

An effective and community driven response

Hope Through Health's Community-Directed HIV Initiative empowers people living with HIV/AIDS to direct a comprehensive response to the HIV/AIDS epidemic ravaging Sub-Saharan Africa. Its success rests on:

- 1) a proactive approach to treatment
- 2) an organizational design that ensures equality
- 3) a staff composed mainly of persons infected with HIV/AIDS
- 4) exceptionally low overhead costs

The Initiative's model demonstrates that effective HIV treatment can be delivered in a resource-poor setting. The model has been piloted to two rural expansion sites and additional sites are planned to open in order to facilitate care for under-served populations.

what a contribution provides in Togo

Operation of one rural expansion site including medicine, nutritional support, and personnel for one month	\$1,000
Life saving anti-retroviral therapy for twenty individuals living with AIDS for one year	\$500
Comprehensive medical and psychosocial care for one patient for one year	\$240
Medical care and nutritional support for one pregnant mother for one month	\$100
Free HIV testing for twenty five individuals (includes pre & post test counseling)	\$50
School fees, books, and uniform for one AIDS orphan for one school year	\$25



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Our Mission:

to promote health as a human right

Hope Through Health was founded in the spirit of social justice to promote health as a human right. Our approach is two fold:

- 1) to reduce inequity in poverty settings by providing technical and financial support to community-based health initiatives
- 2) to establish solidarity through the development of long-term global partnerships

We empower communities in Africa and mobilize communities in the United States to ensure that the highest standard of health care is available to individuals regardless of their ability to pay.

Kara, Togo



Togo is one of the world's poorest countries, plagued by

- ◆ a gross national income of \$270 USD per capita
- ◆ 58% of its population living in extreme poverty, measured as less than \$1 USD per day
- ◆ decades of political and economic turbulence including coup attempts and a two year national strike
- ◆ the withdrawal of International donors, including the European Community and USAID, and a halt to all external development aid
- ◆ a fifty percent devaluation of the local currency in 1993

Poverty and limited international assistance have had an especially acute negative impact on Togo's health sector. The Togolese government spends just \$9 USD per capita per year on healthcare amounting to less than 1% of its gross domestic product. This small amount is inadequate to deal with the rising HIV/AIDS prevalence.

Just as poverty exacerbates the HIV/AIDS crisis, the HIV virus also intensifies poverty by straining already overburdened extended families. Togo has more than 88,000 orphans & vulnerable children (UNAIDS 2005). Togo has a per capita income of only 55% of the average for sub-Saharan Africa and an HIV/AIDS prevalence estimated between 3–6% (the 4th highest in West Africa).

Togo does not have the resources to fight this epidemic alone.

by the numbers

Adults living with HIV/AIDS receiving medical and psychosocial care	1355
Percentage of female patients	75%
Children living with HIV/AIDS receiving comprehensive support	107
Patients receiving life-saving anti-retroviral therapy	357
AIDS orphans supported	1398



The Initiative

The Community-Directed HIV Initiative (The Initiative) is a partnership between the Association Espoir pour Demain-Lidaw (AED-Lidaw), a community-based association of people living with HIV/AIDS in Togo, and Hope Through Health (HTH).

Goal: To develop and expand community-based health care systems that provide the highest standard of support and treatment for people living with AIDS in poverty

Strengths: The Initiative leverages community resources to employ existing medical and technological interventions in innovative ways, making HIV treatment affordable and effective in this resource-poor setting.

Programs: The Initiative offers medical and psychosocial consultations six days per week, facilitates care in public hospitals for seriously ill patients, and maintains five specialized programs: [1] Community health worker program (CHW). [2] Medications for opportunistic infections, Nutritional assistance, and Vitamin supplementation (MNV) [3] Anti-retroviral Therapy (ARV), [4] Prevention of Mother to Child Transmission (pMTCT), and [5] support for Orphans and Vulnerable Children (OVC).

Decentralization of Care: The Initiative has established satellite clinics in rural areas to reduce barriers to care for under-served populations. Each satellite clinic has its own medical staff and team of local community health workers, making the highest standard of care available in rural communities.