

# CTA Perspective on HIV/AIDS and agriculture - a key issue for ACP countries

Isolina Boto, Head of the CTA Brussels Office

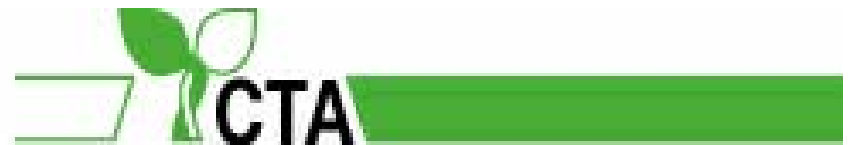
## *Rural networks and HIV/AIDS*

CTA-Dimitra/FAO workshop

13-17th June 2005

Centre Technique de Coopération Agricole et Rurale - ACPEU

Technical Centre for Agricultural and Rural Cooperation - ACPEU



# Why CTA is addressing HIV/AIDS?



- Africa with 10% of the world's population is the most affected by the pandemic with 83% of deaths and 9 out of ten new infections
- The pandemic is undermining all the development efforts made in the last 40 years (life expectancy, economic performance)
- HIV/AIDS has a special impact on agriculture and affects agricultural workers
- Most of infected people live in rural areas

# Why CTA is addressing HIV/AIDS?



- Information and communications tools and strategies can make a difference in increasing awareness on the pandemic
- CTA can sensitize and/or support efforts from ACP partners and beneficiaries at national and regional level
- CTA interventions can support existing programmes by donors
- HIV/AIDS is a cross-cutting issue



# Agriculture, rural livelihoods and HIV/AIDS



- Shift of HIV/AIDS from cities to rural areas (especially Sub-Saharan Africa)
- Agriculture and fisheries are affected at multiple levels:
  - Production
  - Processing, marketing, transport
  - Commercial farming, markets, trade
  - Economic effects on agri-food enterprises
- Rural livelihoods are affected in many ways (environment, social structure and values, safety and social protection, transfer of skills and knowledge...)

# Cross-cutting issues: gender and youth

## **The woman's face of AIDS**

Biological factors, gender inequalities (Socio-cultural factors, Feminization of poverty, Unequal or unfavorable laws), Violence against women (Partner violence, Sex work trafficking and migration, HIV testing and Disclosure, rape (wars and conflict situation))

## **Youth**

One third of all affected are young (15-24)

- Lack of access to information and preventive services
- Youth-headed households (heaviest asset-loss)
- Lack of schooling
- Violence



# Mainstreaming HIV/AIDS in development



## **HIV/AIDS is not just a health issue**

- HIV/AIDS has to be addressed through support to agriculture in countries where agriculture contributes a significant proportion of GDP
- Links between AIDS and food security, rural livelihoods and agricultural systems have to be monitored
- Relation to poverty, power, gender and youth relationships, availability and access to basic services, sexual customs and traditional practices have to be explored
- Need for a multi-stakeholder and multi-sectoral approach
- Need for political commitment

A decorative graphic on the left side of the slide consists of overlapping colored squares (yellow, red, blue) and a black crosshair.

# Urgent actions and challenges

---

## **Research is needed on:**

- Impact of HIV/AIDS on production factors
- Impact on non-infected relatives and community
- Policy-oriented sector studies on the future social, economical and political impact of HIV/AIDS
- Innovations and changes caused by HIV/AIDS
- Agricultural research linked with affected communities and with other sectors
- Mapping of rural vulnerability through statistics and data-collection

A decorative graphic on the left side of the slide consists of overlapping colored squares (yellow, red, blue) and a black crosshair.

# Information and HIV/AIDS

---

- Effective communication of valid and appropriate information is the specific remedy for infection rates attributable to a lack of information and misinformation around the epidemic.
  - Information on prevention, heavy treatments, effects, comfort of life, hope of longer survival

A decorative graphic on the left side of the slide consists of overlapping colored squares (yellow, red, blue) and a black crosshair.

# Information and HIV/AIDS

---

## **ICT offer the opportunity to:**

- Provide information and overcome misinformation leading to silence, denial, stigma and discrimination
- Enable advocacy, mobilization, networking and capacity building (eempowerment of community-based organisations)
- Provide alternative methods of communication where free speech is limited
- Change attitudes and behavior

# Information and Communication tools

---

Combination of audiovisuals, sound and print technologies-

- Radio and TV, video and digital cameras
- Personal computers, internet access, e-mail
- Phone (affordability of prepaid mobile phone)
- Training packs and kits
- Internet health care services (e-medical publications, e-consultations, drug supply)
- CD-ROMs
- Printed material (posters, cartoons)

# Information and Communication strategies

---

## **Promoting investment in technology and infrastructure**

- Public and private investments (telehealth applications, legal advice, civil register)
- Cell phone subsidies, low cost satellite internet access
- Free software with technological solutions to enable access
- Handheld computers to facilitate field surveys in rural areas

# Information and Communication strategies

---

## **Promoting education and awareness raising**

- Prevention through education of highest risk groups- distance education
- Population research and epidemiology
- Education of health workers
- Advocacy and lobbying:
  - affordable prevention measures
  - the treatment access struggle
  - budget lobbying

A decorative graphic on the left side of the slide consists of overlapping colored squares (yellow, red, blue) and a black crosshair.

# Information and Communication strategies

---

## **Networking and capacity-building for local groups**

- Building and investing in local, national and regional institutions and initiatives for the development of innovative ICT solutions suited to local contexts
- **Twinning of NGO's (in developed/ developing countries; urban/rural)**

A decorative graphic on the left side of the slide consists of overlapping colored squares (yellow, red, blue) and a black crosshair.

# Information and Communication strategies

---

## Knowledge sharing

- Inclusion of marginalised groups to describe needs and tools (local content, language)
- Community dialogue and involvement in defining, implementing and evaluating IC programmes
- Development of collaborative mechanisms between Governments/donors and these communities

# Information and Communication strategies

---

## **Transmission of knowledge**

Regularity and clarity of health information provided

- Disseminate best practices (community coping mechanisms, community initiatives and organisations)
- Disseminate discipline-specific web resources and on-line training materials
- Disseminate research results in appropriate format

A decorative graphic on the left side of the slide consists of a vertical black line intersecting a horizontal black line. To the left of the vertical line are three overlapping squares: a yellow one at the top, a red one in the middle, and a blue one at the bottom. The horizontal line extends across the width of the slide, positioned below the title.

# Urgent actions and challenges

- Mainstreaming of HIV/AIDS into ICT initiatives and educational services
- Targeted increased access to ICT
- Allocation of funding to priority sectors
- Governance and accountability on HIV/AIDS
- Strengthening local initiatives and institutions



# Actions by networks

---

- HIV/AIDS Education in partnership with Society of Women and Aids (SWAN)- Stella Williams- Youth clubs, secondary schools- Awareness on fighting stigmatisation
- Cultural barriers – example of Sud Kivu Adeline (Congo) and on the land tenure systems



# Actions by networks

---

- Targetting young women-especially in secondary schools on sexual rights and decision taking. Isabelle, Profemmes Kigali-
- Traditional land tenure systems- access to credit, inappropriate technologies; polygamy- Lubinda- Zambia
- Use of traditional herbs and medicinal plants-  
Commercila and medicinal use. Nutrition  
Sex for food, pressure on rural communities.  
Rose, Canrop, Caribbean



# Actions by networks

---

- Positive changes Enda Pronat, Sénégal. Pandemic not seen as a malediction, public debate taking place, involvement of religious authorities, ownership of the problem by the communities, increased involvement of men on discussions about sexual relations
- Impact of armed conflicts – 90% of sexual abuse are done by soldiers. Displaced and rural people victims. Poverty/commercial sex. No political will. Elise, Conafed, Congo



# Actions by networks

---

- Low prevalence and national programme. Mobilisation of the civil society and creation of networks Faten, Credif, Tunisie
- Training, participatory methods amongst rural networks/illiterate groups and older people, Mourad, Amsed, Maroc



# Actions by networks

---

- Response targeting only urban areas, role of migration, Volohomihaja, ONE, Madagascar
- Web page disseminating information for women and girls, WOUGNET, Uganda