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STAKEHOLDER MEETING

**Global Initiative on HIV/AIDS
Agriculture, and Food Security**

Agenda Item: 19 – Global Initiative on HIV/AIDS Agriculture, and Food Security

This item is for: Information Discussion Decision

Proposed Action: None

Background: The attached document is a concept note on a proposed theme for a CGIAR challenge program.

Comments:

19 October 2001

Proposal for a

**Global Initiative on HIV/AIDS,
Agriculture, and Food Security
(GIAAFS)**

Facilitated by the Consultative Group on International Agricultural Research

Summary

The HIV/AIDS pandemic is seriously undermining human capacity to ensure food and nutrition security, manage natural resources and sustain the livelihoods of large numbers of rural people who are dependent on agriculture. In recognition of these impacts and the erosion of benefits from past, present and future agricultural investments, the Consultative Group on International Agricultural Research (CGIAR) is launching a Global Initiative on HIV/AIDS, Agriculture, Food and Nutrition Security (GIAAFS). The broad objectives of the initiative are to increase understanding and communication of the bi-directional links between HIV/AIDS, agriculture, food and nutrition security; to develop and disseminate innovative gender-sensitive policies, technologies and methodologies emanating from such research; to step up efforts in information sharing and capacity development for national and international R&D agencies in the context of the HIV/AIDS challenge, and to ensure that CGIAR centres have best workplace practices in place for its workforce. The GIAAFS will adopt a project portfolio *modus operandi* wherein sub-projects, adhering to a common set of criteria and quality standards, will be developed and implemented, with communication and synergy being maximized through appropriate information-sharing at all levels. National-level ownership will be maximized through the proactive involvement of relevant local networks and alliances at all stages in the project development process -- including in particular the forging of partnerships between the public health and agriculture sectors.

Background

Since the first noted outbreaks of HIV/AIDS-related diseases in 1981, the proportion of human population affected by AIDS has escalated at an alarming rate. HIV/AIDS is no longer just an urban or health issue: it has become a major catastrophe for human development.

Sub-Saharan Africa (SSA) is worst hit. 17 million people have already died from HIV/AIDS in the region. In the year 2000 alone, an estimated 3.8 million people became infected with HIV in SSA, bringing the total number of people living with HIV/AIDS in the region to 25.3 million. HIV/AIDS is responsible for the loss of 10-20 years of life expectancy in the most affected countries. Asia and Latin America are increasingly affected, with India already having an estimated 3.5 million adults living with HIV/AIDS (UNAIDS, 2000 a and b). The global burden of HIV/AIDS is summarized in Table 1.

Table 1: Regional breakdown of HIV/AIDS prevalence (December 2000)

Region	Adults* and children living with HIV/AIDS (millions)	Share of global estimate (%)	Adult prevalence rate (%)
Sub-Saharan Africa	25.30	70.1	8.80
South and Southeast Asia	5.80	16.1	0.56
Latin America	1.40	3.9	0.50
North America	0.92	2.6	0.60
Eastern Europe and Central Asia	0.70	1.9	0.35
East Asia and Pacific	0.64	1.8	0.07
Western Europe	0.54	1.5	0.24
North Africa and Middle East	0.40	1.1	0.20
Caribbean	0.39	1.1	2.30
Australia and New Zealand	0.02	0.04	0.13
Total	36.2	100%	1.1%

*Adult = persons 15-49 years of age.

Source: www.unaids.org

Despite the insistent calls for a broad, multi-sectoral response, HIV/AIDS has been largely ignored by most agencies (Barnett and Whiteside, 2001) until comparatively recently. Many decision makers outside the health sector still have a poor grasp of the magnitude of the threat and of how to factor the epidemic into their “core business”. While awareness has been increased by events such as the UN General Assembly Special Session on HIV/AIDS of June 2001, there is still little evidence-based guidance on how and where institutions in sectors like agriculture can make an effective contribution to preventing the spread of HIV infection or mitigating AIDS’ impacts.

HIV/AIDS is unique in several ways. Predominantly transmitted in developing countries through heterosexual contact, it strikes first and hardest at adults, the most economically productive segment of the population, including men and women farmers and skilled agricultural workers (Barnett and Blaikie, 1992; Topouzis and du Guerny 1999; Haddad and Gillespie, 2001). That fact, together with the long incubation period before infection manifests itself in illness, makes HIV/AIDS a long-wave phenomenon whose impacts may be felt over many decades.

Livelihoods, food security and the spread of HIV

HIV/AIDS however also shares important features with other diseases and disasters that are better known to developing country decision makers. Like other diseases, susceptibility to infection is affected by people's behavior, including choices of where they live and what they work at, which may put them into situations of particular risk. For HIV/AIDS, these situations are often associated with asymmetrical heterosexual contact i.e. a small number of women having unprotected sex with a larger number of men, or vice versa. Similarly, people living in proximity to wet areas where Anopheles mosquitoes breed are at heightened risk of malaria, while those living in crowded, unsanitary urban conditions are at great risk of tuberculosis (McKeown 1988). However, choices of livelihood and residence are often constrained by wider forces, such as a lack of economic options, cultural practices or policies of various kinds.

Historically, changes in these wider determinants have often made large contributions to improvements in health. For example, in Europe, North America and among white South Africans, the prevalence of TB fell precipitously through the final decades of the 19th century and the first decades of the 20th, before effective treatment became available, as a result of improved living conditions and nutrition. The experience of black South Africans, who confronted discriminatory racial policies, was very different (McKeown 1988, Packard 1989).

Efforts aimed at prevention of HIV infection have yet to draw widely on this perspective. Currently, prevention of HIV infection relies primarily on medical and public health interventions, such as prophylactic treatment to prevent mother-child transmission, and promotion of safer sexual behavior. There have also been efforts aimed at altering situations of risk around planned or existing large infrastructure or agro-industrial projects that attract many single workers. However, there have as yet been only few and scattered efforts to reduce the food insecurity that often impels people to move into rural or urban situations of risk (World Bank 1992; Black-Michaud 1997; Page 2001; Rugalema 2001) or to expand the natural resource-based livelihood options available to social groups particularly susceptible to HIV infection. Some available evidence, however, is suggestive (Box 1).

Box 1

In southern Malawi, the NGO YONECO has been working with youth, orphan and women's groups since 1997. The NGO has helped some 60 commercial sex workers to organize themselves, trained peer counselors and developed livelihood opportunities with them. These include producing briquettes from waste paper and sawdust or rice husks, using manual presses. The briquettes are competing with locally collected firewood, which is becoming increasingly scarce and whose collection is said to contribute to hillside erosion. A number of the women have given up sex work and the prevalence of sexually transmitted infections – an important risk factor for HIV – has dropped by 60%. However, demand for the briquettes is still thin: a concerted marketing campaign has yet to be mounted.

MacBain Mkandawire, Project Director, *personal communication*

Important questions remain about whether and in what situations such efforts can make a timely and cost-effective contribution to HIV-prevention for significant numbers of people, and whether they can take advantage of local opportunities and tap local energies to create economically and environmentally sustainable livelihoods that draw on natural resources. Much is likely to hinge on the policy environment which, beyond “doing no harm” by not exacerbating situations of risk, should support the emergence of meaningful livelihood choices for rural people. These are important areas for research (Loevinsohn 2001).

HIV/AIDS impacts on livelihoods, food security and nutrition

The consequences of HIV infection begin at the individual level. HIV infection essentially accelerates the vicious cycle of inadequate dietary intake and disease that leads to malnutrition, while malnutrition increases the risk of HIV transmission from mothers to babies and the progression of HIV infection (Piwoz and Preble 2000). Nutritional deficiencies may lead to oxidative stress and immune suppression which in turn lead to increased HIV replication and hastened disease progression. Increased morbidity brings with it heightened nutrient requirements and reductions in the efficacy of absorption and utilization of nutrients (Semba and Tang 1999). HIV infected individuals have higher nutritional requirements than normal, particularly with regard to protein (up to 50 percent increased), and energy (up to 15 percent). They are also more likely to suffer a loss of appetite, even anorexia, thus reducing dietary intake at the very time when requirements are higher. Moreover, such interactions are thrown into starker contrast for the poor who are more likely to be malnourished prior to becoming infected.

Mother-to-child transmission (MTCT, or vertical transmission) of HIV is a major nutritional issue. MTCT may occur during pregnancy (5–10 percent chance), at birth (10–20 percent), or via breastfeeding (10–20 percent to 24 months).

These are the predominant direct impacts on infected individuals. But there are other important *indirect* impacts at the household and community levels. These may be brought about by, for example, a diminished capacity of caregivers to care for themselves, their young children, or AIDS-infected household members. In many poor households, even those unaffected by the pandemic, child care may be compromised in the short term to ensure food security in the long term. Any adverse impacts on the quality or quantity of child care of such

decisions are likely to be exacerbated by shocks such as HIV/AIDS that may drastically reduce household caring capacity.

HIV/AIDS diminishes the household's ability to produce food because it takes its death toll mostly among productive adults. In fact, the impact on the agricultural labor force, which makes up most of the labor force of the affected countries, has been enormous. According to FAO estimates, the 9 most affected countries could lose 10-26% of their agricultural labor force by the year 2020.

HIV/AIDS also affects food security by impoverishing affected families and hence reducing their ability to buy food. A study in one African country showed that the cost of caring for an AIDS patient, and meeting the subsequent funeral expenses, exceeded the average annual farm income. As a result, poor rural households sell their productive assets, including their livestock, to care for the sick or pay the funeral expenses, and with those assets go their only savings, compromising their future livelihoods.

Several studies have documented fairly consistent effects of AIDS-linked illness and death on farming systems. These include significant reduction in land use, declining crop yields, changes in cropping patterns, reduction in the range of crops and diminished crop enterprise diversity resulting in a poorer diet, less economic returns, loss of soil fertility and a decline in livestock activities. (Barnett and Blaikie 1992; Hunter *et al.* 1993; Rugalema, 1999; Barnett and Halswimmer 1995; and Kwaramba, 1998). Affected households may mobilize labor resources by taking children out of school. Assets are progressively stripped. Other long-term effects include the drastic erosion of farmers' wealth of agricultural knowledge, derived from years of interaction with the environment, as they die prematurely.

These "coping" methods are not unique to communities affected by AIDS and can be seen in response to other disasters (Blaikie et al. 1994). Yet there is also evidence of more creative responses. Surviving family members are in some cases reforming gender roles, cultivating crops or raising livestock in which they previously had little part (Mutangadura et al 1999). Technical innovations have in places facilitated such shifts, for example a farmer-developed light cotton planter in Zimbabwe that can be used by a youth or a woman and pulled by a single donkey (Ncube 1998).

At a wider level, the epidemic is also undermining the viability of commercial farms and agro-industrial enterprises (Rugalema et al. 1999). While documented evidence is still sparse, there are indications of reduced output of key commodities at the national level. In Zimbabwe, for example, reductions of 61% in maize, 47% in cotton and 49% in vegetables have been attributed to the impact of AIDS on farm labor (Commercial Farmers' Union, quoted in Sayagues 1999).

Much of the current effort in dealing with the consequences of HIV infection focuses on the immediate effects. Treatment of opportunistic infections and nutrition counseling aim at slowing the progression to full-blown AIDS. "Living positively" is a theme of much public health education. Care of the sick and the most vulnerable, particularly orphans, is also

widespread, frequently organized by communities. However, there has as yet been limited effort to expand the range and appropriateness of agricultural and resource management options available to households affected by AIDS, supporting local innovation. Policies implemented at different levels may be compromising the ability of households to deal with the consequences of AIDS-linked mortality, for example by limiting the access of women and teenage farmers to land and other resources. Review of such policies, land inheritance in particular, is beginning in some countries, but the process must be widened and deepened.

Research can make an important contribution in these areas. It can also contribute to understanding of more strategic issues, which can inform action over the longer term. These issues include clarifying how AIDS' impacts at the local level, social, economic and environmental, are aggregating at wider scales and over longer time frames. The response of local level institutions is critical both to assuring security to those most affected by AIDS and helping those most at risk avoid HIV infection. Little is known about how well these institutions are adjusting under high levels of prevalence and how they can best be supported.

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 than women. With the death of her husband, a wife may be left without the access she had gained through him or his clan, and her livelihood, and that of her children, is immediately threatened. AIDS is thus worsening existing gender imbalances.

Biological and social factors make women more vulnerable to HIV, especially in youth and adolescence. In many places HIV infection rates are three to five times higher among young women than young men. Effective interventions to mitigate the spread of the epidemic must therefore target both men and women, based on a gender perspective that seeks to understand the complex set of socially ascribed roles and relations between them.

HIV/AIDS and agricultural R&D institutions

As the HIV/AIDS pandemic intensifies, the capacity to respond is declining. Premature death erodes the knowledge base of national institutions and threatens the continuity of their programs (Cohen 1999). It also threatens the essential human resource base and critical mass for the continued cooperation between the CGIAR and NARS. Experience with a number of organizations that have undertaken "institutional audits" of the potential and actual effect of HIV/AIDS on their operations have revealed the complexity of this aspect of impact (Jones, 1996; Whiteside, Barnett, Fantan and Mbakile, forthcoming).

It is imperative therefore that proactive steps be taken to address issues of HIV/AIDS in the work place, both in national institutions and CGIAR centers worldwide. The welfare of all staff members must not only become an integral part of human resources policies, but also the work environment more generally. Institutional policies and practices may unwittingly contribute to staff's susceptibility to infection and the insecurity of those living with the HIV/AIDS. The reluctance to address the issues of gender inequalities and stigma/exclusion in

the workplace undermine an institution's capacity to contribute to mitigation and prevention in affected communities. The challenge is greatest for national institutions where access to health facilities is less than that for center staff.

Rationale

Mindful of the importance of HIV/AIDS for global agriculture and those whose livelihoods depend on it, the CGIAR decided at the International Centers Week in October 2000 “*That the CDC Sub-Committee on SSA, take the lead in developing a proposal to be developed by the CGIAR centers and its partners that will study the implications of HIV/AIDS for agricultural research and development*”. In December 2000, thoughts were shared electronically across the CGIAR System, leading to the development of a concept paper, which was circulated within and beyond the CGIAR. In January 2001, the substance of the concept paper was presented at an IFPRI-DFID consultation meeting in Washington DC. Building on this progress, a CGIAR Systemwide Consultative meeting was held at the ISNAR headquarters, The Hague, 12-13 February 2001, to identify common objectives and priorities, pull together existing knowledge and to develop a full research proposal for the initiative. Annex 3 contains the two lists of participants to the meetings to indicate the wide consultation that has been the foundation of this proposal.

The need for a global initiative

A global initiative on HIV/AIDS in agricultural R&D is required for the following reasons:

- The bi-directional linkages between HIV/AIDS and agricultural development, food security and livelihood systems demand inter-sectoral collaboration and forging of new partnerships between private and public health, social development, governmental and non-governmental organizations, community based organizations, national agricultural research systems, the CGIAR and their farmer communities.
- All sectors have acknowledged HIV/AIDS as a problem, but most sectors do not know how to respond. The GIAAFS initiative seeks to mobilize the agricultural R&D sector in collaboration with various other sectors (including health) to respond to the HIV/AIDS pandemic in a systemic manner.
- GIAAFS identifies critical gaps in research and disseminates existing research results so that all participants can benefit from them.
- The conceptualization of GIAAFS reflects a realization that HIV/AIDS affects people working at various levels of agricultural research, development, and production including the CGIAR, national agricultural research systems (NARS), ministries of agriculture, farmers and farm communities.

- GIAAFS would maximize synergy in catalyzing the development of appropriate responses to the HIV/AIDS challenge, thus generating multiple effects and benefits with relatively small investments. It would accumulate and capitalize on lessons learned.
- HIV/AIDS epidemics are developing at different paces in different regions and institutions have responded in different ways. These differences require focused and regionally specific projects. They also create opportunities for learning among regions
- GIAAFS would catalyze the strengthening of linkages between agricultural R&D, health and non-health sectors in the promotion of research on critical gaps, and experimentation and innovations in different contexts for mitigating the spread of the disease.
- Working together in the systemwide initiative would provide development partners with essential technical assistance, capacity enhancement and mutually beneficial learning ultimately providing a solid knowledge base for relevant policy and program action.

The need for CGIAR involvement in HIV/AIDS prevention and impact mitigation

The CGIAR, established in 1971, is an informal association of fifty-eight public and private sector members that supports a network of sixteen international agricultural research centers. Its mission is to contribute to food security and poverty eradication in developing countries through research, partnership, capacity building, and policy support.

The CGIAR recognizes the threat posed by HIV/AIDS. The pandemic severely impacts on human capacity to ensure food and nutrition security, manage natural resources and sustain the livelihoods of large numbers of rural people who are dependent on agriculture. HIV/AIDS seriously undermines the expected benefits from past, present and future investments that the CGIAR and NARS have made in training agriculture researchers. It also undermines capacity and willingness to adopt agricultural innovations. The CGIAR must address this issue if its research and capacity development work is to remain relevant and appropriate.

The CGIAR brings the following important advantages to the global challenge response to HIV/AIDS:

- CG Centers have substantial experience in participatory research approaches in sub-Saharan Africa, Asia and Latin America.
- CG Centers have developed partnerships and networks, with a range of government institutions, regional bodies, R&D organizations, public & private, and community based organizations.
- CG has experience in convening multi-institutional coalitions on important regional and global issues.
- Capacity enhancement is a central goal of the CG

- There is no equivalent to the CGIAR that covers the health professions, and thus the CGIAR can be uniquely useful in extending a global reach on HIV-relevant agricultural research and livelihood questions.
- Through their work, CG centers have gained a good understanding of global agricultural systems and livelihood support that depend on them.
- CG Centers are already involved in developing relevant labor saving, food producing, income generating, assets-saving technologies, which hold promise for mitigating HIV/AIDS impacts;
- The CG currently has talented people on the ground for rapid collaboration with stakeholders in developing relevant policies and programs focused on the needs of farmers and agricultural systems that are, or are likely to be, most affected by HIV/AIDS. In these areas, valuable baseline information on agricultural systems is available.

The CGIAR is the best entry point for the integration of HIV/AIDS into agricultural research and development. The initiative will draw in qualified public health expertise and resources for synergy and effective use of resources. This kind of approach is novel and the CG system has requisite experience e.g. its systemwide initiative on malaria.

The development of the CGIAR Global Initiative on HIV/AIDS, Agriculture, Food Security (GIAAFS) coincides with the evolution of the CGIAR towards a thematic/programmatic organization and structure.

What does GIAAFS seek to achieve?

Goal

To enhance the capacity of people to manage their agro-ecosystems in a sustainable manner, to improve their agriculture-based livelihoods and to ensure food and nutrition security in the face of HIV/AIDS.

Purpose

Utilizing the resources of the CGIAR Centers, in cooperation with institutions in developing countries and elsewhere, to contribute toward mitigating and preventing the spread and negative impact of HIV/AIDS on agriculture, food and nutrition security.

Objectives

1. To understand and communicate the bi-directional links between the HIV/AIDS pandemic and rural, urban and peri-urban livelihood systems, agricultural production, natural resource use, food and nutrition security and social structures to a wide range of decision makers;
2. To develop and disseminate innovative gender-sensitive policies, technologies and methodologies emanating from experience gained through such research, in order

to strengthen agriculture-based livelihood systems and R&D institutions faced with current or future HIV/AIDS impacts;

3. To step up efforts in information sharing and capacity development for national and international R&D agencies in the context of the HIV/AIDS challenge;
4. To ensure that CGIAR centres have best workplace practices in place for its workforce, and can serve as a role model for national systems.

Activities

Activities with potential short term benefits

The GIAAFS aims to identify and fill critical knowledge gaps for a better understanding of the impact of HIV/AIDS on agricultural production, land use, food and nutrition security and environmental degradation. The activities will involve, but not be limited to:

- Rapid review of what is already known about the impact of HIV/AIDS on agriculture supplemented with rapid studies of issues that require further elucidation;
- Preparation of background country papers addressing current knowledge on HIV/AIDS-links to agriculture;
- Sub-regional awareness-raising and consensus-building workshops explicitly in the context of HIV/AIDS;
- Assessment of vulnerability of farm communities in relation to food security, environment and HIV/AIDS.

The GIAAFS will disseminate, apply and utilize available technologies and policy options for strengthening 'at risk' livelihood systems including labor saving technologies, and nutrition and food basket interventions.

The GIAAFS will develop partnerships and coalitions for more effective and efficient knowledge-based, livelihood systems responses to HIV/AIDS.

Activities with medium to long-term benefits

Issues identified from above will be addressed by groups of interested institutions best equipped to do so. The key thematic areas are as follows:

- Identification of critical strategic issues that represent HIV/AIDS threats to agricultural research for the most affected regions;
- Development of methodologies and response capacity at the grass roots level;
- Further articulate the “HIV lens” through which agriculture, food and nutrition research and action may be made more relevant and appropriate for HIV/AIDS prevention and mitigation;

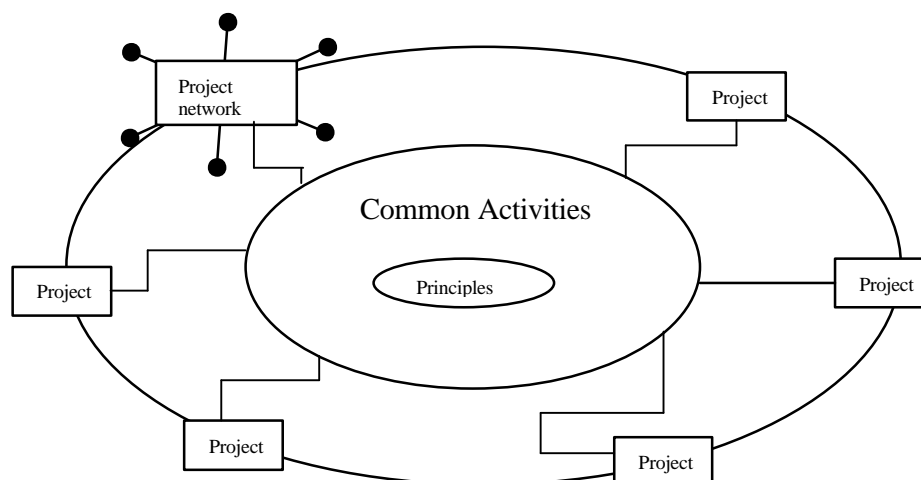
- Research on contributions of specific food-baskets to improved nutrition in view of protein, carbohydrate, vitamins and micronutrient needs in situations of HIV/AIDS;
- Exploration and use of plant genetic resources for HIV/AIDS prevention, mitigation and management;
- Integration of livestock management and pastoralism in fragile health situations;
- Government policies and links both upstream and downstream, between agricultural development and vulnerability of communities and households to HIV/AIDS;
- Information access and networking, via the creation of a dynamic web site and interactive web applications including databases and forms for sharing of ideas, and concerns with various stakeholders on HIV/AIDS and agriculture;
- Development and provision of appropriate training courses and workshops for facilitating the evolution of dynamic responses.

Strategy

GIAAFS will adopt a project portfolio *modus operandi* (see Figure 1) that will comprise different sub-projects, each designed to target at least one of the agreed GIAAFS objectives. Projects will be described in full proposals which will be based on the following set of common, guiding principles and standards:

- All projects must explicitly and centrally address issues concerning the relationship between HIV/AIDS and agricultural/rural livelihoods;
- The research will adhere to the highest standards of evidence consistent with maintaining a timely relation between the researcher, the farmer and the practitioner;
- Any proposal must relate to at least one of the objectives of the GIAAFS;
- Wherever possible, research will involve academic researchers, NGO or government practitioners and farmers;
- Results will be subject to objective critical appraisal and peer review and wherever possible it will be a requirement that reported “facts” must be clearly evidenced and referenced;
- The research methods will reflect the most up to date state of knowledge and research skills in the social science and agricultural disciplines;
- Research will be locally relevant, gender sensitive and participatory;
- Research and other project activities will be guided by an ethical protocol (including informed consent, non-discrimination, and avoidance of exposure of affected people and households to further stigmatization).

Figure 1. Schematic description of the operational mode of GIAAFS



Organizational structure

GIAAFS as proposed will develop the organizational structures as recommended by the final CGIAR Challenge Program guidelines. The organizational structure will reflect program ownership of major participants. It will be organized as an unincorporated **joint venture** between the major owners. There will be initial owners later to be joined by additional owners who will buy into the joint venture through their commitments. The joint venture owners group will have oversight responsibility for the management and implementation of GIAAFS to the responsible CGIAR bodies. It will decide on the location of the facilitation unit and select the facilitator. The **joint venture owners group** will also play a key advocacy role in donor relations and have overall accountability for funds. The joint venture will select a site among the joint venture owners for a **facilitation unit**. It will appoint a **facilitator** responsible for the facilitation unit to serve with the joint venture partner from where the facilitation unit is operated. It will create, and seek the advice, of a **scientific advisory committee**.

The facilitation unit will be very light in personnel (the facilitator plus limited support staff) located with one of the joint owners. The main functions of the unit will include but not necessarily be limited to:

- Building awareness of the issues, particularly in regions less touched by HIV/AIDS, through e.g. seminars or small studies;
- Promoting involvement in the Initiative on the part of CGIAR centers and other key institutions and groupings of institutions;
- Stimulating and assisting project development and catalyzing partnership formation;

- Enhancing collaboration and information exchange among regional projects
- In partnership with regional projects, facilitating training relating to HIV/AIDS, agriculture & livelihood systems;
- Ensuring wide dissemination of research findings and their access by HIV/AIDS control efforts;
- Facilitating evaluation of regional projects and of the Initiative as a whole.

The scientific advisory group, staffed by outstanding people who have much expertise and are willing to work in support of a cross-disciplinary program, is the joint owners' mechanism to ensure quality control, identify critical gaps in research, recommend and vet specific projects, and advise on internal monitoring and evaluation.

Program implementation, governance and management

The GIAAFS has been developed by the CGIAR Centers in collaboration with various agencies. It has grown out of early efforts towards CGIAR systemwide activities on HIV/AIDS, convened by the CGIAR Center Directors Committee (CDC) under the leadership of Kanayo Nwanze (DG, WARDA). The program will be implemented jointly by the CGIAR Centers and national agricultural research systems (NARS), in collaboration with other relevant partners. Initially the program will focus on sub-Saharan Africa where the ravages of HIV/AIDS have been the greatest, but the need to extend program activities to other regions will be appraised at an early stage, and within 18 months of the commencement of the project. For this appraisal the conveners of the initial Africa-focused phase will approach CGAR centers, NARS and other potential partners in Asia, the Pacific, the Caribbean and Latin America, to expand the Initiative to other regions. The conveners will particularly ensure that the wide ownership-of-project model developed for the Africa phase will prevail also for the other continents. The conveners acknowledge that whilst most criteria and principles suggested for the CGIAR Challenge Programs (as per Interim Executive Council "An Integrated Proposal" September 2001) are well reflected in the development of this proposal, the competitive elements for the CGIAR Challenge Program Phase I-III have not been implemented, for the simple reason that these elements did not exist when the Initiative was being developed. The conveners will undertake to adhere to competitive elements, as prescribed by the final version of the CGIAR rules for Challenge Programs, for subsequent phases of the Initiative, including further work in Africa and other continents.

Partnerships will be developed with national agencies that are directly responsible for the coordination of HIV/AIDS prevention, mitigation and care activities. Various ecoregional and systemwide programs and networks are currently implemented by the CGIAR Centers in collaboration with a wide range of stakeholders. These programs and networks will be used to the maximum extent possible to implement the initiative. Examples include the Systemwide Initiative on Malaria (SIMA). GIAAFS will also in turn contribute directly to the increased efficacy of these programs and networks. The following list outlines partners who have expressed an initial interest and commitment to participate in the initial phase of GIAAFS in

Eastern and Southern Africa (Annex 1) and in West and Central Africa (Annex 2). Among these are important agencies that will act as owners in a joint venture arrangement.

International lead institutions:

International Service for National Agricultural Research (ISNAR) - Dr. Michael Loevinsohn (coordinator)

International Food Policy Research Institute (IFPRI) – Dr. Stuart Gillespie

West African Rice Development Association (WARDA) – Dr. Frank Abamu

Food and Agriculture Organization (FAO), Rome - Dr. Marcela Villarreal, AIDS Focal Point

Uganda

Lead institution:

National Agricultural Research Organization (NARO), Dr. John Aluma, Deputy Dir. General

National partners:

Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)

Uganda AIDS Commission

Agency for Cooperation in Research and Development (ACORD)

Makerere University: Institute for Social Research (MISR), Faculty of Agriculture, and Institute for Socio-Economic Research

Makerere School of Medicine (confirmation awaited)

CARE (confirmation awaited)

The AIDS Support Organization (TASO)

Malawi

Lead institution:

Ministry of Agriculture and Irrigation Development, Mrs. Andrina Mchiela, Principal Secretary

National Partners:

National AIDS Commission

Ministry of Health, Community Health Sciences Unit

University of Malawi, Bunda College: Agricultural Policy Research Unit and Department of Rural Development

University of Malawi, Chancellor College: Economics Department and Institute for Social Research Youth Network and Counseling (YONECO)

OXFAM

CARE (confirmation awaited)

Tanzania

Lead institution:

Ministry of Agriculture and Cooperatives, Dar es Salaam, Tanzania – Mr. Charles Tulahi, AIDS Control Coordinator

National Partners:

National AIDS Control Program (NACP)

Univ. of Dar es Salaam, Institute for Resource Assessment, Research on Poverty Alleviation (REPOA)

ACORD (Agency for Cooperation and Research in Development)

National Institute of Medical Research

Zambia

Lead institution:

Ministry of Food, Agriculture and Fisheries. Mr. Albert Chalabesa, Dep Director, Soils and Crops Research Branch

Also: Ministries of agriculture in Cote d'Ivoire, Nigeria, Cameroon, Burkina Faso, Togo, Ghana and Mali.

Regional collaborating institutions

- 1) Southern Africa AIDS Training Program (SAT), Harare – Dr. Josef Decosas, Director
- 2) Southern Africa Centre for Cooperation in Agricultural Research and Training (SACCAR), – Dr. K. Molapong, Sector Coordinator
- 3) Eastern and Central African Programme for Agricultural Policy and Analysis (ECAPAPA), Entebbe – Dr. Isaac Minde, Coordinator.
- 4) West and central African Council for Agricultural Research and Development (CORAF/WECARD)

International collaborating institutions

- 1) System Wide Initiative on HIV/AIDS and Agriculture – Dr. Kanayo Nwanze (WARDA), Convenor
- 2) African Highlands Initiative (AHI), Kampala – Dr. Ann Stroud, Coordinator
- 3) Centre for Tropical Agriculture (CIAT) – Dr. Roger Kirkby, Africa Coordinator
- 4) Institute of Tropical Medicine, Antwerp, Belgium – Dr. Marie Laga, head STD/HIV Research and Intervention Unit.
- 5) University of East Anglia, Norwich, U.K. – Prof. Tony Barnett, Overseas Development Group.
- 6) United Nations Development Program, Pretoria - Dr. G. Rugalema.
- 7) Akershus University College, Norway – Professor Arne Oshaug
- 8) Noragric, Agricultural University of Norway – Dr. Ruth Haug
- 9) International Institute for Tropical Agriculture (IITA) – Dr. Dyno Keatinge
- 10) International Livestock Research Institute (ILRI) – Dr. Sahr Lebbie
- 11) International Centre for Research in Agro-Forestry (ICRAF)
- 12) Centro Internacional de Mejoramiento de Maiz y Trigo (CIMMYT)
- 13) CGIAR Gender and Diversity program – Dr. Vicky Wilde
- 14) The World Bank – Dr. Hans Binswanger
- 15) UNAIDS Inter-country team for West & Central Africa

Donors:

Southern Africa AIDS Training Program, Canadian International Development Agency (CIDA)
International Development Research Centre (IDRC)

Outputs

The main direct outputs of the GIAAFS would comprise:

- Documented results of studies that expand knowledge of bi-directional relationship between HIV/AIDS, agriculture, food and nutrition security;
- Workshops and creative use of media to bring this to a wide audience;
- Technologies, methodologies, and policy options assessed for their effectiveness and efficiency in prevention and mitigation.
- New and strengthened partnerships between agricultural R&D, health, and community-based organization established for mitigating HIV/AIDS;
- Enhanced capacity of national agricultural R&D personnel to address HIV/AIDS issues.

Impacts

The main types of impacts of the GIAAFS would include:

- Households in affected and at risk communities draw on the expanded options and benefit from improved policies.
- Initially in pilot areas and with time in wider areas, decreased HIV incidence among those most at risk in rural areas.

Impoverishing effects on households most affected by AIDS-linked mortality are reduced.

Funding

The joint venture owners will invite two modes of funding the GIAAFS: unrestricted and restricted. Unrestricted funds would support core activities (e.g. those of the facilitation unit) as well as regional projects. A proportion of unrestricted funds may also be used for micro-grants e.g. to local partners wishing to carry out specific activities at the grass root level. The scientific advisory committee would however vet such projects before funding is granted. Donors may wish to support larger sub-projects of the GIAAFS through the provision of restricted funds.

The GIAAFS initiative expects donors in Norway (Min. of Foreign Affairs) (unrestricted funds) and Canada (CIDA, IDRC) (restricted funds) who have graciously contributed to early systemwide activities to be willing to consider reallocation of fund to the initial GIAAFS

activities (see below). If they do so, their early commitment of approx. USD 550,000 offers a helpful start for GIAAFS.

Individual GIAAFS projects will be costed individually. Annex 1 outlines two sub-projects of GIAAFS, costed at, respectively, USD 2,573,000 over 3.5 years, and USD 1,500,000 over 3 years. To support these and the development of other projects in Africa and beyond under the GIAAFS initiative, the Facilitation unit is initially costed at USD 250,000/year for 3.5 years.

The current lead institutions, likely owners in the joint venture enterprise, envisage the growth of GIAAFS to other topics in Africa and other regions, to develop into a USD 5 million/year enterprise, including the cost of the facilitation unit, for a 5 year period.

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ANNEX 1

GIAAFS Sub-Project Summary 1

Project title: AIDS, food and nutrition security: supporting innovation

Background

The AIDS epidemics in eastern and southern Africa are having a major impact on agricultural systems, the principal source of livelihood for the majority of the region's population. Rural poverty, in part traceable to limited and unequal agricultural development, is also contributing to the further spread of infection. Yet, with some notable exceptions, agricultural R&D institutions in the region have still to engage significantly in either the prevention or the mitigation of AIDS's consequences.

Purpose

To contribute to the prevention and mitigation of AIDS' impacts on agricultural systems and livelihoods based on them.

Objectives

- To reduce critical gaps in understanding of how agricultural systems and livelihoods based on them contribute to the further spread of HIV/AIDS.
- To reduce critical gaps in understanding of the impact of AIDS and associated diseases on agricultural systems, on the livelihoods that depend on them and ultimately on food and nutrition security.
- To reduce critical gaps in understanding of how agricultural policies and programs can contribute to prevention and/or mitigation of AIDS impact and how this knowledge can be used to support local responses.
- To enable relevant institutions to forge partnerships and act on realistic priorities for responding to HIV/AIDS epidemic, in collaboration with at-risk and affected communities and institutions in other sectors.

Organization

The project is conceived as a network of national groupings of concerned R&D organizations in agriculture with partners in the public health sector. It stresses national ownership and increased national capacity through the creation of partnerships and enabling local processes. The project will be based initially in two severely affected countries in E. and S. Africa, Uganda and Malawi, to be followed within a year by a third, likely Tanzania. A brief preparatory phase will refine the project's priorities and governance through a series of

Background Papers, Think Tanks and Stakeholder Workshops. In the main phase, research will be carried out by interdisciplinary country teams, in collaboration with a Support Group of skilled persons from within and outside the region.

Outputs

Enhanced capacity of national agricultural R&D institutions. This will be evident in their actions aimed at supporting innovation by at-risk and affected communities. The contribution of these actions to prevention and mitigation will be evaluated, providing evidence on which to base expanded efforts. Research findings will be documented and brought to the attention of a wide range of decision makers through a variety of means, including workshops, field trips and the creative use of mass media.

Expected impacts

Ultimately, rural people facing a reduced risk of HIV infection and farming households already affected by AIDS provided with a broader range of options in their struggles to survive. More widely, consumers and others dependent on agricultural production better protected from the disruptions and shifts in output that AIDS and related diseases would otherwise cause.

International lead organizations

ISNAR (Dr. Michael Loevinsohn¹), IFPRI (Dr. Stuart Gillespie), FAO (Dr. Marcela Villarreal)

National lead organizations

National Agricultural Research Organization, Uganda (Dr. John Aluma, Deputy Dir. General), Ministry of Agriculture and Irrigation, Malawi (Mrs. Andrina Mchiela, Principal Secretary), Ministry of Agriculture and Cooperatives, Tanzania (Mr. Charles Tulahi, AIDS Control Coordinator)

Budget and duration: \$2,573,000, 3 ½ years

Status (October 2001): Preliminary phase underway

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ANNEX 2

GIAAFS Sub-Project Summary 2

Project title: Links between HIV/AIDS and rural and peri-urban livelihood systems in West & Central Africa

Background

HIV/AIDS knows no boundaries. Many acknowledge the problem but lack the capacity to act. HIV/AIDS trends are increasing in West & Central Africa. UNAIDS statistics indicate that 2.6 million (5%) are affected in Nigeria, 770,000 (11%) in Côte d'Ivoire, 520,000 (8%) in Cameroon, 330,000 (6%) in Burkina Faso and 120,000 (6%) in Togo. The economies of these (and other) countries in the region rely heavily on agriculture driven by human labor, which is coincidentally the target of HIV/AIDS. The agricultural research and development sector must therefore be ready to respond in two dimensions: by mitigating the further spread and impact of the disease among its work force, and by developing appropriate research technologies that can withstand perturbations caused by HIV/AIDS and help to protect people from further exposure to the disease.

Purpose

To improve understanding and to mitigate the potential and real threat of HIV/AIDS on livelihood support systems of rural and peri-urban farmer communities and seasonal workers in West & Central Africa.

Rationale

The proposed project would bring together complementary areas of expertise, knowledge, skills, technologies and resources so as to forge a more dynamic response to the HIV/AIDS pandemic. Through economies of scale and scope, a wider range of factors making people susceptible to HIV infection would be uncovered. The project will also forge the critical mass needed for an effective, efficient and sustainable approach to mitigating AIDS' impacts on livelihood systems in the region.

Activities

HIV/AIDS mitigating in the agricultural workplace

Conduct HIV/AIDS awareness campaigns and sensitization seminars within the campuses of partner institutions of the CGIAR, NARS and farmer communities.

Creation of peer-educators among support staff of the CGIAR centers (WARDA, Cote d'Ivoire and IITA, Nigeria) for wider dissemination of the sensitization strategy within the center and neighboring villages.

Establishment of a forum for human resources officers to discuss policy issues on handling center staff and daily paid workers.

Critical knowledge gaps

Literature review on relationship between HIV/AIDS and agriculture in selected high-risk countries.

- Prevalence and statistics on HIV/AIDS
- HIV/AIDS in relation to agriculture: identification of mitigating technologies and partners in technology transfer.
- Impact on agriculture (food & nutrition security and poverty) identification of factors, methods and models to measure impact.

Tool development for working with communities where HIV/AIDS is regarded as taboo and those HIV+ are stigmatized: identification of relevant medical and social *markers* and factors.

Understanding response patterns of rural and peri-urban farm communities where the prevalence of prolonged illness that may or may not be related to HIV/AIDS is high:

- Specific risk assessment in relation to food productivity & environment
- Changes in livelihood systems in relation to family health
- Changes in nutritional status in relation to family health

Technology transfer and adoption

Identification and collection of ready-to-go food production technologies (rice-based production systems, root crops, maize), highly nutritious crops (e.g. soya) and asset-saving technologies from various CGIAR centers for trial and adoption by households and farm communities at high risk.

- Community level evaluation of food production and pre- & post harvest processing technologies.
- Impact assessment

Expected outputs

- Assessment of HIV/AIDS impact on the agricultural sector and food security in partner communities and countries
- Increased HIV/AIDS awareness and sensitization among farmer-communities & agricultural researchers
- High-risk farm communities for intervention by agriculture, health and social development sectors identified.
- Technologies identified for mitigating negative impact of HIV/AIDS on agriculture and food security in West & Central Africa.

Program implementation

This project will be part of the GIAAFS facilitated by the CGIAR, and will be implemented jointly by NARS in the high-risk countries, WARDA (Dr. Frank Abamu²) and IITA (Dr. Kerstin Hell), UNAIDS Inter-country team for West & Central Africa and ECODEV (Dr. Mamadou Diomonde).

Partners

Ministries of agriculture in Cote d'Ivoire, Nigeria, Cameroon, Burkina Faso, Togo, Ghana and Mali. the sub-regional organization CORAF/WECARD; Directors general of national agricultural research centers (NARS); agricultural extension agents; local NGOs and community based organizations (CBOs); UNAIDS Inter-country team for West & Central Africa; ECODEV (an NGO) and the Agricultural University of Norway & NORAGRIC.

Budget and duration: \$1.5 million for 3 years.

Project Status. Preliminary survey has begun August 2001 in parts of Cote d'Ivoire.

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ANNEX 3.

Lists of participants for two consultations in preparation of this proposal

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