

Hope for Tomorrow: Bringing treatment to people living with HIV/AIDS in rural Africa

By Jennifer Schechter

When I first meet Chantal she is sitting alone on a concrete stoop in the empty courtyard of her mother's house. In spite of the strong midday heat she sits shivering, wrapped in layers of cloth, her knees pulled tight into her chest. "Please do not let this be her," I think to myself. She's skinnier than I'd ever imagined. Frail and emaciated she is the stereotypical image of AIDS in Africa. Chantal can barely muster the energy to smile yet she seems pleased to see a familiar face. I am accompanying my friend Elise on one of her regular home visits. Elise works for an organization called AED, Association Espoir pour Demain (Hope for Tomorrow), which cares for people living with HIV/AIDS. Elise takes Chantal's hand and helps her into the house. The square cement living room is decorated with an old wooden sofa frame and a straw mat on the floor. Chantal sits on the mat. She pulls her legs close to her body and rests her head on top of her bony knees. Slowly but continuously she rocks back and forth. She is clearly not comfortable but I doubt she can muster the strength to shift her weight or even lift her head. Elise speaks softly. She asks questions about Chantal's health, what she's been eating and when she last saw the doctor. Elise listens intently to the responses. When it comes time, she helps Chantal onto a scale. Elise carries this scale on all home visits. As a trained community health worker, she uses weight as an important indicator of a patient's health. As Chantal struggles to stand on the scale I look down. I'm shocked to see this middle-aged mother weighs less than 70 lbs. Despite what I take to be a dire situation, Elise maintains a reassuring level of composure. Although she provides important medical information, it is clear that her visit serves a greater purpose. Elise's mere presence is a rare show of support for Chantal. Abandoned by her husband, she suffers both from a physically destructive disease and the emotional

isolation that comes with it. I am moved by Elise's compassion yet I cannot draw my eyes away from Chantal's diminished body. Once we leave her house I express my shock to Elise. She looks over her shoulder at me, smiles and replies, "Chantal is doing great, you should see some of our other members."

As shocking as it was, meeting Chantal was more than an affirmation of the gravity of the HIV/AIDS epidemic in Togo; it was an introduction to the effort underway to care for people living with HIV/AIDS. AED is leading this effort. An association of people both infected and affected by HIV/AIDS, AED provides comprehensive medical, nutritional and psychosocial care to nearly 700 members. Located in the city of Kara in the small West African country of Togo, AED operates out of a recently opened clinic constructed with donated funds. However as Chantal will tell you, AED's impact reaches beyond Kara, as far as 30 kilometers south to Chantal's home village of Koumondé. Despite the lack of resources in this small farming village, the presence of AED is providing people living with HIV/AIDS in Koumondé hope for a future they never thought they would see.

Going Where No One Has Gone Before

The majority of Koumondé's 5,000 inhabitants work as farmers earning an average of less than one dollar a day. Their families suffer from the extreme poverty common to a small African village. However Koumondé is located on Togo's national highway, the main corridor running north from the port city of Lomé to Burkina Faso and Mali. The village is only three kilometers from a major truck stop. The region is also intersected by a busy dirt road connecting Ghana and Ivory Coast to the west with Benin and Nigeria to the east. Koumondé lies in the middle of one of the densest

areas of human traffic in West Africa and one of the areas most susceptible to the transmission of HIV/AIDS. In spite of this deadly combination, the people of Koumondé, like Chantal, had no access to services for people living with HIV/AIDS until AED.

Chantal's quest to improve her health began long before the day we met. For over a year Chantal explored every health care option available. Using money borrowed from family members she visited numerous hospitals, underwent multiple tests, and took a variety of western medicines. When these did not work she consulted natural healers who performed religious ceremonies and administered herbal remedies. She invested in all the modern and traditional treatments she could find but her condition continued to deteriorate. Chantal and her family did everything in their power to improve her health, yet the system failed them. Not once during her yearlong search was Chantal offered an HIV test. Nor would she have been able to receive adequate care had she tested positive. Chantal's story illustrates an unfortunate truth. In most of Togo and throughout the developing world the health care system is not designed to identify or treat people living with HIV/AIDS.

Chantal's village, Koumondé, is served by a number of health centers, none of which provide even the most basic services required to address the HIV/AIDS epidemic. Her local clinic was recently rebuilt with funds from a French sister city. Officially reported to serve a population of 15,000, one nurse, one vaccination assistant, one birth attendant and one pharmacy cashier staff this public health clinic. With the exception of the cashier, these staff members spend less than half of the clinic's working hours (7am to 5pm with a two-hour break for lunch, Monday through Friday) actually in the clinic. It is not uncommon for the nurse to turn away a patient because he has to pick up his salary in the regional capital or return to his house for a mid-morning snack. The pharmacy, the most frequented service of the clinic, is stocked with little more than the equivalent of Tylenol and Pepto Bismol. This local clinic cannot test for HIV nor provide essential medicine to people living with HIV/AIDS.

Significantly larger than the local health clinic, the county public hospital is located 8km from Koumondé. The hospital is run by one of the few doctors certified by the national government to

prescribe antiretroviral drugs (ARVs), essential medicine for people living with HIV/AIDS. However the hospital also lacks the capacity to test for HIV. Thus it is impossible for this well-educated doctor to determine exactly who should be receiving these life-prolonging drugs. As a result the inhabitants of Koumondé, like those in the surrounding villages and towns, must travel the 30 km to the regional capital of Kara first to be tested for HIV and then to receive treatment. AED, while providing not only HIV testing and access to ARVs, is the only health facility in the region that provides comprehensive care, including medical, nutritional and psychosocial support to people living with HIV/AIDS. Furthermore, AED provides all of these necessary services free of charge, an essential requirement in the face of the extreme poverty that afflicts much of Togo.

Poverty as a Barrier to Health

Sitting with Chantal one evening a few weeks after we met she began telling me about her life. She had been living with her husband in the nearby country of Nigeria when she fell ill over a year ago. Following tradition, her husband sent her back to his home village to be cared for by his mother. However this elderly woman, having long lost her own husband, now lives alone in a single square room with a mud floor and a straw roof. Her only source of revenue comes from the small bundles of wood that she walks 10 miles each day to collect and sells for the equivalent of fifty cents on the side of the road. This labor brings in barely enough income to feed herself and Chantal who has been too sick to work. The cost of simple medicines, let alone the funds required for a trip to the hospital were simply out of the question. As a result, this woman had no choice but to passively observe the wife of her son growing progressively sicker under her care.

AED's approach is unique in that it recognizes that poverty is the greatest barrier to health in resource poor settings like Togo. Thus AED provides all of its products and services free of charge. It is this simple fact, which saved Chantal's life. One of AED's essential services is its ARV program. ARVs enable people with HIV/AIDS to live longer, healthier lives. ARV therapy became available in Togo less than two years ago and only recently at the government-

subsidized cost of roughly \$10 US per month. For the average Togolese whose family income is less than \$20 US a month, this reduced price is still prohibitively high. For Chantal and her mother, it was impossible. Furthermore, the extreme poverty endured by many Togolese like Chantal, means that not only medicine but also common necessities such as food and clean water are often unaffordable. Thus poverty both results in and compounds poor health.

In addition to financial barriers, people living with HIV/AIDS in Togo face a host of other obstacles, not least of which are discrimination and isolation. The stereotypes surrounding HIV/AIDS in Togo are vast and varied. However they have the common effect of associating shame, fear and denial with a disease that is, as a result, widely hidden from public view. Thus even the possibility of discovering one's HIV status is often rejected in Togo. Furthermore, people who acknowledge that they are living with HIV/AIDS are often mistreated, neglected and abandoned by their family, friends and employers. These compound factors create nothing short of a nightmare for addressing the HIV epidemic in Togo. However, through a unique community directed approach designed to address patient's physical, financial and social needs, AED is revolutionizing care for people living with HIV/AIDS in Togo and thereby creating hope.

The Community Directed HIV Initiative

Early one morning Chantal and I arrive at AED. The clinic is a large yellow building with windows on all sides. The reception area opens to a small garden where members grow aloe and other medicinal plants. As Chantal and I enter Elise greets us at the door. When she is not conducting home visits, Elise is AED's financial assistant. She is responsible for ensuring that the pharmacy remains stocked, hospital bills are paid on time and that everything runs according to plan. When we see her she is coming from the pharmacy on her way to visit patients in the hospital. Elise works endlessly, but she always finds time for the members. She has a way of listening that makes you feel as if you are the only person in the world. Her self-confidence is contagious. As she speaks with Chantal I can see Chantal's reassurance grow and a cautious smile spread across her face. Elise's dedication and hard work mirror that of all AED

staff members. These individuals are intimately aware of the importance of the service they provide. Many, including Elise, are themselves living with HIV/AIDS. This is one of the greatest strengths of AED's approach. Designed and implemented by the beneficiaries themselves, AED's programs and services address the expressed needs of people living with HIV/AIDS.

The community directed approach is exemplified by the home visits that community health volunteers conduct for all members. Built upon this personal contact with members, AED has a trained medical and psychosocial staff that provides regular consultations. AED also runs four specific programs designed to meet the individual needs of members. The first program provides members with basic medicine, vitamins and nutritional supplements. The second trains health workers to ensure adherence to ARV drug regimens. The third program aims to reduce the possibility of HIV transmission from mother to child through pre-natal consultations, tests and medications for pregnant women living with HIV/AIDS. The fourth program, known as the Espoir (Hope) Campaign, funds an annual summer camp, monthly club meetings and weekly tutoring sessions for orphans and children made vulnerable by HIV/AIDS. Combined, these programs and services give AED members what is often their first experience with comprehensive health care.

The Approach Works

Chantal's story is not unique. She represents a multitude of people living with HIV/AIDS who suffer from extreme poverty in rural Africa with no access to testing or treatment. The work of AED is changing the future for Chantal and others. The villagers of Koumondé now have access to the comprehensive health care, including testing and treatment, they deserve. Their health need no longer be sacrificed as a result of their poverty. Those living with HIV/AIDS now draw support from a caring community. Most importantly they have access to essential life prolonging ARVs. AED is transforming both lives and entire communities in rural Africa. The services provided by AED are allowing men to continue to work and support their families. They are enabling mothers to continue to care for their children. They are ensuring that children can

continue to go to school. In the absence of a cure, the presence of AED is drastically improving the lives of people living with HIV/AIDS. Just ask Chantal.

Each time I visited Chantal I found her sitting on the same concrete stoop in the courtyard of her mother's house. She sat alone while the neighbors in her compound crowded together in an opposite corner, cooking and eating with their children. She ate her dinner alone on the stoop and when she finished she went into her room to bed. The other day I went to visit Chantal but when I arrived at her door she wasn't there. I started to leave when I heard my name being called from across the courtyard. I turned to find Chantal standing amidst the crowd of neighbors. She stood over the fire holding a large cooking spoon. A little girl tugged impatiently at her dress. As she stepped toward me and into the light I could barely recognize her. Her hair was drawn up revealing newly plump cheeks. A round belly and strong arms replaced the layers of cloth that used to warm her tiny body. Not only had her physical strength reappeared, her demeanor bore a newfound confidence. Her smile could not have been wider. With the help of AED, Chantal had started an ARV regimen two months prior. The effects were astonishing. Chantal is only one of many people living with HIV/AIDS in Koumondé, Togo. However she is one of hundreds cared for by AED. AED has given Chantal and many like her a chance for a future they would not otherwise have lived to see. In doing so AED is proving that it is possible to treat people living with HIV/AIDS in settings of extreme poverty in rural Africa. In Koumondé, Togo AED is indeed providing hope for tomorrow.

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