HIV/AIDS cases in the world. Asia ranks second, i.e., 7.2 million. The sharing of lessons learned and experiences will enhance the effectiveness of overall responses.

Another aspect of this consultation was the strengthening of inter-agency collaboration. UNDP-FAO development cooperation already started in Cambodia in 2000 with the pioneering of the Farmers’ Life School experiment between UNDP-SEAHIV and the FAO Integrated Pest Management office in Cambodia. This experiment has become an effective model for rural farming communities in responding to HIV/AIDS. The collaboration has continued with the meeting entitled Mitigating the Impact of HIV/AIDS on Food Security and Rural Poverty, which was held at FAO headquarters in Rome in December 2001 in cooperation with the World Food Programme and the International Fund for Agricultural Development. That meeting defined the commitment of the agricultural sectors in United Nations agencies in responding to HIV/AIDS.

Mr. England emphasized that UNDP-SEAHIV had been at the forefront in mitigating the impact of HIV/AIDS on rural development and rural communities. Because agriculture is a function mainly of rural communities, a natural relationship exists between UNDP and FAO. An ever-increasing number of rural people are moving between rural and urban areas in search of a better livelihood. Unfortunately, the mobile rural population is vulnerable to HIV infection. Such migrants often return to rural areas ill from the effects of AIDS, thus increasing the burden faced by rural households which have to care for the ill returnees.
As decided by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), action at the regional level is irreplaceable. UNDP-SEAHIV facilitated the process of developing regional mobility strategies, the signing of the memoranda of understanding by countries, and the development of joint action programmes to respond to mobility-related HIV-vulnerability reduction. These actions culminated in the ASEAN Heads of State Summit Declaration of Commitment on HIV/AIDS (paragraph 22¹), which is aimed at tackling a virus that does not respect borders.

The goal of the present consultation was to identify common grounds in Africa and Asia for collaborative actions in the agricultural sector in order to respond to and mitigate the impact of HIV/AIDS in rural communities while strengthening rural development as a response to the Millennium Development Goals.

He Changchui FAO Regional Representative for Asia and the Pacific, spoke on behalf of the Director-General of FAO and on his own behalf. The following are excerpts from his speech: Twenty years ago, when HIV was first detected, the ill health it caused became a worrying issue. Today, HIV/AIDS is a major development problem touching every area of human existence. In those societies affected by HIV/AIDS, the majority of the population lives in rural areas and their livelihood depends largely on agriculture.

The devastating consequences of this epidemic are plunging already poor rural communities further into destitution as their labour capacity weakens, incomes dwindle and assets become depleted. The sustained and long-term impact of the pandemic erodes food security, damages rural livelihoods and exacerbates poverty. Poverty – widespread in rural areas – is leading to poor nutrition and poor health, which makes people even more vulnerable to HIV infection. A vicious circle is forming, linking together HIV/AIDS, poverty and food insecurity.

In the rural context, the main caregivers for family members with HIV/AIDS are the women in rural households. This situation is an artefact of women being perceived as primary caregivers as well as young men migrating to other sectors in the urban periphery. The household resource dynamics at the farm-household level are not adequately documented even though there are anecdotal citings. First, the reduced availability of labour decreases the production and technology-adoption potential of farm households. Second, the labour gap is balanced by women taking on this responsibility in addition to their responsibilities in providing care for the afflicted. Thus, women’s time devoted to farming will decrease and this will have negative implications for farm productivity. While farm productivity and income decrease, the cost of family health care will rise owing to the increased allocations of money to cover the medical expenses of those living with HIV/AIDS. These resource allocation dynamics will lead to a situation of increasing health-care costs and reduced farm investment; thus, they hold implications for farm productivity. Such resource allocation shifts at the farm level present potential areas of concern with regard to FAO mandates, such as decreased agricultural productivity, with adverse implications for food security and access to food, and the impoverishment of rural communities.

Gender inequality is one of the driving forces behind the spread of HIV. Access to productive resources including land, credit, knowledge, training and technology is strongly determined along gender lines, with men frequently having more access to all of these


ASEAN is the acronym for the Association of Southeast Asian Nations.
resources than women. In many places, HIV infection rates are three to five times higher among young women than young men. To be effective, interventions to mitigate the spread of the pandemic must target both men and women, and be based on a gender perspective that would seek to understand the complex set of socially ascribed roles and relations among them. By the end of the present decade, there will be an estimated 40 million AIDS orphans globally. The resulting dramatic increase in child-headed households will also contribute to food insecurity. Severe food insecurity among orphans has already been reported in the worst affected areas of the world.

In spite of the devastating effect of HIV/AIDS on agricultural production and rural livelihoods, and the fact that up to 80 per cent of the people in the countries most seriously affected depend on agriculture for subsistence, most of the responses to the pandemic have come from the health sector. Effective solutions for rural areas must rely on the agricultural sector and its capacity to reduce people’s vulnerability to contracting the disease. Approaches through the agricultural sector could assist in both the prevention and the mitigation of the consequences of HIV/AIDS, especially among those people who depend on agriculture for subsistence. For over a decade, FAO has been working with its partners to develop an agricultural sector strategy to mitigate the impact of the disease on rural livelihoods. FAO studied intra-household resource allocation shifts that have taken place as a result of HIV/AIDS. It found that investment in farm households should be enhanced in order to improve the situation of rural communities. Such investments could include even the promotion of social safety nets and rural health insurance to sustain the viability of the farm sector in order to ensure sustainable food security.

The present meeting provided an excellent opportunity to move ahead in formulating responses within the agricultural sector in order to alleviate the effects of the HIV/AIDS pandemic. It provided an opportunity for participants to learn from each other and for them jointly to devise better and more efficient ways of combating a disease that could undermine all development achievements to date and create unprecedented misery and hopelessness. Mr. He concluded by predicting that the consultation would contribute to improving the livelihoods of rural people facing the dramatic consequences of the worst disease of the current era.

Lee-Nah Hsu, Manager, UNDP South East Asia HIV and Development Programme, presented the objectives of the consultation: to mainstream HIV/AIDS responses in development sectors and to strengthen UNDP-SEAHIV partnerships with specialized sectors, such as agriculture, rural development and poverty reduction. The common denominators are the rural-to-urban mobility of people and the lack of health infrastructure in rural communities. Thus, development strategies to build community resilience are keys to mitigating the social and economic impacts of HIV/AIDS in rural areas. Agriculture is the foundation of rural development: building from strength to strength, agricultural contributions can help to mitigate the adverse impact of HIV/AIDS on rural communities.

Globally, 42 million people are infected by HIV: in Africa 29.4 million people, and in Asia 7.2 million, making Asia second only to Africa in terms of the number of HIV infections. In some countries in 2001, the rates of increase in HIV in Asia ranged from 20 to 70 per cent. Although prevalence is generally low in Asia, low prevalence masks the reality that the pandemic in that region is high in actual numbers. Action must be taken while the prevalence is less than 1 per cent. In 2002, 1 million people became newly infected in Asia, a 10 per cent increase over that of the preceding year. Half a million died in 2001 and far more than that number will die in the next 10 years. The most productive age group (15-24) has the highest infection rate; 50 per cent of all infections are among women, who on average are younger than the infected men.
Information, education and communication (IEC) approaches alone will not work. Awareness does not mean that people will necessarily change their risky behaviour. If complacency persists today, Asia will have a worse epidemic than Africa tomorrow. Information on indigenous herbs and nutritious plants as well as local wisdom and knowledge bases comprise social capital for community HIV resilience, yet this knowledge and wisdom are quickly disappearing.

The spread of HIV is a crisis, but it could also represent an opportunity. The danger depends on how we respond to the epidemics. HIV could present an opportunity to turn things around or it could result in our downfall. Our own decisions and our own actions will turn the tide towards resilience. The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria at present can support the provision of antiretroviral (ARV) treatment for only up to an estimated 3 million people; however, as mentioned previously, 42 million people have already been infected. We have to help ourselves, using our wisdom, to turn things around and share that wisdom with the rest of the world.

UNDP’s HIV strategy is to promote leadership and develop the capacity for effective responses, to strengthen development sector planning for comprehensive community-level, country-level and regional-level responses and to create gender-sensitive, rights-based advocacy for effective development responses.

The expected outcome of this consultation is the devising of responses to build HIV resilience through building synergy between agricultural and health systems responses in Asia and Africa.

Through agriculture and rural development, together we can build regional HIV resilience.

II. AGRICULTURAL INTERVENTIONS TO MITIGATE THE IMPACT OF HIV/AIDS ON RURAL COMMUNITIES

A. Agriculture and HIV/AIDS

Jacques du Guerny, Consultant, FAO Population Programme Service

In continents such as Africa and Asia, well over 50 per cent of the population is rural. Furthermore, in these continents rural and urban areas are interdependent; thus, it is clear that strategies which focus primarily on urban areas cannot by themselves control the HIV pandemic. When HIV/AIDS efforts are limited to health-based strategies, they tend to be dependent on personnel and infrastructure, which are concentrated mostly in urban areas, thus leaving out the majority of the population. What happens to rural populations will be crucial to the future of the epidemic. Agriculture is at the heart of the lives of rural people and it can be made into a powerful tool to reduce the potential for HIV infection, as well as contribute to mitigating the effects of infection.

Awareness of the potential role of agriculture is a recent phenomenon. Agriculture has been a late starter in responding to HIV/AIDS. Ministries of agriculture generally are not part of national AIDS authorities or of United Nations theme groups, although agriculture plays a key role in the lives of more than 1.5 billion rural people in sub-Saharan Africa, East and South-East Asia. This lack of participation of agriculture in the fight against HIV/AIDS is a result of the strong focus on a health perspective. Even when a multisectoral approach is recommended, approaches remain within a health framework: for example, the other sectors may be requested to assist the health sector in IEC activities or condom distribution;
however, such an approach does not exploit the advantage of agriculture. Agriculture’s comparative advantage is in producing plants, increasing yields, improving animal production, etc. Therefore, agricultural interventions should focus on ensuring that they reduce the root causes of vulnerability in farming systems, communities and households by increasing their resilience. Ensuring the production of higher value and more marketable crops will improve food security and increase the income of farmers. If agriculture can contribute to such changes, farmers may still migrate to towns in search of permanent or temporary work, but they will do so under better conditions, involving less exposure to the risk of HIV infection. There could be benefits: for example, women might not have to go into sex work when a crop fails. Existing health approaches to HIV/AIDS need to be strengthened through development strategies in agriculture, transport, construction and industry.

As previously mentioned, in the continents where over 50 per cent of the population is rural and lives off agriculture, the dynamics between HIV/AIDS and agriculture are occurring whether or not they are acknowledged. On one hand, southern Africa is now showing that HIV/AIDS has not just killed individual people, but also has a negative impact on agriculture, rural populations and food security. On the contrary, the agricultural sector could contribute to fuelling the HIV pandemic if it fails to improve the lives of rural populations and ensure their food security. Therefore, it is urgent to promote such awareness not only among government decision-makers but also among NGOs and the private sector. It is urgent to identify proactive strategies for the agricultural sector so that it will fulfil both production and rural development objectives, while contributing effectively to the fight against HIV/AIDS. Until now, agriculture has been concerned mostly with increasing production, while neglecting the human and social costs involved. The HIV/AIDS pandemic demonstrates that a more balanced approach is necessary.

Urban-rural relations and the mobility systems linking them are of critical importance in the HIV/AIDS pandemic. Massive population movements will continue to take place; however, agriculture can play a positive role in determining: (a) the conditions under which population movements take place, their frequency and intensity; (b) the risk of infection of migrants to the cities; and (c) the risk of the populations in rural areas when they are in contact with outsiders. By modifying a farming system, its vulnerabilities can be reduced and its resilience and that of the rural households working in that system can be increased. This is an area for exploring and experimenting with agricultural policies. The gains made in development have already been wiped out in areas suffering from earlier high-level epidemics. Such disasters would occur in many other areas too, if rural populations were not taken into consideration. Ways must be found to reduce the vulnerability of those populations and to mitigate shocks from drought, market fluctuations, etc., once such events occur. Agricultural policies and decisions are national; however, strategies have to be tailored to local situations. They are human resource-intensive and because of the magnitude of the tasks involved, partnerships are necessary among governments, NGOs and the private sector.

At the national level, partnerships among the agricultural, construction, industrial and transport sectors are important. At the international level, partnerships between FAO and UNDP and among countries of the region and among regions of the world are equally important. When one looks at maps of farming systems, one finds similarities both within and among regions. This provides a sound basis for South-South cooperation. In this context, South-South collaboration can contribute significantly to experimentation, to the exchange of information and experience and to training in the new capacities required. Support from, and partnerships with, other sectors are necessary. It is a challenge, but the
price of failure is just too high when the lives and welfare of over 1.5 billion rural people are at stake – not to mention the economic dimensions involved. It is time to take action in agriculture.

**B. The impact of AIDS on rural livelihoods: what could the agricultural sector do?**

*Marcela Villarreal, Chief, Population Programme Service, FAO Focal Point on HIV/AIDS, FAO*

Worldwide, half the adults newly infected with HIV are women. HIV/AIDS used to affect an affluent, urban, male population. AIDS-affected urban dwellers often returned to rural areas, thus taking the disease back home, where up to 80 per cent of the people in the rural areas depend on agriculture for subsistence. Today, 69 per cent of the population in the countries most severely affected by HIV/AIDS live in rural areas. The pandemic equally affects women, mobile and migratory workers in the agricultural and mining sectors.

While tragic, the loss of lives remains less than the loss of available labour. For example, it has been estimated that on average two person-years of labour are lost by the time of death in an AIDS-affected household in Africa. AIDS affects mostly people in the productive age groups, resulting in a loss of agricultural labour not only from the people who die, but also from the caregivers who have to give up working in the fields in order to take care of the sick. According to FAO global estimates, 7 million agricultural workers died of AIDS since 1985 and 16 million more will die by 2020. The countries most severely affected are sub-Saharan African countries.

AIDS impoverishes rural households. The cost of health care and funerary expenses often depletes household savings, cattle, etc., all of which requires medium- to long-term investments. The loss of a productive, income-generating household member, plus the loss of household assets, cripples people financially. It is estimated that average treatment and mourning costs exceed three times the average annual farm income, creating long-term consequences for rural households. As a result, farmers shift to less labour-intensive crops; thus, households have less cash available, rely more on subsistence crops and generate less income. All of these factors result in increased impoverishment that would continue into the future.

AIDS undermines the sustainability of food production: knowledge transmission among and between generations, households and institu-

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**Figure 1. Projected percentage loss in the agricultural labour force as a result of AIDS in the nine hardest-hit African countries, 1985-2020**

1. Namibia -26%
2. Botswana -23%
3. Zimbabwe -23%
4. Mozambique -20%
5. South Africa -20%
6. Kenya -17%
7. Malawi -14%
8. Uganda -14%
9. Tanzania, United Republic -13%
tions is being lost; the range of crops cultivated is decreasing, leading to a decrease in plant
diversity and genetic resources; and social safety nets are being undermined, often with an
irreversible collapse of the social asset base. Such outcomes imply a decline in the area of
land cultivated, a decrease in the range of crops, a shift to less labour-intensive crops, an
increase in the cost of hired labour, deflated land prices, increased defaults on loans,
increased malnutrition, decreased agricultural productivity and increased food insecurity.

Vulnerable farming systems during an HIV epidemic are characterized by high seasonality
of labour demand, high specialization by sex and age (most knowledge is gender-based with
the transfer of knowledge being from mother to daughter and father to son), high
interdependence of labour inputs and low substitutability of labour for capital. By contrast,
resilient farming systems are characterized by fertile soils, well-distributed rainfall and crop
diversity. Thus, the strategy of the agricultural sector should focus on the following:

• Labour-saving technologies and practices that will adapt agriculture to new condi-
tions generated by HIV/AIDS;

• Low-input agriculture and new varieties of seeds and crops to develop agriculture;
these would be more suited to the needs of AIDS-affected communities, i.e., tailored
to dealing with impoverishment;

• Producing seeds that might have lower yields but provide a more flexible growing
period, so that lost time would not mean the loss of a whole year’s crop;

• Agricultural knowledge will need to be integrated into a variety of informal educational
systems for communities to preserve and transmit knowledge to new generations;

• Gender inequality is a major factor in the spread of HIV. In this regard, access to
land is relevant: for example, a widow left without access to land owing to the
death of her husband has few possibilities for earning income, which might push her
to sell her body to earn income, thus making her more vulnerable to HIV infection;

• Good nutrition in HIV/AIDS-affected areas will ensure a longer period between the
time of contracting the virus and developing AIDS. Also, the difference between
children being orphaned at age 7 or age 17 will influence their possibility of
attaining a future with proper education and care. Further, as people living with
HIV/AIDS have very specific nutritional needs, agriculture can help to provide such
special nutritional requirements;

• Innovative micro-finance activities should be created in the rural sector. Safety nets,
credits and social security should be rethought in order to provide for the neediest
members in a community;

• Capacity-building of relevant local and national institutions should be undertaken.
HIV affects rural development by weakening institutions essential for food security.
Farm associations and other informal institutions depend on people’s time; when an
epidemic occurs, people do not have time to survive, let alone to participate in
community organizations.

There is an increasing number of rural communities consisting of the very young and the
elderly. It is necessary to rethink agricultural extension services to match the type of
agricultural work that could be undertaken by the very young and the elderly, many of
whom are illiterate. Agriculture provides a good opportunity to be the “engine” that pulls
the young and the elderly out of poverty.
C. Agrobiodiversity and indigenous knowledge to mitigate the impact of HIV/AIDS

Joseph Gari and Marcela Villarreal

The term agrobiodiversity comprises an ensemble of biological resources, diversity (including crop varieties), medicinal plants and livestock, which depend on indigenous knowledge. Often, agriculture is the only resource left in communities affected by HIV/AIDS. However, these locally available resources are often neglected. This neglect is a result of modernization. Agricultural modernization pushes out lower-yield, locally produced resources. The loss of such local resources can have a negative impact on a community.

The agrobiodiversity strategy covers six components: (a) the preservation of traditional, neglected and under-utilized crops; (b) agricultural diversification; (c) home gardens; (d) wild food plants; (e) medicinal plants; and (f) community seed systems.

Traditional, neglected and under-utilized crops are those locally available and adapted to local agro-ecological conditions and risks. They contain good nutrients and often require low labour input but provide the possibility of better labour management. They represent a flexible source of food supply and can be easily preserved. They provide a source of income and are adapted to cultural dynamics and local food habits. They produce ample seeds without creating a dependence on external resources.

<table>
<thead>
<tr>
<th>Common name</th>
<th>Scientific name</th>
<th>Distinctive features for AIDS mitigation</th>
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<tbody>
<tr>
<td>African rice</td>
<td>Oryza glaberrima</td>
<td>Adapted to wide range of habitats, low labour requirements, flexible planting time, faster food supply in emergencies</td>
</tr>
<tr>
<td>Amaranth</td>
<td>Amaranthus spp.</td>
<td>Low labour requirements, also found in the wild, contains protein and micronutrients</td>
</tr>
<tr>
<td>Bambara nut</td>
<td>Vigna subterranea</td>
<td>Tolerant to drought and poor soils, possess soil fertilization properties, contains protein</td>
</tr>
<tr>
<td>Cassava</td>
<td>Manihot esculenta</td>
<td>Adapted to poor soils, flexible labour requirements, intercropping possible</td>
</tr>
<tr>
<td>Cowpea</td>
<td>Vigna unguiculata</td>
<td>Contains micronutrients, drought-tolerant, nitrogen-fixing, in intercropping possible</td>
</tr>
</tbody>
</table>

Agricultural diversification does not mean telling farmers to plant many different things. Rather, it means enabling an effective dialogue between indigenous farming systems and agro-ecological research. This requires a supportive policy and programme environment that promotes an indigenous genetic knowledge base for training and participatory experimentation.

Promoting home gardens offers several advantages. Home gardens can be cultivated close to home, thus eliminating the need for farmers to travel to distant fields. Home gardens provide a variety of nutrients and require low labour inputs. Plants can be tailored to the specific nutritional needs of people living with HIV/AIDS.
Table 2. Selected home garden crops, Soroti, Uganda

<table>
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<tr>
<th>Local name</th>
<th>English name</th>
<th>Micronutrients</th>
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<tbody>
<tr>
<td>Atungulu</td>
<td>Onion</td>
<td>Vitamin C</td>
</tr>
<tr>
<td>Avokado</td>
<td>Avocado</td>
<td>Vitamin A</td>
</tr>
<tr>
<td>Eboga, dodo</td>
<td>Amaranth</td>
<td>Calcium, Vitamin A</td>
</tr>
<tr>
<td>Eboo, boyo</td>
<td>Cowpea</td>
<td>Calcium, Folic acid, Iron, Vitamin A</td>
</tr>
<tr>
<td>Ecadoi, akeu</td>
<td>Cat’s whiskers</td>
<td>Vitamin A</td>
</tr>
<tr>
<td>Mapera</td>
<td>Guava</td>
<td>Vitamins A and C</td>
</tr>
</tbody>
</table>

Wild food plants are available mostly to groups living in arid and semi-arid ecosystems. The existence of these plants is critical, especially during food shortages such as those caused by drought. Food in the wild is usually collected by women. In times of emergency, wild plants sometimes are the only source of nourishment. Some wild plants are rich in micronutrients and can also be harvested and thus be a source of income. The level of labour input varies, depending on how far one has to travel to collect such plants. As mentioned previously, women have a key role to play because they have knowledge of such food sources and it is their typical role in society to gather food. Indigenous knowledge is the key and possessing it can mean survival for many groups.

Medicinal plants have been used successfully to reduce the symptoms of HIV/AIDS in Thailand and other countries in South-East Asia which share some similar habitats for many plants.2 The Thai Ministry of Public Health supports the clinical use of local Thai herbs, for example, at Mae Chan Hospital in Chiang Rai. Buddhist monks grow herbs in their yards and doctors realized that these herbs are useful for symptomatic relief for people living with HIV/AIDS. Pharmacists at that Hospital’s clinics have been taught to prepare and use these herbs. Every Wednesday at Mae Chan Community Hospital, people pool the herbs they have collected to dry and then package them. This provides a way to exchange information and build community support, and is a good practical example of South-South collaboration. These medicinal herbs also provide people with access to symptomatic relief at low cost.

Table 3. Medicinal plants used for treating symptoms accompanying HIV infection

<table>
<thead>
<tr>
<th>Local name in Africa</th>
<th>Scientific name</th>
<th>Plant group</th>
<th>Used to treat</th>
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<tbody>
<tr>
<td>Akasogaasoga</td>
<td><em>Ricinus communis</em></td>
<td>Euphorbiaceae</td>
<td>Herpes zoster</td>
</tr>
<tr>
<td>Kibwankulata</td>
<td><em>Iboza multiflora</em></td>
<td>Labiatae</td>
<td>Herpes zoster</td>
</tr>
<tr>
<td>Lukandwa</td>
<td><em>Securinega virosa</em></td>
<td>Euphorbiaceae</td>
<td>Herpes zoster</td>
</tr>
<tr>
<td>Luwoko</td>
<td><em>Phytolacca dodecandra</em></td>
<td>Phytolaccaceae</td>
<td>Herpes zoster</td>
</tr>
<tr>
<td>Mutulika</td>
<td><em>Phyllanthus guineensis</em></td>
<td>Euphorbiaceae</td>
<td>Herpes zoster</td>
</tr>
<tr>
<td>Embutamu</td>
<td><em>Hydrocotyle mannii</em></td>
<td>Umbelliferae</td>
<td>Diarrhoeal diseases</td>
</tr>
<tr>
<td>Enkami</td>
<td><em>Priva cordifolia</em></td>
<td>Verbenaceae</td>
<td>Diarrhoeal diseases</td>
</tr>
</tbody>
</table>

2 The names of local Thai herbs used for this purpose have been compiled in *Indigenous South East Asian Herbal Remedies: Symptomatic Relief for People Living with HIV/AIDS*, UNDP-SEAHIV, August 2002, <http://www.hiv-development.org/publications/Herbs.htm>
Community seed systems promote seed security by ensuring that people have adequate access to a diversity of seeds. Examples of seed security at the local level are: (a) community seed banks for seed exchange; (b) rural seed fairs; (c) on-farm seed multiplication plots; (d) participatory plant breeding; (e) improvement of indigenous seed preservation practices; (f) small-scale seed storage infrastructure; and (g) appropriate seed technology transfer.

By strengthening agro-ecological and indigenous knowledge, negative impacts can be mitigated for AIDS-affected communities. The elderly can play an important role because they possess the knowledge that needs to be transferred to the younger generation, making the young better equipped to face the future.

D. Labour-saving technologies in farm-households

Jacques du Guerny

The impact of HIV/AIDS on the farm-household as a single unit of production, reproduction and consumption can be seen in the depletion of human resources. In small holdings, the crucial factor for the subsistence of this unit is labour, which is attacked by HIV/AIDS. It is in such a context that labour-saving technologies can help to compensate for the depletion of labour caused by sickness and death. The issue is how the remaining labour that is available can be used effectively to replace losses and to maintain the farm-household in order to prevent its dissolution, while ensuring food security for its members. Furthermore, in view of the expected changes in the farm-household structure and composition as a result of AIDS deaths, the role of labour-saving technologies in preventing the collapse of a farm-household or in delaying such an outcome needs to be explored.

The term labour-saving technologies was defined by a Nobel Laureate as follows: “technologies are understood in a broad sense as methods and inputs used in farm production, e.g. cultivation practices, varieties, cropping patterns, fertiliser use, tools, harvesting methods.” Labour-saving technologies are, therefore, not a simple matter of using an efficient hoe, but encompass the entire cycle of production and all its components holistically. Labour-saving technology means less time and energy spent per unit of work. However, knowledge and resources are needed to introduce labour-saving technologies within a farm-household unit and within the farming system, thus creating a role for policy and/or government, NGOs and the private sector. From this perspective, as shown in the following figure, labour-saving technologies include three components at two levels. At the farm-household and the farming system levels: (a) the time available and used for work; (b) the energy available and required for tasks; and (c) the knowledge and cash necessary to acquire and implement.

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3 The presentation, commissioned by FAO, is briefly summarized here because it has been developed and published as a joint FAO/UNDP-SEAHIV paper: Jacques du Guerny, Meeting the HIV/AIDS Challenge to Food Security: The Role of Labour-Saving Technologies in Farm-households, December 2002, <http://www.hiv-development.org/publications/meeting-challenge.htm>.

Farming households are sensitive to AIDS deaths depending on the labour requirements of the farming system used by the household\textsuperscript{5}. One area of policy intervention in order to address vulnerable farming systems and their labour requirements is providing assistance in the use of less labour-demanding technologies. The calculation of a labour balance can determine the time not consumed by agriculture or domestic work. This remaining time can serve as a reserve when facing unexpected labour needs; the amount of this extra time depends on the type of farming system involved. Improving this time balance would enable the farm-household to withstand shocks, such as an AIDS death, but only up to a certain point, e.g., in certain farming systems, women have less time to dispose of than in other systems, and the possibility for reallocation is limited, often at the cost of certain tradeoffs, e.g., the work of youth and children.

Energy

Besides time constraints, there are also energy constraints. There is only a limited amount of energy available within a household, depending on the number, sex and age of its members, to carry out the agricultural and domestic tasks. Within the family, the husband and wife have to provide enough energy to feed and take care of everyone else in the household. If one of them dies, the entire household will suffer because no one else can compensate for the loss of that productive person. The impact can be particularly important at peak agricultural seasons. Often, community support systems, based on the exchange of services or labour, do not work for people living with HIV/AIDS because often they cannot “repay” anyone for the assistance received. Therefore, nutrition is important in order to maintain the active labour required for running a farm-household. For example, labour-saving technologies are crucial for tasks such as fetching water and fuel because such tasks consume a lot of time and energy. When a member of a farm-household dies, these activities will necessarily be reduced. Food will therefore be less well prepared and hygiene will decline.

\textsuperscript{5} Farming system: “a population of individual farm systems that have broadly similar resource bases, enterprise patterns, household livelihoods and constraints; and for which similar development strategies and interventions would be appropriate”. John Dixon, Aidan Gulliver with David Gibbon, Farming Systems and Poverty – Improving Farmers’ Livelihoods in a Changing World, FAO and World Bank, Rome and Washington DC, 2001.
Knowledge and cash

Labour-saving technology requires both knowledge and financial resources. Outside support in this regard is indispensable because people cannot carry out all essential tasks by themselves. Partnerships with other sectors are a necessity.

Farm-households

Farm-households are not fixed in terms of size and composition. There is a natural evolution in size and composition, initially through family formation and eventually the departure of children, etc., for which societies are equipped. However, when HIV/AIDS affects a farm-household, the family social unit will go through a process of decline where, with each death, each succeeding stage of decline will be worse than the previous one. Thus, it is important to introduce labour-saving technologies as early as possible before the weakened farm-household reaches the stage at which it is no longer able to perform work. However, technology is not easy to introduce owing to its resource-intensive nature.

Farming systems

Existing farming systems are vulnerable to labour constraints. Therefore, the challenge posed by HIV/AIDS in terms of labour requires that agricultural policies be re-examined so that farming systems can be made more resilient through the introduction of labour-saving technologies.

In sum, labour-saving technologies can play an important role in assisting farm-households to survive prolonged crisis, such as that caused by HIV/AIDS. The introduction of labour-saving technologies is resource-intensive, but finding resources depends to a certain extent on the value given both to the individuals within farm-households and their contribution to the national economy through agricultural production and through ensuring national food security.

E. Reducing power and labour demands through technology innovations

Josef Kienzle, Agricultural Engineer, Agricultural and Food Engineering Technology Service, FAO

There are three types of energy available on a farm: (a) tractor power; (b) draught animal power; and (c) human muscle power, or manual labour. In sub-Saharan Africa, about two thirds of available farm power is human power. However, this power source is shrinking because of HIV/AIDS, even though the demand for manual power has been increasing. Solutions are not easy to come by. Government-led tractor schemes have failed because rural farmers cannot afford them. The use of draught animal power is also declining. People living with HIV/AIDS sell their animal stock in order to generate additional income to treat infected family members. The Agricultural and Food Engineering Technologies Service of FAO is encouraging ministries of agriculture to review the relationship between the HIV/AIDS crisis and available farm power. Departments of agriculture and agricultural mechanization often are not concerned with the impact of HIV/AIDS on agricultural labour and the farm power-base.

A joint IFAD/FAO study on labour-saving technologies and practices was carried out to identify labour and power shortages in rural communities, existing coping strategies and potential labour-saving technologies and practices. The study found that household-level interventions could be, for example, the promotion of energy-saving stoves and fireless cookers, the use of animals for transport, the planting of tree crops, roof-water harvesting and agricultural practices that are less labour-intensive. These include lighter and better-
quality hand tools, the management of the soil surface in order to suppress weeds or the introduction of less labour-intensive crops. However, such technological intervention strategies require training, technical assistance and a supporting infrastructure. Often it is not the technology itself but the cultural and traditional factors, or the high cost of purchasing technological inputs, that hinders the adoption of technology.

There are three main areas of intervention:

- Work with existing systems and resources to improve labour productivity by improving health and nutrition;
- Simplify existing tasks or draw additional resources into the system by using more farm power and more effective and durable tools and implements;
- Develop new cropping systems, for example, reduced-tillage practices.

Reduced-tillage practices, known as “conservation agriculture”, are innovations to save labour and farm power. In using conservation agriculture, soils are purposely kept covered with stubble, crop residues or specific cover crops which could suppress weeds and conserve moisture. The introduction of rotation crops, including legume cover crops and tree crops, increases soil fertility. This farming system, which evolved in southern Brazil to combat heavy soil erosion and declining soil fertility, reduces the requirements for farm power. This system has the potential to be a mitigating response to the farm labour and farm power crisis brought about by HIV/AIDS.

The study conducted in the United Republic of Tanzania in 2002 focused on the following objectives:

- To determine the labour-saving aspect of conservation agriculture;
- To determine the situations where such practices are suitable for adoption and sustained use by vulnerable groups without exposing them to too many risks with regard to their own food security and the stability of their livelihood;
- To identify potential obstacles, which might hinder the adoption of labour-saving agricultural practices and the means to overcome these barriers.

General challenges for introducing labour-saving technologies are knowledge generation, exchange and transfer (locally, nationally, regionally, and South-South). Knowledge transfer can be facilitated by FAO in collaboration with other agencies through specific field interventions.

Another challenge is scaling up innovative labour-saving technology approaches so that they can be transformed from a pilot project to country-level adaptation. This would require donor commitment in order to ensure the successful and sustainable introduction and adoption of labour-saving technologies. A mixture of participatory technology-development approaches with appropriate technical assistance is necessary.

Local small-scale entrepreneurs will have to be involved in the new and innovative farming technology-development process. The challenges are how to work with HIV/AIDS-affected households and vulnerable groups such as orphans, widows and households headed by a grandparent(s). It is necessary to break the vicious circle of lethargy and disillusionment, which is common in highly HIV-prevalent rural areas. Perhaps the
introduction of new and innovative ways of farming will facilitate the re-launch of committed farmers, which can in the long run help prevent new HIV/AIDS infections among young people.

III. COUNTRY PRESENTATIONS

Countries participating in the consultation presented specific information on the current status of the HIV/AIDS epidemic, its impact on agriculture, solutions or actions which have been taken and the challenges they faced.

A. African countries

1. Ethiopia

The first case of HIV in Ethiopia was reported in 1984; the first AIDS case, in 1986. HIV started to spread in the late 1980s and by 2002, the adult HIV prevalence was 7.6 per cent. As of 2002, there were 2.8 million people infected with HIV, of which 390,000 were children under five years of age. Globally, Ethiopia has the sixteenth highest HIV/AIDS prevalence in the world and is third in terms of the number of people living with HIV/AIDS.

In 1987, a national AIDS-control programme was established by the Ministry of Health. In 1998, the Government launched its national policy on HIV/AIDS. Since then, significant behavioural change has been observed among young women between the ages of 15 and 24. A recent behavioural sentinel surveillance (BSS) estimated that 98 per cent of the population are aware of HIV/AIDS and know about at least one prevention method. However, rural communities are still at risk. According to the BSS, 100 per cent of the farmers and 86 per cent of the pastoralists surveyed reported having had unprotected extramarital sex.

Agriculture is the mainstay of the Ethiopian economy and provides employment for 85 per cent of the population. Production is dominated by small-scale farmers practising low-input and low-output, rain-fed, mixed farming using traditional technologies, thus making them highly dependent on climate. Today, HIV/AIDS is eroding past development achievements in agriculture. The impact of the epidemic on agriculture includes a direct loss of farm-labour and remittances and an indirect loss associated with caring for the sick and reduced input. Ethiopian farmers frequently sell livestock and other productive resources to pay medical bills and funeral expenses. At ETB 2,500,6 the cost of a mourning ceremony and funeral has become debilitating in an economy where the average income is estimated at ETB 70 per month.7

HIV/AIDS threatens to increase household and community food insecurity by forcing households to deplete assets such as livestock and cash reserves in order to pay for medical care. In the long term, the transfer of local knowledge and skills from one generation to another is also threatened. Ethiopia is a country with a high illiteracy rate. The direct transfer of agricultural production knowledge between parents and children is the key source in preserving such a knowledge base. Rural women have few property rights and the division of labour is gender-based. Women-headed households have a difficult time meeting their productive labour needs.

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6 US$1 = ETB 8.33.
7 Around US$ 8.30.
Cultural and traditional practices in Ethiopia are diverse. Unfortunately, some are harmful and contribute to the spread of HIV, especially in rural areas: e.g., female genital mutilation, marriage by abduction, early tonsillectomy, incision of the eyelids and piercing the abdomen of ill children. Religious, health and educational institutions, legal measures and programmes are in place to educate society, but problems still exist in rural areas.

The Ministry of Agriculture offers a number of interventions, including the provision of information and education, voluntary testing, care and support, assistance to orphans and the training of trainers for development agents. The areas targeted for intervention are the rural community, agricultural staff and technical schools.

Ethiopia suffered serious drought and famine, which contributes to the spread of HIV in rural areas. Almost a quarter of the population suffers food shortages. The need to undertake an impact assessment is urgent for mitigating the spread and impact of HIV/AIDS.

2. **Kenya**

Agriculture is the predominant economic activity in Kenya, accounting for approximately 30 per cent of the country’s GDP and 70 per cent of its export earnings. About 80 per cent of Kenyans live in rural areas; of these, 90 per cent are in agriculture. The sector also employs about 50 per cent of the Kenyan labour force. In short, agriculture is an important sector for Kenya’s economy. HIV/AIDS is currently the country’s most serious challenge to agricultural development.

Kenya has an estimated 2.2 million people living with HIV. Although the true number of AIDS cases in Kenya is not known, the cases reported represent only the “tip of the iceberg”. The national adult (15-49) prevalence is 13.3 per cent, with urban adult prevalence being 17.7 per cent and rural adult prevalence at 12.4 per cent. The majority of those infected are between 15 and 49 years old. Kenya has a daily infection rate of 500 people, which means more than 20 people per hour are infected by the virus. Approximately 700 people die daily of HIV/AIDS-related causes, or the equivalent of 30 people per hour. Already, there are 1.5 million orphans, i.e., children below 15 years of age. These alarming statistics notwithstanding, HIV/AIDS awareness is 95 per cent.

In 1999, AIDS was declared a national disaster. The National AIDS Control Council was formed to coordinate the HIV/AIDS control programme in the country. The following five priority areas were identified: (a) advocacy and prevention; (b) treatment and care for the infected and affected; (c) mitigation of the socio-economic impact of HIV/AIDS; (d) research, monitoring and evaluation; and (e) management and coordination.

Morbidity and mortality from HIV/AIDS have a negative impact on small-scale agriculture in Kenya. These outcomes of HIV/AIDS decrease the level of active farm labour input and household agriculture investment; they also reduce farming activity and the area of land under cultivation. Indigenous skills and knowledge about home-garden systems are lost. HIV/AIDS affects agricultural extension services and commercial agriculture. Heavy losses have been observed in agriculture owing to the number of deaths and loss of labour. By 1995, the loss of 45,000 person-years resulted in a loss of US$ 3 million. By 2010, losses in labour will cost the equivalent of US$ 29 million.

The sectoral interventions that have been adopted are the following: capacity-building; sensitization of extension officers at all levels, who in turn are expected to sensitize farmers continually; condom distribution both at the workplace and on farms; distribution
of sector-specific IEC material; and nutritional interventions. A nutritional intervention guideline developed by FAO has been adopted and currently a national guideline is being developed. New suitable systems are being discussed in light of the epidemic, such as the introduction of less labour-intensive farming systems, the adoption of resilient crops and continuous advocacy to bring about behaviour change among farmers. As part of poverty reduction efforts, a “market garden” has been recommended, e.g., the rearing of dairy goats, the growing of vegetables and the cropping of field borders. Other recommendations focus on the mitigation and prevention of HIV/AIDS and the integration of prevention, care and mitigation.

It is imperative for the agricultural sector to respond to HIV/AIDS for its own benefit and that of its broader stakeholders. By enabling farmers to return to their old crops and cropping patterns, development agencies and civil society organizations could help farmers to reduce their reliance on fertilizers and pesticides, explore less labour-intensive options to reduce fatigue and greatly improve local diets.

3. Malawi

Currently, 87 per cent of the population in Malawi are in the agricultural sector and 80 per cent of the nation’s food comes from subsistence farming, mostly maize. Most smallholders cultivate less than one hectare of land. Women perform 87 per cent of the agricultural labour. The outward migration of males forces women to take over agricultural responsibilities without having been taught the necessary skills, resulting in low productivity. There is an increased shortage of labour as a result of HIV/AIDS. Increasing rates of death and illness also contribute to low productivity.

Agriculture is one of the largest employers in the public sector and a source of livelihood for the country. Yet, it suffers negative impacts owing to the illness and death that occur among employees and farmers. At the institutional level, frequent illnesses of farmers and ultimately their death undermine the capacity of the agricultural sector to respond to challenges. On average 25 staff members die per month. Out of 2,500 extension units, 1,200 are unmanned as a result of HIV/AIDS.

The challenges are: (a) to mainstream gender considerations in response to reducing food insecurity; (b) to reorient institutions as a result of the increasing morbidity and mortality rates; and (c) to design comprehensive responses.

4. Mozambique

Agriculture is one of the principal socio-economic activities in Mozambique. Agriculture occupies up to 80 per cent of rural populations. Mozambican agriculture is dominated by small-scale subsistence agriculture. Small-scale agriculture employs 63 per cent of men and 92 per cent of women, represents more than 80 per cent of agricultural production and contributes approximately 25 per cent of the GDP. The predominance of subsistence agriculture results in overall low productivity among small producers and weakens household food security.

The first case of HIV/AIDS was reported in 1986. The first response to the HIV/AIDS epidemic started in 1988 through the creation of the National Programme for Combating HIV/AIDS within the Ministry of Health. The Ministry of Agriculture and Rural Development started to collaborate with the Ministry of Health at the end of 2000 through the training of selected technical staff.
As of the end of 1999, HIV prevalence was over 13 per cent, representing 1.2 million people out of 19.2 million. Mozambique ranks as the eleventh most severely affected country in the world, with around 700 people being infected daily.

The Ministry of Agriculture and Rural Development has undertaken priority institutional coordination within and outside the Ministry and identification of the main target groups (extension agents and other field technicians, rural youth farmers, widows and HIV-positive people) as well as planning and financing.

The smallholder livestock sector in Africa has a pivotal role to play in development and there is a need to build acceptance of community-based animal health centres.

VETAID is an NGO working with poor rural communities that are dependent on livestock to reduce poverty, increase food security and strengthen their livelihood. It is important to take into account shocks such as natural disasters and trends such as the increased incidence of HIV/AIDS and seasonality.

5. South Africa

The National Department of Agriculture Workplace Programme of South Africa develops policies and guidelines for provinces and districts. “Condo-can” condom dispensers are placed in all the buildings of the Department and a “candle of hope” is lit during every management meeting. Corporate communication includes a message on HIV/AIDS, such as an AIDS slogan on the letterhead. The Programme trains one internal peer educator for every 100 staff members. It has also established an HIV/AIDS committee for the agricultural sector and strengthened the strategies for food security, safety and agricultural production.

The Government has responded by creating an integrated strategy for food security, which includes components for multisectoral responses. The strategy consists of building institutional capacity, expanding income opportunities, improving nutrition, constructing “safety nets” and utilizing appropriate information management systems, with the goal of reducing by half the number of food-insecure households by 2015. A special programme on food security is supported by FAO and the Ministry of Agriculture; it focuses on the household level in rural communities, particularly in three districts. The National Land Care Programme operates in five provinces. The goal of the Programme is to develop and implement integrated approaches to exploring natural resources in an equitable, efficient and sustainable way. It promotes competition among female farmers in order to encourage women to be top producers of crops or household gardens.

The impact of HIV/AIDS on agriculture is important in determining the impact of HIV/AIDS on people’s livelihood. Information is being gathered on the possible demand for selected agricultural commodities and the impact of HIV/AIDS on household structures and production capacity. Other projects include the 2002 Telefood Concert, which was launched after eight months of fundraising and awareness campaigns, highlighting the interrelations between hunger, economic activity, disease and poverty. A partnership has been formed among governmental organizations, non-governmental organizations and communities in the light of the food crisis. Non-perishable food items are collected by religious organizations, such as the Mercy Project and Children of Hope, to commemorate World Food Day. Community projects distribute plants and seeds (indigenous and non-native); school projects involve staff members helping students to plant trees and to plan and prepare a vegetable garden.

A pilot project was initiated in the Ntshongweni community. It created a spatial development plan consisting of two elements: (a) formal township development with individuals obtaining title to service sites and materials for a dwelling, financed through the Provincial Housing Board; and (b) the acquisition of larger tracks of land for both settlement and agriculture. A consultation was held in June 2002 with the Ntshongweni community, the aim of which was sharing information concerning HIV/AIDS and its implications for the land reform process that is under way in Ntshongweni.

The Department of Land Affairs faces two challenges: capacity-building for stakeholders and the loss of leadership. The broader stakeholders do not have sufficient capacity for useful involvement. Furthermore, the Workplace Programme of the Department of Land Affairs itself has an HIV prevalence of 10-15 per cent, primarily among staff who travel extensively and regularly work overtime, and planners who are frequently away from home. These people are the most vulnerable to HIV infection.

All staff have undergone training on HIV, with a focus on developing a positive mindset. A person living with HIV/AIDS had been hired to develop a programme to end stigma and discrimination, but this individual died; thus, the programme was halted. Staff support communities with HIV/AIDS by adopting a community to provide for people’s personal needs such as food and clothing. A strategic plan for the Department has made HIV a priority. UNDP has assisted Department managers to create a shift in mindset. This enabled managers to observe the role they play in the HIV epidemic. Thus, the tone has been set to integrate HIV/AIDS issues into land reform policies and programmes.

6. United Republic of Tanzania

This country’s population of approximately 33 million faces a major threat to survival both individually and nationally as a result of the HIV/AIDS epidemic. HIV prevalence is 12 per cent.

At the end of 1999, the President of the United Republic of Tanzania declared the HIV/AIDS epidemic a “national disaster”. The first AIDS case was reported in 1983. The National Policy on HIV/AIDS was formulated in November 2001 and the Commission for AIDS under the Prime Minister’s Office was created.

About 2 million Tanzanians live with HIV/AIDS; approximately 80 per cent of them are in the productive age group of 20-44 years. Around 150,000 AIDS cases have been reported officially since the first case was reported. The Ministry of Health estimates that only one out of every five cases is being reported. Demographically, HIV has increased adult and child mortality; AIDS is the leading cause of death among adults. Child mortality was declining during the 1980s and early 1990s, but this trend has been reversed as a result of HIV/AIDS. A rapidly increasing proportion of children under 15 years of age are orphans. In 2001, 1.1 per cent of orphans lost both parents; 6 per cent had no father and 3.5 per cent had no mother. It has been estimated that by 2010, as a
result of HIV/AIDS, life expectancy would be reduced to 47 years, compared to a projected 56 years, had AIDS not existed. Patients with HIV/AIDS-related illnesses also occupy up to 50 per cent of hospital beds.

The overall economic impact of HIV/AIDS remains difficult to estimate. The gross domestic product (GDP) rate of growth from 1985 to 2010 dropped from 3.9 per cent annually without AIDS to 2.8-3.3 per cent with AIDS.

The agricultural sector contributes about 50 per cent to the GDP annually and provides employment for 80 per cent of the population. Almost all the food consumed in the country comes from the agricultural sector. Out of 43 million hectares of land that is suitable for crop production, only 7 million hectares of land is consistently under cultivation. Because farming demands human labour, if humans could no longer farm because of HIV/AIDS, the epidemic would have created drastic changes in the society and the economy of the nation.

Under the Department of Policy and Planning of the Ministry of Agriculture and Food Security, a unit has been formed to guide and coordinate all policy issues concerning HIV/AIDS. The agricultural sector put in place the Technical AIDS Committee to oversee all matters pertaining to HIV/AIDS that affect the performance of the sector.

### B. Asian countries

#### 1. Cambodia

Eighty per cent of Cambodia’s 12.6 million people live in rural areas. Cambodia faces droughts, flooding and pressure from the effects of globalization. Infrastructure and technology development, population movement and the HIV/AIDS epidemic are some of the other issues faced by Cambodia. The dynamics of the epidemic have changed in recent years. Initially, transmission was through female commercial sex workers (CSWs) to males. HIV/AIDS is now more commonly transmitted from husbands to wives and from mothers to children than through CSWs, who nonetheless still comprise an important channel for transmission. Although 90,000 people have already died of AIDS and 160,000 are currently infected with HIV, the combined efforts of NGOs and governmental organizations in Cambodia have so far prevented an estimated 700,000 people from getting infected. It is estimated that, by 2010, a quarter million people will die because they have no access to antiretroviral drugs.

Tuberculosis is an important factor owing to the lowered immunity caused by infection with HIV. Other factors such as plummeting rice prices, from 360 to 200 riels\(^8\) per kg, have forced farmers to abandon their occupation and seek work as seafarers. Currently, 50,000 people are working illegally in neighbouring Thailand. There is also a socio-cultural context to this epidemic. School attendance among girls is lower than that of boys. Therefore, there is more illiteracy among girls, thus making them more prone to HIV infection. The people of Cambodia also face an increase in violence, robbery, fighting, threats and assault. Therefore, one needs to look at the whole picture, not just at HIV. It is more than a health issue that is at stake: the empowerment of people is the most important component of the Cambodian national programme.

\(^8\) US$ 1 = 3,925 riels.
The strategies for HIV/AIDS responses include empowering individuals, their families and the community in preventing HIV and dealing with the consequences of HIV/AIDS through the promotion of the following:

- Social, cultural and economic environments that are conducive to the prevention, care and mitigation of HIV/AIDS;
- Enhancing legislative measures and policy development;
- Strengthening managerial structures, processes and mechanisms in order to increase the capacity for coordinating, monitoring and implementing HIV/AIDS actions;
- Cooperating with the stakeholders concerned at the national and international levels;
- Strengthening and expanding preventive measures and actions for care and support that have proven to be effective, and piloting other interventions;
- Strengthening and expanding monitoring, evaluation and operational research; and
- Mobilizing resources to ensure adequate human capacity and funding at all levels.

The HIV efforts being undertaken by the health sector should be integrated with those of communities and the agricultural and environmental sectors. Any local network – formal or informal – could become a local safety net. Associations, for example, the “Kitchen and Pot Association”, act as HIV safety nets for communities. “Hand”, “head”, “heart” and “spirit” are four levels of involvement in HIV work: the higher the level, the more involved local people would become in caring about their future and people living with HIV/AIDS.

2. China

The first HIV case in China was reported in 1985. In 1989, HIV was reported among drug users and blood donors. By 1995, most provinces reported HIV cases and by 1998, all provinces reported HIV infection, mostly among farmers. In terms of the geographic distribution of cumulative HIV infections from 1985 to 2001, Yunnan Province has by far the highest number of cases, with more than 10,000 infected. Distribution nationwide is mostly among minorities and in the poorer areas. A total of 30,736 HIV infections were identified and reported to the Ministry of Health by the end of 2001. Most of these infections are in rural areas, with 80 per cent of infections being concentrated among males and youth; 68 per cent of this population are also injection drug users. According to government and UNAIDS estimates, the number infected might have already reached 1 million in China’s population of 1.3 billion.


3. Lao People’s Democratic Republic

The Lao People’s Democratic Republic is located in the heart of Indochina; it shares common borders with China, Cambodia, Myanmar, Thailand and Viet Nam. Its 18 provinces have a total population of 5.2 million composed of 47 indigenous groups. The country has a low HIV prevalence i.e., 0.9 per cent among people at high risk of infection.

The first HIV case was officially reported in 1990 and the first person with AIDS was detected in 1992. As of June 2002, the cumulative number of people with HIV was 1,137, with 714 people known to be living with AIDS, and 242 people having already died of
AIDS. The largest population group affected includes those from 20 to 29 years of age. Significant population mobility exists between the Lao People’s Democratic Republic and neighbouring countries with high HIV prevalence; behavioural practices that exacerbate HIV/AIDS risks are relatively common. An expanding internally mobile population is driven by economic forces among ASEAN members.

Savannakhet Province in the central part of the country shares a riverine border with Mukdahan, Thailand. The total population of Savannakhet is 757,950, divided among 1,543 villages. A road currently under construction will provide a link with Viet Nam; also, a second international bridge between Savannakhet and Mukdahan will soon be built. Communication and transportation will increase and link East-West corridors. In 1993, the first AIDS case was reported in Savannakhet. HIV testing started thereafter and the Provincial Committee for the Control of AIDS (PCCA) was established. PCCA consists of the Vice Governor, the Director of Public Health, associations such as the Youth Union and the Women’s Union and organizations within the construction, military and agricultural sectors.

From 1993 to 2002, approximately 11,000 people were tested in Savannakhet: 481 were HIV-positive, 208 people had AIDS and 160 people had already died of AIDS. HIV prevalence in the province is 0.06 per cent. Most infections occur within the age group of 25-29 years, mostly among farmers; 67 per cent of the infected are male and the main mode of transmission is heterosexual sex.

4. Myanmar

The first case of HIV/AIDS in Myanmar was identified in 1988. At the end of 2001, there were 5,140 cases of people living with AIDS and 2,364 AIDS deaths had been reported. The main modes of transmission are heterosexual sex and injection drug use. In 2001, the Myanmar Ministry of Health and UNAIDS jointly estimated that the number of people living with HIV/AIDS would reach 177,279 by the end of that year. Forty AIDS/STD teams are providing services for all states and divisions of Myanmar. A sentinel sero-survey conducted in 2001 indicated that the rate of HIV infection among IDUs was over 55 per cent in the northern part of the country. The HIV prevalence among female STI patients was 12.5 per cent and among sex workers the rate was 33.5 per cent at the sentinel sites.

Many factors were identified to be fostering that HIV-infection pattern, including mobility of the population (lorry drivers, fishermen, gold and jade miners), the presence of injection drug use and cross-border migration between China, India and Thailand.

The priorities of the National AIDS Committee for the period 2002-2005 are to enhance advocacy and health education activities reaching rural areas, human resources development with emphasis on rural and high-prevalence areas, the conduct of widespread training and refresher courses, expansion of services on AIDS/STD functions and 100 per cent condom programmes in all sectors including the community. For effective programmes, action needs to be undertaken on both sides of the border and existing activities must be sustained. They should start with the root cause and should be combined with development schemes.

In central Myanmar, the area known as the “dry zone” is one of the poorest and most densely populated areas; 27 per cent of the total population live in this dry zone. The average household size consists of six persons, and there are on average 100-200 households per village. The average annual income from farming areas not severely
affected by natural disasters is US$ 220. Approximately 30 per cent of the work force migrate annually, returning in June or July in the rainy season. Therefore, a seasonal labour shortage exists during the period devoted to land preparation and planting.

Virtually every household is in a vicious cycle of debt repayment. The dramatically increased inflation rate and the current income level mean a struggle for daily food survival. Water is scarce; a period of only 3-5 hours is available each day for fetching water. Many people have skills for reading about pesticide use etc., but literacy suffers as most children drop out of school seasonally.

The Organization for Industrial, Spiritual and Cultural Advancement (OISCA) provides technical training on livestock, nutrition, forestry, organic farming, methods for swine production and agricultural production. In November 2002, a total of 20 trainees completed the one-year training course. The Organization implemented reforestation programmes on 600 acres of land\(^9\) in order to prevent the erosion of topsoil. It recently included health training, a community development programme, the construction of a primary school building, medium-scale finance for people who had completed the training course and income-generating programmes for small-scale farmers.

OISCA is an NGO that provides risk management for agricultural production; for example, crop insurance enables farms to cope with food deficits in the community and poor farmers can gain land tenure in order to work in their native area without seeking extra income in border areas. Marketing systems for agricultural production are available to help farmers to engage in farming activities in their native land throughout the year.

Within the UNDP country office, there is a programme on human development focused on poverty reduction. This programme includes components such as food security, HIV/AIDS and community capacity-building through which volunteers support those affected by HIV/AIDS.

5. Thailand

The Thai Government does not have policies specifically targeting the impact of HIV/AIDS on agriculture, but it does have general policies in every sector of society to work with people infected by HIV. The number of HIV patients in Thailand is around 300,000. The number of farmers infected or the number of infected people living in rural areas is not known. No information is available on the impact of the epidemic on the agricultural sector.

The attitude in Thailand about people living with HIV/AIDS can be stigmatizing and discriminatory. An HIV-positive person might want to produce products and sell them on the market; however, consumers would not buy them if they know that they have been produced by a person living with HIV/AIDS. One solution is self-help, a community approach, with HIV-positive people forming their own support groups. In such a community, those infected grow and eat the products of HIV-positive farmers. Buddhist temples provide moral support to PWHAs.

\(^9\) 1 hectare = 2.5 acres
The Institute for a Sustainable Agricultural Community under the NORTHNET Foundation shows that the modern agricultural system has caused many problems. Owing to the single approach of chemical-based farming, farmers face indebtedness as a result of the high cost of production and health deterioration caused by the use of pesticides and the consumption of pesticide-contaminated food. In addition to that, consumers have lost food security; the culture of production and consumption has changed; the environment has been damaged; biodiversity has been lost; self-reliance has been reduced; producers and consumers have taken advantage of each other; and social problems have arisen. A “sustainable agriculture community” (SAC) is required to remedy the situation.

SAC means cooperating, supporting and forming good relationships among farmer and consumer organizations in thinking, decision-making and implementation for production, processing, marketing and setting standards. Together, they must apply pressure for policy changes in the area of sustainable agriculture, among others. A “community” usually means people living in the same village or nearby, having common beliefs, vision, ideas, goals and activities. Farmers in the country and consumers in the city could thus be part of the same community. The principles of the alternative marketing of sustainable agricultural products are:

- Production and market balancing. Rather than having markets determine production, product distribution to members of consumer organizations or people within the same community must be given priority;
- Distribution of organically produced goods to be coupled with packaging that emphasizes cleanliness and economy while using local materials and conserving nature;
- Buying and selling goods at a fair price. This can be accomplished as farmers begin to gain ownership of their own distribution sites and become partners in the administration and arrangement of the market. They can reduce marketing costs, emphasize the direct-sale marketing model and promote the direct sale of goods from small farmer groups. Consumers need to improve their understanding and appreciation of the food production process. Farming is predominantly solitary work; however, strong community organization can help solve many problems faster than when solutions are sought by people acting alone.

6. Viet Nam

According to Viet Nam’s National AIDS Standing Bureau (NASB), 64,801 cases have been diagnosed as HIV-positive; of that number, 9,944 have developed into cases of AIDS and 5,510 died. However, health experts have stated that the actual number of HIV-positive people could be as high as 135,000. Geographically, the majority of HIV-positive people live mainly in large, modern cities such as Ho Chi Minh City, Hanoi, Hai Phong and Vung Tau and in provinces bordering other countries such as Quang Ninh, Lang Son, Nghe An and An Giang provinces.

The main route of transmission is injection drug use; more than 60 per cent of HIV-positive people are IDUs. HIV-transmission caused by unsafe sexual behaviour is on the rise in southern provinces such as Ho Chi Minh City, Can Tho and An Giang. The number of HIV-positive pregnant women and children is increasing. According to 2001 statistics, 60 per cent of people living with HIV/AIDS are under the age of 29 and 85 per cent of HIV-infected people are men. This trend will result in the future loss of a productive workforce.
IV. GROUP WORK SUMMARIES

The participants were divided into three groups.

The first group focused on information. The group suggested an HIV/AIDS web site that would provide information about South-South collaborative activities on agriculture against HIV/AIDS. This would include inventories and knowledge of indigenous plants (wild, traditional and medicinal) and animals, access to markets, the sharing of knowledge and experience in different countries and the exploration of knowledge on reduced tillage farming.

The group recommended the following:

- Those creating and maintaining the web site should collaborate with people working at the local and regional levels to identify any early warning of drought, flood and market shifts.
- The Ministry of Agriculture and the Ministry of Transport should protect the harvest or provide humanitarian aid for needy areas or populations.
- The Ministry of Agriculture and the National AIDS Authority should exchange information on needs, knowledge and techniques available.
- FAO needs to cluster available agricultural technology and knowledge bases, for example, reduced tillage, seeds and indigenous nutritious plants. It should also facilitate the dissemination of, and assist in, the conversion of the knowledge bases to locally usable and understandable information.
- At the local and country level it is necessary to provide knowledge of indigenous plants and animal care to FAO to help the organization build a knowledge base.
- The results of this consultation as well as information on plant genetic resources, regulated under the International Treaty on Plant Genetic Resources for Food and Agriculture (adopted at the FAO Conference in 2001), should be shared with the New Partnership for African Development and the Economic Commission for Africa.

The second group focused on international policies and interventions. This group discussed rural-to-urban migration and the promotion of farmer associations, South-South collaborative strategies for resource mobilization in HIV/AIDS programmes in the agricultural sector and a South-South “action forum” towards the mitigation of HIV/AIDS in the agricultural sector.

Multisectoral advocacy emphasizing agriculture should be formulated as part of a national strategic plan for HIV/AIDS. This should include:

- A review of policy or law
- The sensitization of national leaders about the impact of HIV/AIDS on agriculture

The establishment of a task force on agriculture and AIDS involving the Ministry of Agriculture, NGOs and relevant stakeholders is necessary in order to develop a strategic plan. This strategic plan should then be translated into an operational plan with a budget and a South-South strategy for a consolidated alliance.
The third group focused on national policies and interventions. This group discussed the following:

- Inventories and knowledge of indigenous plants (wild, traditional and medicinal) and animals as well as the diversification of production, i.e., importation of new plant types into countries and genetic improvements;
- The design of extension research and programmes which address local needs, moving beyond maximizing yield and policy development to land tenure and landlessness;
- Policies on networking within diverse agricultural ministries, local service delivery coordination, risk management, insurance and disaster mitigation policies to consider HIV/AIDS;
- Rural-to-urban migration;
- The vulnerability of affected households, community seed banks and training tailored to the needs of widows and orphans;
- Extension, irrigation and water-harvesting methodologies;
- The use of legume crops for soil fertility improvement and the improvement of post-harvest practices for a longer produce shelf-life;
- Integrated pest management and the promotion of agro-forestry for income-generating activities and conservation;
- The production of small animals (e.g., poultry and rabbits) and animal traction technology (transport, cultivation, etc.);
- An advocacy-centred multisectoral approach, with emphasis on an agricultural development drive and advocacy to develop a strategic plan;
- Conduct costing trainings for each country.

The group recommended:

- Community-level interventions such as community seed banks for local seed inventory;
- Advocacy by NGOs, multilateral organizations, etc., on multisectoral approaches to HIV/AIDS, with an emphasis on the agricultural sector;
- Awareness-creation on the role of the agricultural sector in HIV/AIDS to identify short-term, concrete interventions with examples to emphasize what can be done and to launch concrete activities.
It is necessary to identify key informants and stakeholders to organize a local seed inventory. Furthermore, it is important to gather information on plant characteristics and their contribution to HIV/AIDS mitigation (in terms of nutrition, medicinal value, income, etc.) and information on how to utilize and cultivate these plants. These activities should be carried out by the community, agricultural extension services, NGOs, local administrators, leaders and local associations such as women’s groups. Infrastructure should be planned, such as the location of banks, management and access to resources, reproduction methods/systems and exchange systems at the local level by community governance and management. Agricultural research institutions should be set up at the national or regional levels, while those at the international level should focus on the processes of creating a long-term enabling policy environment by ministries, NGOs and multilateral organizations.

The constraints are the unwillingness of Governments to learn from NGOs, the stigma attached to AIDS and the lack of knowledge or capacity to move forward. Overcoming these constraints requires international pressure. The benefits are long-term, hidden, incremental and “without bells and whistles.” Dysfunctional extension programmes and competition among priorities for time, resources, attention and funding, all affect the future. Forward momentum is restrained when funding and capacity-building within ministries become limited owing to the lack of human resources as well as market constraints such as a lack of sustainable financing.

V. CONCLUSION AND RECOMMENDATIONS

Conclusions

Over time, the AIDS pandemic devours support systems and inner mechanisms of society; therefore, one has to think in the long term. Even if the focus is on immediate actions, one needs to think simultaneously 10 to 20 years down the line. Asian countries need to think about primary prevention, addressing root causes of the pandemic. It is not inconceivable that parts of Asia could be devastated like parts of Africa. Currently, worldwide, over 40 million people are infected; tomorrow, depending on many factors, including how development forces fuelling the epidemic are dealt with, there could be dozens of millions more. HIV/AIDS is not just about a few hundreds, thousands or millions of individuals dying, it is also about whether societies and countries will still be on the map. So countries have to think along these lines and think whether they will just count on outside help when, ultimately, they stand or fall alone. Of course, there is a need for immediate outside support and funding, but countries should not depend on outside in the longer term. When considering sustainable development, one has to think about AIDS. For sustainable development, one cannot rely only on outside donors; it is something that has to come from the heart of the society itself and requires a vision of its future. In a similar way, HIV/AIDS needs to be understood as a crucial societal and national issue. History shows repeatedly that countries and societies can recover from disaster. African countries are no exception. If one considers African farmers, it is remarkable how they survive in harsh environments, socio-economic and political conditions. The true wealth of these countries is found much more in their people than in possible oil reserves or diamonds. To win against HIV/AIDS requires more than just economic development; it requires human development. Agriculture must remember that its mandate extends beyond increasing yields to include rural development.
Recommendations

A. Advocacy

Advocacy strategies include:

- “Cite higher authority” to show that these issues have been considered by many countries. This could include the provision of supporting documents such as Peter Piot’s statement linking famine and HIV, a recent report by James Morris of the World Food Programme about the key role of HIV in famines in southern Africa, or the Special Envoy of United Nations Secretary-General Kofi Annan who declared that HIV/AIDS is the major cause of vulnerability among rural people and is one of three major causes of famine in Africa (others are poor governance and drought). This information should then be sent to UNDP country representatives, FAO representatives, UNAIDS, the United Nations Theme Group on HIV/AIDS and to participants in the consultation to provide support to individuals providing advocacy at the country level.

- Reference to the Millennium Development Goal to reduce HIV/AIDS by 2015. Each country must show how development sectors and HIV are linked to poverty reduction and what interventions it has made in this area. This requires the reporting of responses multisectorally. UNGASS should be evoked for its report on multisectoral responses to HIV and the possibility of forming a regional-level commission for agriculture that could hold ministries responsible for interventions. This would be similar to the work of UNDP-SEAHIV with ministries of transport in Asia and the Regional Transport Commission.

- The media need to be educated and involved. Activities of home governments, ministries and national AIDS authorities should be monitored to ensure that their efforts include multisectoral components.

- Cross-border collaboration involving a number of actors from adjoining countries, such as NGOs collaborating with ministries of agriculture and extension services, should be stimulated to facilitate local-level interventions and further convince policy makers of the need for such interventions. It is important to provide a brochure or package listing the kinds of interventions, at all levels, that can be used to offer people concrete solutions so that they can immediately start taking action.

- Policy makers need to feel that they are accountable for their efforts to create a multisectoral response to HIV. Governments must be responsible for reporting about their actions and proposed interventions on the steps taken, but more importantly, reporting to their own people. This means that civil society also must hold governments accountable.

- Actions within participants’ own countries, i.e., de-brief different stakeholders’ superiors, institutions, etc., assess the national situation, conduct advocacy to improve understanding of agriculture’s role in the AIDS pandemic.

- For further South-South collaboration, the following should be implemented: the development of guidelines, standardization of reporting methods and the initiation of an annual programme to keep the dialogue and support flowing.

- Participating countries should do their “homework” for six months, share and consolidate information and put that information into action. They should also consult local-level NGOs or communities for imaginative, effective interventions. Utilizing a two-track approach to identify a number of pilot activities: those
activities that can be started immediately because they do not require much resources. Simultaneously, they should implement a longer term approach, which could be country-driven in partnership with FAO and UNDP as facilitators. The agricultural sector needs to be educated regarding the specific activities that it carries out, using its comparative advantage in labour-saving technologies, nutritional support and home gardens as well as in transmitting agricultural knowledge.

B. Funding

- Packaging the concepts
The participants discussed various possibilities concerning resource mobilization in approaching agriculture and HIV: emergency operations and development interventions as part of the care agenda. As HIV has been declared one of the three major causes of the current famine in parts of Africa, AIDS may now be considered an emergency situation. However, this is not a typical emergency in which immediate food aid and donations of seeds and tools will suffice. Adults are dying because of AIDS, leaving the children and elderly vulnerable. Interventions must be tailored appropriately by linking emergency interventions with development interventions. Many potential negative effects can result from emergency responses, such as local markets being destroyed by emergency interventions. Therefore, treating this situation simply with an emergency response might not be appropriate.

It has not yet been emphasized that the victims of HIV are not just the ones dying but also those left behind. Therefore, agriculture needs to be linked to the care agenda.

- From a grassroots perspective
Money might not be the most important component of a programme. To effect change, activities must start from the community itself and if the community-based project works, it can then be used as a model from which to formulate a public policy. Small NGOs could create a network and learn from each other. It is important to start small: obtain experience and conduct trials first, then approach external and international agencies.

- Donor advocacy
Donor education is essential. Currently, donors are primarily supporting Information, Education and Communication activities and condom distribution. Prevention alone cannot stop the pandemic. Donors must think about the future. There are many agencies that are aware of the importance to focus on agriculture and HIV, but do not know how to get involved and need clear, concrete recommendations. People lack ideas on what could be done in the agricultural sector, although there are resources and funds available for implementing good ideas. It might also be helpful to develop strategies, protocols and appropriate indicators to facilitate advocacy and action in this new area.

Funding sources suggested by the participants were as follows:

- World Bank, Multisectoral AIDS Programme (MAP). Approximately $1 billion dollars in assistance is available for Africa. The World Bank generally requires two years of studies before funds are disbursed. However, MAP funds could be given “up front” on condition that the response is in the form of a multisectoral AIDS plan. There are extensive conditions and a lack of clarity in the application process. The United Kingdom’s Department for International Development offers funding to support NGOs in Africa to access the MAP fund;
• The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This is predominantly a medical fund to provide ARVs. Because the majority of the GFATM board members are health-oriented, they might not fully understand or recognize the gravity of these development issues, and therefore even a good proposal could be rejected. However, it might be worthwhile to try in order to make a statement;

• USAID is interested in funding agriculture and HIV responses; and

• The United Nations Theme Group on HIV/AIDS, the UNAIDS Programme Acceleration Fund, and country offices.

C. Actions

• Knowledge

Knowledge is needed to create a catalogue of indigenous and medicinal plants, their cultivation and uses. This would also relate to the treatment of animals. It is necessary to take into consideration that, from a clinical perspective, what could help the general public might not help HIV-infected people. Therefore, the initial knowledge collected must be clinically proven to work. Clarification must also be provided concerning the type of plant, place of origin, cultivation methods, preparation, active parts and usage, whether evidence is clinical or anecdotal, and whether it contains contraindications or warnings. Most of this information is readily available. The first initiative should be non-resource-intensive data collection. Initial sources of information might be local ministries of health, museums and botanists.

Knowledge conservation at the local level, through audio or video tapes for passing on to orphans, etc., is a must. At a formal level, it is important to provide materials for extension workers in order to include them in a discussion of these issues. It is necessary to find steps towards transmitting knowledge at the local and community levels for longer term action.

• Labour-saving (appropriate) agronomy and social capital

Labour-saving (appropriate) agronomy and social capital include lower labour demand, the Farmers’ Life School model, participatory approaches and leadership. One of the lessons learned is not to forget the social aspects of any technical advances. Social capital is an essential component of any project. To effect change in a community, local people must have a common goal to take up as their own. People must be motivated to change things. From the experience of UNDP-SEAHIV, when starting a dialogue with a community, one should not begin with addressing HIV, but encourage rural communities to describe their key concerns. When a community defines HIV as its own problem, taking action becomes far more meaningful. Examples of this include Thailand’s experience with the Sustainable Agriculture Community and Cambodia’s Farmers’ Life School.10 “Think less about the product and more about human relationships.”

Annex I

Consultation agenda

African-Asian Agriculture against AIDS
Bangkok, 11-13 December 2002

Wednesday, 11 December 2002

8.30 – 9.00  Registration

9.00 – 9.30  Welcome by J.K. Robert England
United Nations Resident Coordinator and UNDP Resident Representative, Thailand

Opening statement by He Changchui
Assistant Director-General and Regional Representative, FAO Regional Office for Asia and the Pacific, Bangkok (FAO-RAP)

9.30 – 11.00  Workshop objectives and HIV situation in South-East Asia by
Lee-Nah Hsu
Manager, UNDP South East Asia HIV and Development Programme (UNDP-SEAHIV)

Agriculture and HIV/AIDS
by Jacques du Guerny, FAO Consultant

The impact of AIDS on rural livelihoods: What can the agriculture sector do?
by Marcela Villarreal, FAO

11.00 – 11.30  Tea break

11.30 – 12.30  Country presentations & discussions  Ethiopia
Mozambique
Kenya

12.30 – 14.00  Lunch break

14.00 – 15.15  Country presentations & discussions  Thailand
Cambodia
Lao People’s Democratic Republic

15.15 – 15.45  Tea break

15.45 – 17.00  Country presentations & discussions  South Africa
Tanzania
Malawi

18.00  Reception hosted by  UNDP-SEAHIV
Thursday, 12 December 2002

8.30 – 9.00 Agrobiodiversity and HIV/AIDS mitigation by Joseph Gari and Marcela Villarreal, FAO

9.00 – 10.15 Labour-saving technologies in HIV-affected contexts by Jacques du Guerny and Josef Kienzle, FAO

10.15 – 10.30 Tea break

10.30 – 11.30 Country presentations & discussions Myanmar Viet Nam China

11.30 – 12.30 Working Group I: Identification of interventions

12.30 – 14.00 Lunch break

14.00 – 14.30 Plenary: Report and selection of key interventions

14.30 – 15.30 Working Group II: Planning for implementation of interventions

15.30 – 15.45 Tea break

15.45 – 17.00 Presentation of group reports and synthesis

Friday, 13 December 2002

8.30 – 10.00 Synthesis presentation Plenary: Recommendations for action and collaboration

10.00 – 10.15 Tea break

10.15 – 12.00 Conclusion and follow-up actions: Proposal ideas
Annex II

List of participants

AFRICA

Ethiopia
Girmachew Mamo
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Ministry of Agriculture and Cooperatives
Chomchuan Boonrahong
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Ministry of Agriculture and Rural Development
Tran Thi Nga
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Giang Thi Thanh Mai
SHAPC: STDs/HIV/AIDS Prevention Centre
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Lee-Nah Hsu
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Bangkok, Thailand

Marissa Marco
Rapporteur, UNDP South East Asia HIV and Development Programme
Bangkok, Thailand
## Publications List

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<td>Population Mobility and HIV/AIDS in Indonesia*</td>
<td>92-2-112631-5 November 2001</td>
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<td>Author: Graeme Hugo</td>
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<td>HIV Policy Formulation and Strategic Planning: For the communication, transportation, post, construction and tourism sectors, Lao People's Democratic Republic*</td>
<td>974-680-184-8 October 2001</td>
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<td>Workshop organized by UNDP-SEAHIV, NCCAB and MCTPC, Lao PDR</td>
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<td>Authors: Wei Liu, Jie Chen, Zhoufu Qin, Shaoling Liang, Yongjian Li, et al. Languages: English, Chinese</td>
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<td>Authors: Lee-Nah Hsu, Tia Phalla, Chansy Phimphachanh, Liu Wei, Nguyen Duy Tung, et al. Languages: English, Chinese</td>
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<td>HIV Subverts National Security*</td>
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<td>Authors: Lee-Nah Hsu Languages: English, Chinese, Vietnamese</td>
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<td>Sang Fan Wan Mai Youth Group: Tiny steps by youth to battle the AIDS crisis*</td>
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<td><a href="http://www.hiv-development.org/publications/People-Development.htm">http://www.hiv-development.org/publications/People-Development.htm</a> Author: Seri Phongphit Languages: English, Chinese, Vietnamese</td>
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<td>A Website at the Service of HIV and Development: Remarks on role, strategy and effectiveness*</td>
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<td><a href="http://www.hiv-development.org/publications/Web-Site.htm">http://www.hiv-development.org/publications/Web-Site.htm</a> Authors: Jacques du Guerny, Andrew Gillen, Christopher Nicholson and Lee-Nah Hsu Languages: English, Chinese, Vietnamese</td>
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<td><a href="http://www.hiv-development.org/publications/Mae-Chan-Workshop.htm">http://www.hiv-development.org/publications/Mae-Chan-Workshop.htm</a> Workshop organized by UNDP-SEAHIV and UNAIDS Language: English</td>
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<td><a href="http://www.hiv-development.org/publications/Building.htm">http://www.hiv-development.org/publications/Building.htm</a> Author: Lee-Nah Hsu Languages: English, Chinese, Laotian, Vietnamese</td>
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<td><a href="http://www.hiv-development.org/publications/Challenges.htm">http://www.hiv-development.org/publications/Challenges.htm</a> Authors: Jacques du Guerny and Lee-Nah Hsu Language: English</td>
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| ![Cover](image1) | Sermons Based on Buddhist Precepts: A response to HIV/AIDS*  
http://www.hiv-development.org/publications/Sermons.htm  
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Authors: Jacques du Guerny, James R. Chamberlain and Lee-Nah Hsu  
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| ![Cover](image6) | Early Warning Rapid Response System: HIV vulnerability caused by mobility related to development*  
http://www.hiv-development.org/publications/ewrrs.htm  
Authors: Jacques du Guerny and Lee-Nah Hsu  
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| ![Cover](image7) | ASEAN Workshop on Population Movement and HIV Vulnerability*  
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Languages: English, Khmer | 974-68500-8-3  
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| ![Cover](image9) | Population Mobility in Asia: Implications for HIV/AIDS action programme*  
Authors: Lee-Nah Hsu, Jacques du Guerny, Promboon Panitchpakdi, Manit Koedkan, et al.  
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| ![Cover](image10) | HIV Vulnerability and Population Mobility in the Northern Provinces of the Lao People's Democratic Republic*  
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| ![Cover](image11) | Population Mobility and HIV Vulnerability in South East Asia: An assessment and analysis*  
http://www.hiv-development.org/publications/sea_publications_papers.asp  
Author: Ronald Skeldon  
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* These publications are no longer available in hard copy format; however, they may be downloaded in electronic form from the following website: [http://www.hiv-development.org](http://www.hiv-development.org)
## Additional Publications

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*Course information for instructors, course information for students and CD-ROM course materials*  
*Languages: English, Chinese* | 92-1-120160-8 July 2002 |
| ![ADB/UNDP-SEAHIV/WW/Burnet Institute: Toolkit for HIV prevention among mobile populations in the Greater Mekong Subregion](image2) | ADB/UNDP-SEAHIV/WW/Burnet Institute: Toolkit for HIV prevention among mobile populations in the Greater Mekong Subregion  
*http://www.hiv-development.org/publications/Tool-Kit.htm*  
| ![Independent Review of the UN Regional Taskforce on Mobile Populations and HIV Vulnerability](image3) | Independent Review of the UN Regional Taskforce on Mobile Populations and HIV Vulnerability  
*http://www.hiv-development.org/text/task/review2001.doc*  
*Author: Jacques du Guerny*  
*Language: English* | November 2001 |
| ![Strategy on Mobility and HIV Vulnerability Reduction in the Greater Mekong Subregion 2002-2004](image4) | Strategy on Mobility and HIV Vulnerability Reduction in the Greater Mekong Subregion 2002-2004  
*http://www.hiv-development.org/publications/Strategy.htm*  
*Languages: English, Chinese, Burmese, Khmer, Lao, Thai, Vietnamese* | September 2001 |
| ![UNDP-FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to Reduce HIV Vulnerability](image5) | UNDP-FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to Reduce HIV Vulnerability  
*http://www.hiv-development.org/publications/review-route5.htm*  
*Fact sheet and project evaluation report by Jacques du Guerny*  
*Languages: English, Khmer* | April 2001 |
| ![UNIFEM/UNAIDS/UNDP-SEAHIV Information Kit on Women, Gender and HIV/AIDS in East and South East Asia](image6) | UNIFEM/UNAIDS/UNDP-SEAHIV Information Kit on Women, Gender and HIV/AIDS in East and South East Asia  
*Language: English* | March 2001 |
*Video CD*  
*Languages: English, Chinese, Lao, Vietnamese* | 2001 |
| ![ADB/UNDP/WVI/ARCM: Mobility and HIV/AIDS in the Greater Mekong Subregion](image8) | ADB/UNDP/WVI/ARCM: Mobility and HIV/AIDS in the Greater Mekong Subregion  
*Fact sheet, inception report and profiling report*  
*Language: English* | 1-875140-48-4 December 2000 |
| ![Regional Summit on Pre-departure, Post-arrival and Reintegration Programmes for Migrant Worker Workshop organized by CARAM Asia, UNDP-SEAHIV, CHRF and IOM](image9) | Regional Summit on Pre-departure, Post-arrival and Reintegration Programmes for Migrant Worker Workshop organized by CARAM Asia, UNDP-SEAHIV, CHRF and IOM  
*Report*  
*Language: English* | 983-40375-0-3 September 2000 |
| ![CIPY Heritage](image10) | CIPY Heritage  
*Producer: Hem Monirith, Director: Tith Thearith, Assistant Manager: Ouk Sokha*  
*Technical assistance: Mean Chhivun, Lim Thaipheang, Tia Phala, Seng Sutwantha, Hor Bunleng and Po Samnang*  
*Video CD*  
*Languages: Khmer with English subtitles* | November 1999 |
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