

Hope for Tomorrow

September 2005

Since the advent of antiretroviral therapy in 1998, AIDS mortality has plunged in industrialized countries. However, in the same 10 years, AIDS has devastated Africa and spread largely unchecked. As money is poured into prevention programs in Togo, those already infected with HIV / AIDS are stigmatized, ignored and largely left out of any discussions of how to slow the spread of the disease and reduce its impacts. In contrast to the general marginalization of those infected in Togo, stands the Association Espoir pour Demain (AED or “Hope for Tomorrow” for those of you not living in Francophone countries).

Association Espoir pour Demain (AED) is a non-governmental, non-profit association of people living with HIV/AIDS in Kara, Togo. Established in 2001, AED is dedicated to bringing hope and support to people living with HIV/AIDS through comprehensive services delivered at the community level, including: Home Visits, Medical Treatment (including anti-retroviral drugs), Nutrition, AIDS Orphans Support, HIV/AIDS Education, and Social Mobilization.

AED helps direct medical and psychosocial services to people living with HIV/AIDS and organizes prevention initiatives aimed at both raising awareness and minimizing stigmatization and discrimination. AED is a community that was created by and seeks to help people living with HIV/AIDS and those especially affected (family members and caretakers). The AED community is currently composed of 485 members (385 who are living with HIV/AIDS) and 651 orphans and vulnerable children.

In March 2005, AED moved all of its medical and psychosocial services into a newly constructed 20-room health center. The building was financed by the United States Department of Defense in collaboration with the US Department of State’s mission in Togo and Peace Corps volunteers. The new center gives AED the distinction of being the first association of people living with HIV/AIDS to have the capacity to provide medical and psychosocial services on a region-wide level. The center has the capacity to hospitalize 15 individuals and each month AED conducts more than 250 medical and 150 psychosocial consultations and fills approximately 100 prescriptions. The center is largely staffed by volunteers infected by HIV/AIDS.

As a small business volunteer posted to an HIV/AIDS clinic you might ask what I can do to help (I certainly did when I first got here). While I’ve only been at post a short time it’s become clear that I will largely focus on organizational development and strengthening the management of the various programs all of which are still largely in their infancy. This includes developing information systems and operational indicators, teaching budgeting, improving the accounting

system, implementing and organizing the use of medical records, and increasing the capacity and professionalism of the clinic. There is a lot of work to be done.

I was asked to write about my first impressions on working with an HIV/AIDS organization. As I have not been at post for very long and don't yet have much experience, I chose to write about three general lessons I've learned about the fight against HIV/AIDS in Togo. I should note; I had zero experience with HIV/AIDS before joining the Peace Corps so to some perhaps these seem obvious or superficial:

1. Those most at risk are often the poorest who have the least capacity to pay for treatment. Outside financial support is therefore critical to any comprehensive HIV/AIDS program operating in a resource poor setting.
2. People living with HIV/AIDS, if treated, can be productive members of society and if given the opportunity they can be effective leaders of prevention programs.
3. Prevention with treatment is far more successful than prevention alone. A comprehensive approach to health is the only strategy that can slow HIV/AIDS.

As a result of funding shortfalls in the Togo, AED relies on private donations from the United States (through a partnership with an American NGO) for all financial support of the activities of the health center. At first I struggled with this fact because it didn't mesh with the concepts of sustainability that we so eagerly embraced during pre-service training. During PST we were taught that the successful project is largely able to finance itself with the possible exception of a one-time construction cost for which we could help find funding. After a couple weeks of visiting patients at their homes and in the hospital, however, it has become obvious to me that Togo is simply not developed enough to mount an effective fight against HIV/AIDS alone. It will take years to develop Togo to a point where individuals can afford to purchase their own medications, how many people will we let die while we wait? How will that development ever happen if the society is losing 6-8% of its most productive people to HIV/AIDS?

As I noted above, the clinic where I work is largely staffed by individuals infected by HIV/AIDS. They are able to work and lead the fight against HIV/AIDS because they are provided comprehensive health services. These services enable AED's members to staff a clinic that improves the health infrastructure of Kara, to care for and educate AIDS orphans, and to continue working in the private sector – all concrete steps on Togo's road of development. By simply providing treatment, AED has also engaged a part of the population uniquely qualified and highly motivated to speak about prevention and the risk factors involved with HIV/AIDS. Their testimonials and participation in the community are far more effective than statistics rattled off during a sensibilisation. The courage and dedication of my coworkers is inspiring.

In Togo NGOs preach prevention and testing, but if someone tests positive they are offered nothing. In fact it's worse than that, people are stigmatized and often abandoned by family and

friends. So why get tested when it is simply a death sentence and nothing you can do will change that? Why should a pregnant mother get tested when a test alone will not change the outcome for her child? Since the clinic was opened in July AED has already seen an increase in the percentage of HIV tests that have been negative. This indicates that people are getting tested earlier (rather than after they have had numerous opportunistic infections) so we have the opportunity to counsel an individual 1:1 and influence behaviors much more effectively. This is a significant point because we have often been told that treatment is not “cost effective” by NGOs in Togo that focus solely on prevention. This would assume prevention alone was effective. I would argue prevention alone is not effective, it’s simply cheap.

My struggle with the question of outside financing was quickly abandoned after I visited the homes of our patients and found very sick people who were barely able to find food let alone a way to pay for anti-retroviral drugs for themselves and their family (which cost roughly \$10 per month in Togo and dramatically improve quality and length of life). The hospital visits where I saw our patients facing dire conditions further reinforced my belief that for me, the ethical approach to facing HIV/AIDS is to first do everything you can to preserve life and then second determine a way to make it sustainable.

The world community, as evidenced by the UN Global Fund’s 3 by 5 Initiative (3 million people on anti-retroviral drugs by 2005), is starting to take notice that treatment is a necessary part of any comprehensive HIV/AIDS program. From a moral, ethical, and economic standpoint the world simply cannot afford to write off the 42 million people living with HIV/AIDS. I’ll conclude with an optimistic quote (I do work at Hope For Tomorrow after all) that I recently read in Pathologies of Power:

History says, Don’t hope
On this side of the grave,
But then, once in a lifetime
The longed-for tidal wave
Of justice can rise up
And hope and history rhyme.
-Seamus Heaney
“Voices from Lemnos”

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