

Andrew S. Natsios
Administrator, US Agency for International Development
Association for International Agriculture and Rural Development
Capitol Hill Forum
Cannon House Office Building
January 27, 2004

The HIV/AIDS virus has had a disparate effect on many groups. The World Bank points to recent evidence that shows new infections hitting the poor at substantially higher rates than others. Nearly 30 million people on the continent of Africa have the AIDS virus. This includes 3 million children under the age of 15. In certain countries in sub-Saharan Africa, more than one third of the adult population is infected.

HIV/AIDS has brought these regions immeasurable personal suffering. It has dislocated and wreaked havoc with the social structures of traditional communities and trapped some of these countries and societies in a spiral of disease, poverty, and breakdown. This deprives them of the potential that has become available to other areas of the world and other countries on their continent. In our interconnected world, the social and economic pathologies that emanate from such areas can affect whole regions.....

The Millennium Challenge Account is designed to secure the place of the better performing underdeveloped societies in the family of democratic nations and to strengthen their economies. It speaks optimistically to the continent of Africa. We must not let the HIV/AIDS virus undermine the future of these countries. Nor can we neglect the poorer peoples and communities in this part of the world that are made increasingly vulnerable because of the disease. It is no exaggeration at all to say that the fate of the continent as a whole hinges on an effective response to the HIV/AIDS epidemic.

Thinking about HIV/AIDS has evolved. When HIV/AIDS first emerged, it was viewed predominately as an “urban” disease. Now, it has spread to many rural areas as well.

Industries that use a significant number of migrant laborers – like agriculture or mining – have unwittingly fostered the spread of HIV. Long absence from families puts large numbers of men at risk in makeshift settlements and camps. Transporters of agricultural produce and other goods spread the disease along truck routes that access both cities and villages. Infected men, returning from seasonal work, bring back the disease to their wives and families. The low status of women and girls that prevail in many third world societies, particularly traditional ones, make women and young girls especially vulnerable.

The increasing incidence of mother to child HIV infection is one reason why many developing countries hardest hit by the AIDS pandemic also see increasing infant mortality rates. This has rolled back the hard won child survival gains of the last two decades. Unlike other diseases, HIV/AIDS comes to affect all generations, even the new born and the young.

HIV/AIDS, all too typically, claims adults in the prime of their life, oftentimes the parents of large families. It also claims the life of the local school teacher or those who staff the local clinic. Many children do not get adequate care from parents who are too weakened by the disease to provide sustenance. These children eventually join the legions of orphans, falling back on the only available safety net, their relatives in extended families or the general community and its diminishing resources.

The reports from the field can be poignant. We have seen grandmothers directing as many as 23 of her grandchildren and great grandchildren in tilling the fields that fathers had previously tended.

Compounding the problem of high infection rates is the problem of “stigma,” where those who are infected choose to hide their condition rather than availing themselves of help, from fear of being isolated or worse. This is an issue that affects all sectors and classes of society.

HIV/AIDS has wreaked havoc on agricultural productivity in communities with a high rate of HIV/AIDS. We are seeing famine-like conditions in some countries with high HIV/AIDS infection rates. Agriculture is labor intensive, especially smallholder agriculture. When hands are not available or where they are so debilitated by disease, the food security of the community and the nation as a whole is put in jeopardy. We are now also acutely aware of the effect that an impoverished agriculture has, directly and indirectly, on the individual infected with HIV/AIDS -- in threatening livelihoods and occasioning the malnutrition that accelerates the degeneration of the disease.

To help us address the problems we have just identified, we have turned to AIARD, as we have in the past. Since HIV/AIDS is now increasingly lodged in agrarian communities, what better source of advice than the consortium of agricultural experts there?

If we are to improve agricultural productivity in AIDS affected societies, it will be accomplished not just by improving traditional methods of agriculture. As AIARD suggests, the key will be through pressing developments in science and technology. It's about improved seed varieties.

It's also hybrids. Each country is different and the needs of their agricultural systems are different. Seed technology, including biotechnology, in my opinion, must play a crucial role.

Fortifying local foodstuffs and increasing their yield is key. Over the past 25 years, the Collaborative Research Support Programs (CRSPs), supported by USAID, have conducted research on crops that serve as the main source of nutrition in the diets of people in developing countries. It has worked to fortify foodstuffs appropriate to the locality and induced dietary change that have had beneficial impacts on child survival and development, as well as maternal health. Technological innovation from these programs has also helped launch exports of agricultural products in developing countries. The peanut industry in Senegal, for example, is a \$5 million a year beneficiary.

A major advantage of biofortification is that it is a strategy that does not necessarily require a change in the behavior of farmers or consumers. What we are looking for is fortified agricultural products that can be easily adapted, even by those whose work capacity has been diminished by HIV/AIDS. An impressive array of research centers is undertaking this task. USAID is a strong partner in this initiative.

We are funding activities aimed at mitigating the effects of HIV/AIDS, including those aimed at improving the nutrition of women and children and those that are assisting Ministries of Agriculture assess the impacts of HIV/AIDS on their personnel resources and programs and increase their understanding about how certain agriculture policies, such as land tenure, affect the HIV/AIDS situation.

According to the FAO, the nine most affected countries could lose 10%-26% of their agricultural labor force by the year 2020 because of the

HIV/AIDS epidemic. HIV/AIDS also affects food security indirectly, by depriving families of their wherewithal to buy food. Poor families typically sell their productive assets, including livestock, to care for the sick, or to pay funeral expenses. And this of course compromises their future livelihoods.

Another USAID-funded project is pioneering innovative thinking that integrates a multifaceted approach to HIV/AIDS by considering the relationship between the disease and the agricultural sector, connecting it to issues of nutrition, food security, and family livelihood. We might profitably build upon this approach by requiring contractors, grantees and other partners to include a plan that reflects such broad-based, strategic thinking. Such thinking is, by the way, what informs the AIARD report.

Last year, President Bush made an unprecedented commitment to the fight against AIDS when he announced his Emergency Plan for AIDS Relief. This \$15 billion plan is increasing funding for AIDS prevention, care and treatment. I'm proud that USAID is a key partner in helping the President fulfill the goals he set out,

It is critical that funding from other sectors, like agriculture, are also brought to bear in the fight against the AIDS pandemic. Today, I have been talking about USAID support of agricultural programs with a strong technological component. We stand behind the initiatives I have mentioned and will also seek to ramp up projects of proven benefit. Many of these programs can be justified in development terms alone. But they take on new urgency as ways to alleviate the strains and dislocations that have followed in the wake of the HIV/AIDS epidemic.

I would briefly like to conclude my remarks with reference to what is USAID's distinct strength in this regard. I am speaking about our missions, the local staff and foreign service nationals there in the field, along with our

implementing partners. Here is where some original thinking and promising programming is taking place. USAID has long been at the forefront in the fight against AIDS. Our staff seeks to “teach the teachers” about the HIV/AIDS problem, whether they are found at commercial farms, meetings of agricultural co-ops, or in agricultural or village schools. Prevention messages are key, these messages have even been attached to bags of fertilizer in Zambia, and to bags of USAID food relief. These are transported into the remotest rural areas. Here, the food lifeline becomes a pipeline of critical communication and information about the disease.

Our missions have worked to put women’s issues in the forefront. They have developed programs that fortify the diets of mothers-to-be and extended prenatal and postnatal care. Through satellite technology, they have connected developing countries to the best of our research hospitals and medical staffs to bring the most up to date knowledge of obstetric procedures and other critical medical interventions to insure healthy births. USAID has been a leader in providing support for children affected by AIDS. USAID staff have involved themselves with alternative educational options, given a diminished corps of teachers and pressures to have children work to make up for the depressed earning powers of families. They have stood behind school meal programs to supplement diets of children, whose needs can not be met in an AIDS devastated family. They have sought out labor saving devices and put animals at the disposition of the parents of these same children so that the subsistence agriculture on which the family depends can continue. They have involved themselves with matters of food access and early warning systems to identify threatened areas.

Our missions see the society in myriad complexity and bring to bear a familiarity that only living in the host community and working among nationals there can provide.

They stand closest to the affected society and its institutions - communal and faith based - that can be mobilized in ways that have real impact on the HIV/AIDS problem. Church and Mosque leaders in Ghana, Nigeria, and Uganda have made notable contributions by shaping behaviors and values and countering stigmas. Churches and faith-based groups are instrumental in providing home care, counseling, testing, and a safety net for families and orphans. We sometimes can make our greatest contributions in the battle against AIDS merely by backstopping their efforts.

President Bush has underscored that the effort required to meet the HIV/AIDS challenge will be “massive” and on-going. He has also underscored the fact that it is also a “complicated undertaking.” We must think in new ways to engage and fortify all the resources and opportunities found in the very societies most affected by the disease. In drawing upon our unique strengths and experiences, we are convinced that USAID can play a key role in fighting the HIV/AIDS scourge.

Secretary of State Colin Powell put it well before the General Assembly in June of 2001:

I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front line. We must engage it on every front. And only an integrated approach makes sense, an approach that emphasizes prevention and public education. But it also must include treatment, care for orphans, measures to stop mother-to-child transmission, affordable drugs, delivery systems and infrastructure, medical

training. And, of course, it must include research into vaccines and a cure.

I urge the members of the Association to take up the President's challenge to fight the AIDS pandemic and be a part of the massive effort to conquer this modern-day plague.