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**Reconsidering the Moral Domain in the Era of Global Health:
Technology, Institutions, and Ethical Issues of HIV Interventions**

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Global health has emerged as one of the technological and institutional foundations for human survival in the contemporary world. At the same time, such interventions have also impacted the existing moral relationships in human societies. Within the framework of global health, infectious disease epidemiology provides the knowledge which serves as the basis for controlling the epidemics. For humans to coexist with infectious diseases, it is necessary to apply epidemiological principles to control the spread of pathogens; however, for such epidemiological knowledge to be effective, we must have a clear understanding of how certain behaviors of a given individual constitute risk to another individual. In cases where a certain group of people are considered a risk to others, we are faced with the ethical dilemma of how to establish an affirmative relationship between the two parties.

In this paper I first examine the technological and institutional conditions, along with ethical issues associated therewith, necessary for people to survive the spread of pathogens, taking into consideration some aspects of historical development of global health. Next, I identify the challenges faced by households affected by HIV through examples drawn from Gurage Zone, a rural province in southern Ethiopia. In particular, I focus on challenges related to the livelihood, remarriage, and childbirth of women who have lost their husbands to HIV and who, themselves, are HIV-positive. Given that these women pose an epidemiological threat to other members of their community through sexual relations and to their children through childbirth, it is easy for them to be ostracized. However, there is a growing precedent among some Gurage villagers to support the livelihood of HIV-positive individuals, and some local health workers proactively provide information necessary for HIV-positive individuals who wish to get married and have children.

With these examples in mind, I then discuss the conditions necessary to promote affirmative relationships between those who are infected with the virus and those who are not in the context of rural Ethiopian society. These conditions include institutional arrangements that ensure access to knowledge and technology to reduce the risk of transmission and support the livelihood of households affected by the virus. It is also important to find ethical ground on which we can act as

agents in facilitating affirmative relationships with others while being aware that such relationships may entail epidemiological risk to our own health.