



AIDS  
challenges

## 4. Conclusion

This paper reflects a different way of looking at the rural context of AIDS. While not ignoring or dismissing the deaths, hardship and changes brought on by the epidemic, the paper notes that the intensity of the epidemic is changing, at least in some countries and for some groups. ARV drugs offer new hope for dramatically reducing death rates from AIDS-related causes, allowing people to live longer and to remain productive citizens. A combination of official prevention efforts and local appreciation of the seriousness of AIDS has reduced or stabilized its prevalence in many countries. The direct consequences of HIV and AIDS that had been predicted for rural labour supplies, commodity production and poverty are not likely to be as extensive as forecast.

By viewing AIDS as a changing phenomenon, it is possible to offer some new insights into what the epidemic means – and will mean in the near future – for rural societies. What stands out is that although AIDS is and will remain an important factor in shaping rural societies, it is one of several critical factors. As others have pointed out, AIDS may exacerbate the existing fault-lines – gender, socio-economic, age – that differentiate society, but it is not usually the only cause of inequalities (Collins and Rau, 2000). In examining the changing AIDS epidemic, the overriding conclusion is that the basic concerns about agriculture and rural development that have existed for more than half a century continue to be the issues requiring full attention. These concerns include land control and

use, commodity prices and markets, supportive social and economic infrastructure, and equitable access to services and decision-making.

The decline and stabilization of HIV prevalence rates in many countries provides cause for optimism, but the impact of the epidemic will continue to affect societies and economies for at least another decade, and probably longer. Prevention, care, treatment and mitigation efforts will remain priorities during that time.

The epidemic is not simply a public health challenge, but also reflects the social and economic fault-lines that have increased economic inequalities and left many rural and urban people without access to the means to improve their livelihoods. HIV prevention, treatment and mitigation will be most effective when incorporated into broad-based development initiatives designed to strengthen rural and urban sectors. Given all that is known about the impacts of HIV and AIDS, there is a vital need to rethink development approaches and reprogramme development resources to address, simultaneously, the epidemic and the widespread impoverishment of many societies.

The agriculture and rural livelihood sectors must play a significant role in reframing development and AIDS approaches. As policy changes are being framed, the agriculture sector is well placed through its presence in rural areas to advocate for and implement specific interventions related to AIDS. These include:

- advocacy and promotion of the expanded availability of ARV drugs in rural areas, as these constitute probably the most important life-saving option for people living with HIV;
- emphasis of nutritional programmes to enhance ARV uptake and the nutritional well-being of other survivors such as orphans;
- design and implementation of life skills and vocational training and job programmes for rural youth, including orphaned and other vulnerable children;
- design of better social protection programmes for the most vulnerable individuals and households (particularly women-headed households) whose livelihoods cannot be assured without some form of external assistance;
- capacity and institutional strengthening for mainstreaming HIV and AIDS into agricultural policy to address the current state of ad hoc and disparate interventions.

Rethinking the role of mitigation efforts is a necessary step to move AIDS responses into a development framework. It will also place the epidemic in its rightful context, as a development, and not simply a public health, issue. The epidemic has spread because it followed fractures in societies, which widened in the 1980s and 1990s. Inequalities in wealth allowed men to use their money to obtain sex from women. Inequalities in education and landholding opportunities divided rural from urban people even further. The increasing difficulty in making a living from agriculture pulled people off the land and contributed to massive urban unemployment. Each of these trends, and others, played a role in facilitating the spread of HIV across societies. AIDS containment has reached a cusp, as the epidemic no longer has the initiative, but success depends on how various sectors – including agriculture and food security – play their vital roles in preventing the epidemic and mitigating its impact.



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