



CARE Canada HIV/AIDS Strategy:

Addressing the social, economic and health
dimensions of the epidemic

Forty million people – more than the entire population of Canada – are living with HIV/AIDS worldwide. UNAIDS estimates three million people died and five million more were newly infected in 2003 alone, more than in any previous year of the epidemic. No end is in sight.

For those already vulnerable because of poverty and social isolation, HIV/AIDS adds yet another threat, one that brings with it complex and overwhelming long-term effects that reach not only individuals and households but also communities, societies and nations. HIV/AIDS is robbing countries of their most productive members: classrooms are left empty as teachers die of the disease; sick farmers can't work their fields to feed their families; countless workdays are lost as workers take time off due to illness or to care for dying relatives; children are forced to become heads of households when their parents die. HIV/AIDS affects every aspect of a country's development.

CARE works in the countries most affected by HIV and AIDS. Our efforts to overcome its multi-faceted challenges include projects in 25 countries focusing specifically on HIV/AIDS. These are complemented by HIV/AIDS initiatives that are part of dozens of other projects in many other countries and in a wide range of sectors, for example as part of agriculture or education programmes. In recognition that we are also affected, CARE is putting in place policies and programmes for our own staff. These programmes have been successful, but not at a sufficient scale. Meanwhile, the epidemic continues to expand, beyond the response of the global community.

However, awareness and commitment are leading to global action. In June 2001, the United Nations member states unanimously adopted the *Declaration of Commitment on HIV/AIDS: "Global Crisis – Global Action"*. This was followed by the establishment of the *Global Fund to Fight AIDS, Tuberculosis and Malaria*, which has thus far approved more than 200 proposals with a combined value of over \$2 billion. The



For information, contact CARE Canada

Tel: 613.228.5694 Email: michellem@care.ca

Web site: www.care.ca

World Health Organization's 3 by 5 Initiative, launched in late 2003, is an essential step towards treating the many people sick with AIDS-related illnesses.

As a global force and a partner of choice, CARE is building upon our existing efforts to address HIV/AIDS by concentrating on effective approaches and expanding our reach to vulnerable communities.

CARE's mission, *to facilitate lasting change by strengthening capacity for self-help, providing economic opportunity, delivering relief in emergencies, influencing policy decisions at all levels, and addressing discrimination in all its forms*, provides a model for putting in place rights-based approaches to HIV/AIDS, which have been recognized as best practice. This epidemic affects not just people's health, but also their social support structures, economic opportunities, and their place in civil society. It requires creative approaches that go beyond traditional health projects, to include all aspects of a civil society.

CARE supports a strategy that encompasses prevention; care, treatment and support for those infected; impact mitigation; and advocacy. We empower the vulnerable with the knowledge and skills to avoid infection, as well as the opportunities and support to deal with the epidemic's effects and to confront stigma. Our strong, long-term relationships with the communities and governments where we work place us in a trusted position from which we can offer our skills and experience.

As the epidemic progresses, we must use our knowledge of, and experience with, the illness to reduce its spread and impact. This document offers CARE Canada staff an overall strategy to address HIV/AIDS in our social, economic and health programmes as well as current examples of this strategy in action.

CARE and HIV/AIDS

In 2001, all UN members adopted the *Declaration of Commitment on HIV/AIDS* as a step towards confronting and slowing the epidemic. The declaration stresses special consideration for vulnerable groups, particularly mobile populations, sex workers, intravenous drug users, poor women, and children orphaned and otherwise affected by the epidemic. It requires active leadership from civil society to: spearhead prevention; assist families and communities to care and treat people living with AIDS; help ease the social and economic effects of the illness; and respect the human rights of people living with HIV/AIDS.

The declaration supports and confirms CARE Canada's own rights-based approach to HIV/AIDS. The overall goal of this strategy is:

to protect and improve the health, social and economic well-being of individuals, households and communities living with or affected by HIV/AIDS, thereby enabling them to live with dignity.

CARE Canada focuses on five priorities in its HIV/AIDS strategy:

Prevention: CARE will assist vulnerable individuals, households and communities to reduce their risk of HIV infection and transmission.

Care, treatment and support: CARE will strengthen existing communities' and health systems' delivery of counselling, entry-level health services, cost-effective treatment and home-based care.

Impact mitigation: CARE will help individuals, households and communities living with or affected by HIV/AIDS to retain the capacity, means and support to maintain their individual and household livelihood security.

Advocacy: CARE will develop and implement an HIV/AIDS advocacy platform that focuses on protecting and maintaining the human rights of those affected by or infected with HIV/AIDS and encouraging governments to live up to the commitments agreed to in the UN's *Declaration of Commitment on HIV/AIDS*.

Prevention, care, treatment and support for CARE staff: CARE will develop and implement non-discriminatory, global human resource policies for preventing HIV infection and for treating, caring for, and supporting CARE staff infected with or affected by HIV/AIDS. We view this as a crucial complement to our work with communities and governments.

CARE's programmes frequently address more than one area, and support each other in an integrated and synergistic fashion. Our response is rooted in the belief that a respect for human rights is a prerequisite to success, whether by preventing infections, caring for and supporting those living with HIV,



Photo: Dick Leek, Photoinitiative/CARE

confronting stigma, or advocating for policies to protect the rights of people living with the disease. CARE's approach is consistent with the UN's *Declaration of Commitment on HIV/AIDS* and with the International Guidelines on HIV/AIDS and Human Rights, all recognizing that:

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to AIDS.

Respect for the rights of people living with HIV/AIDS drives an effective response.

How We Will Do It: Specific Strategies

(1) Prevention:

CARE will assist vulnerable individuals, households and communities to reduce their risk of HIV infection and transmission.

CARE recognizes that depending on age, gender, economic status and sexual networks, certain groups are more vulnerable to behaviours or situations that put them at risk.

Preventing new infections remains the key to arresting the epidemic. Moreover, prevention approaches can direct people already infected towards care and support. Our programmes are intended not only for the uninfected, but also for those already infected. The specific prevention responses described below reach both the individual that may contract or transmit the virus, and the social, education, and health delivery systems that can help to prevent further infection.

Behaviour-change strategies are a fundamental prevention approach for vulnerable groups or communities. CARE recognizes that in many places where we work, everyone is highly vulnerable; everyone must be reached. Behaviour-change strategies may include:

- building on community and traditional support systems that promote safe behaviour;
- strengthening the capacity of health and education systems to provide supportive services (counselling and education, services for sexually transmitted infections, voluntary counselling and testing (VCT¹), condom distribution and provision of information and education materials);
- peer counselling for youth and other vulnerable groups such as sex workers, truck drivers and mobile and mobility affected populations, including refugees, economic migrants and others;
- working with religious institutions and employers to help them provide support for behaviour change.

1. *The process of counselling and testing increases the likelihood of the person adopting safer behaviours; however, it is estimated that only one-tenth of infected people are aware of their HIV status.*



Prevention Works

CARE undertook participatory research with young people in poor urban neighbourhoods around Lusaka in 1996 and found alarming results. For the teens who took part in the research, the most common age of sexual debut these young people reported was 12 years for girls and 14 for boys. Many teens engaged in sexual activity to earn money. Many boys believed that a single sexual experience with a girl would not result in an unwanted pregnancy, so they tended to maintain several girlfriends and sleep with each one only once. Few believed themselves to be at risk for HIV or other sexually transmitted infections, and few sought medical advice or treatment. They avoided the local clinic because they found the staff were unfriendly and lacked medication.

The findings were a wake-up call for Zambian parents, the Zambian government and NGOs trying to address HIV/AIDS. The government responded with new programmes designed to address the reproductive health needs of Zambian youth. Using the findings as the basis for a culturally acceptable curriculum for young people, CARE was instrumental in initiating Youth Friendly Services in public sector clinics in Zambia. Young people gradually became more willing to take their health concerns to qualified professionals.

The results show that prevention works. Two years later, national sentinel surveys of pregnant women found that the HIV prevalence rate among 15- to 19-year-olds in Lusaka and Ndola – two of the hardest-hit areas of the country and the world – had dropped by half, from 27 per cent in 1993 to 15 per cent in 1998.

These findings follow years of dedicated work by a range of NGOs, church groups and government ministries to raise awareness of HIV/AIDS among young people, work that is continuing and expanding. Prevention is working.



All CARE's behaviour-change programmes must be sensitive to local social and cultural contexts for success.

Young people are key to both the epidemic's spread and to its potential arrest. Research suggests that young girls may be more easily infected than either boys or adults. However, more hopeful evidence suggests that young people change their behaviour more readily than adults; their responsiveness could be the epidemic's eventual demise.

CARE's work with adolescents in Zambia, in partnership with that of other agencies, has contributed to a 50 per cent reduction in HIV prevalence among 15- to 19-year-olds in Lusaka, Ndola, and Livingstone. CARE Kenya has demonstrated that peer counselling and participatory educational theatre are effective ways to reach young people in high-risk environments, such as beach communities on Lake Victoria. Both these programmes worked through existing community systems of schools, churches, and parent committees, as well as through health centres. CARE's role also included strengthening health workers' abilities to provide youth-friendly health services.

If employment draws people far from home and their social support systems, or if offering sex is the only livelihood option available, people are at greater risk of infection. In Cameroon, CARE's work with sex workers and truckers demonstrated that people in such situations can be equipped with skills and knowledge to practice safer sexual behaviour and avoid risk.

Civil conflict and war – often accompanied by population movement – increase social and economic insecurity, which in turn increase vulnerability to HIV infection. In CARE refugee programmes, notably those in place during the Bosnian crisis and along the Congolese border, HIV/AIDS education was integrated with other health education, such as that for water and sanitation. Moreover, we work to prevent sexual violence against refugee women and help them deal with the consequences of violence.

These successful efforts need to be adopted more widely. All our work in emergency situations should consider the potential

impact of HIV/AIDS on programmes, and vice-versa. These experiences can teach us how to address people dealing with complex emergencies in other settings.

Increasingly, CARE country offices recognize the strong and reinforcing links between poverty and HIV infection. HIV prevention needs to be part of all programming work. Integration of HIV/AIDS information, education, and communication into all existing projects is a growing and welcome trend.

Reducing parent-to-child transmission, with the obvious effect of saving children, also has the potential to reduce new infections in adults. More recent thinking about the best way to provide the medicines to prevent infants becoming infected mean that the entire family receives counselling. Programmes are seeking ways to treat parents as well. Moreover, the process of addressing a possible infant infection can help couples decide to be counselled and tested, and to adopt safer behaviours. However, health systems and communities need help with the process of instituting measures such as VCT, provision of appropriate antiretroviral medication, and counselling and support related to infant feeding practices. In both Kenya and Zambia, CARE is working with health centres and communities to enhance child health. Education for health workers, mothers and communities about safe infant feeding practices is a key component.

Food security as well as nutrition and child health programmes in Zambia and Zimbabwe gone beyond health education and incorporated the premise that enhancing diet may contribute to immunity and resilience, thus lessening the likelihood of HIV transmission. All projects aim to reach the most vulnerable, build family and community resilience, and make efforts to enhance nutrient and micronutrient density, either through fortification or supplements.

As part of a study conducted with The Population Council in Zambia, CARE found that involving young people in the care and support of families affected by HIV/AIDS enhanced young people's own prevention behaviour. This strategy is now being incorporated into a tuberculosis project in Zambia and HIV projects starting in Ethiopia and Kenya. Zambia was also the site for exploring how to best integrate and scale up community participation strategies in the Zambia Integrated Health Program (ZIHP). ZIHP's goal is to extend the resources of the national health system to community levels. CARE helps communities tailor health actions to their local needs.

CARE's research to identify successful and cost-effective prevention strategies has always led our prevention work. Certain pilot programmes for limited populations, such as youth-friendly services and involving youth in care and support, have demonstrated success. More such programmes are needed. Expanding programmes successfully to reach more people requires both greater resources and varied strategies to maintain quality when providing services to larger numbers.

Care and Support

In Lao PDR, Cambodia and Vietnam, CARE worked with mobile and migrant communities affected by HIV/AIDS to explore their everyday experiences of seeking care and support and to identify issues around access and quality of care. A rights-based framework guided the research and analysis and provided a tool for analyzing the findings. In all countries, participants reported limited provision of HIV/AIDS care and support services and a severe lack of the most basic health care resources such as beds, blankets and basic drugs. While service constraints affect everyone – mobile or not – mobility increases vulnerability and marginalization and it is the vulnerable who have least access, even to those services that do exist.

Rights violations were common, but people understood that they have key HIV/AIDS-related rights to health care, participation in decisions about their health, confidentiality and dignity. And despite severely limited funds and available services, they expended enormous amounts of time, effort and what little money they could afford trying to find appropriate and effective health care so they could take responsibility for their own health. Research findings are being used by CARE country offices within the entire region to develop a mobility response framework that includes care and support. This will allow CARE country offices to provide quality care for mobile populations and, equally importantly, to advocate for greater collaboration between government and policy makers, private sector partners, other NGOs and partners, other gatekeepers to care, and people living with HIV/AIDS. CARE believes that any such collaborations must be underpinned by an acceptance of the rights of mobile people and an acknowledgement that freedom of movement should be protected.



Photo: CARE International in Cambodia

(2) Care, Treatment and Support:

CARE will strengthen existing communities' and health systems' delivery of counselling, entry-level health services, cost-effective treatment, and home-based care.

People who are sick with AIDS-related illnesses and the households that care for infected people have too often been left by the wayside as organizations and agencies focused on prevention efforts. Care, support and treatment must be addressed in a comprehensive manner, one that builds on prevention. We have been increasing our involvement in this area. We will continue to expand our work, both through HIV/AIDS-specific projects and by linking projects in other sectors with other providers of HIV/AIDS care and support services.

Care and support for the infected can potentially include a large array of activities. CARE's focus is on:

- strengthening health systems' ability to deliver and provide care and treatment, including counselling, for people living with HIV/AIDS or with opportunistic infections that may signify the presence of infection;
- increasing access to cost-effective lifesaving drug regimes and treatments, including both antiretrovirals and drugs such as tuberculosis treatment, co-trimoxazole or antifungals to treat opportunistic infections;
- increasing access to home-based care while supporting the caregivers and the organizations, such as churches, that provide it;
- strengthening or assisting communities, households and individuals to develop traditional psychosocial support systems to assist those infected to live positively;
- increasing health systems' capacity to provide the entry-level services for care and support, such as VCT and treatment to prevent parent-to-child transmission.

Tuberculosis (TB) is the immediate cause of death for most people living with HIV in Africa. In Zambia, CARE's project to enhance TB control has dramatically increased the number of people coming forward for treatment. Moreover, treatment success has risen from 31 per cent to 69 per cent. The project strengthens the capacity of the health system to identify and correctly treat TB with the support of the community and involves adolescents in prevention and care for both diseases. SCOPE, a Zambian project that works with communities to develop appropriate support systems for children from HIV-affected families, works with communities to build on traditional support systems, including those for psychosocial support.

As is demonstrated above, research to identify constraints to services, what works and how to scale up successes is equally important as care, support and treatment. One of CARE's ongoing research avenues is to identify ways of delivering new treatments or prevention methods in resource-poor

Moving Target: HIV/AIDS and Mobile Populations

Certain factors contribute significantly to success when working with mobile groups:

Mobile populations are part of both a home social system, and mobile social sub-system. CARE staff must understand both contexts, and the relationships between them, to develop effective strategies to address HIV/AIDS. Mobility occurs both within and between countries.

When people leave and return to their homes regularly, both the mobile groups and their stable home communities must be involved in reducing HIV risks, and in dealing with any existing epidemic. Involving the affected communities and the existing health and service providers is essential so that participants – people who might not trust outsiders – develop confidence in the programme.

Behaviour-change strategies such as awareness campaigns and condom distribution are not enough. HIV/AIDS projects must address the underlying determinants of risky behaviours – including the situations that enhance risk.

Health systems need to be accessible, able to deliver appropriate counselling and services and provide people with continuous and consistent care as they move from place to place.

While the United Nations High Commissioner for Refugees is responsible for protection of refugees, CARE often provides services in refugee camps, including raising awareness

about sexual and gender-based violence. Mobile groups need the prospects of improved economic opportunities for their livelihoods and refugees in particular need protection from violence.

Women refugees and migrant workers are often excluded from reproductive health programmes. These programmes can be the most appropriate sites for HIV/AIDS initiatives.

Mobile groups can advocate for their own rights to health care, social services, or economic opportunity. Outside organizations can help, by providing resources for refugees, economic migrants and other mobile and mobility affected people to develop and express their own priorities.

Mobile communities can best protect themselves from, or deal with, the consequences of HIV/AIDS when they have the means to meet their own economic needs. For example, women who can read, or who earn an income independently, are better equipped to negotiate safer sex.

In the Greater Mekong Subregion, CARE is working with national governments to enhance their ability to establish and coordinate multisectoral HIV/AIDS programmes for mobile and mobility affected people across the region. The project is learning how to best develop the capacity of national governments to collaborate across sectors and with civil society to put in place best practices on mobility and HIV/AIDS.

settings: For example, how microbicides, drugs or vaccines can best be delivered in sub-Saharan Africa.

Research conducted in Haiti suggests that the directly observed approach used on TB treatment can be applied to the administration of antiretroviral therapy. As access to drugs for AIDS-related diseases becomes more feasible, our experience with TB in Zambia as well as in India will be valuable in offering treatment for AIDS.

(3) Impact mitigation:

CARE will help individuals, households and communities living with or affected by HIV/AIDS to retain the capacity, means and support to maintain their individual and household livelihood security.

While CARE's strategy of choice is prevention, for the millions of all ages who are now infected, impact mitigation is just as important. They must find ways to deal with the effects of

HIV/AIDS on their social lives, their livelihoods, and the future of their children. CARE endeavours to 'meet people where they are' living with the disease, and examine what measures might help ease their social and economic burdens. Once again, mobile populations, women and children are particularly vulnerable.

CARE will provide livelihoods interventions for individuals living with HIV/AIDS, their families and the communities that support them. For communities most severely affected by the epidemic, and most vulnerable to risks, CARE's livelihood approach must be effective and flexible, open to support people whose capacities are sharply compromised. It is comparable to an emergency situation. In the past, some families and communities have been too occupied with dealing with their immediate needs to become involved in other development efforts. Their very inability to participate then increases their vulnerability and level of risk; for example, a child may engage in transactional sex because her parents are too sick to work.

Basic nutrition and water support for those living with HIV/AIDS is particularly important. Water and sanitation projects in Zambia and Zimbabwe have developed and tested community-based strategies to accommodate the situations of households affected by HIV in a sensitive manner and increase their access to these essential services, without increasing social stigma.

CARE's livelihoods projects can provide women, men and households with the tools they need to avoid situations that may put them at risk, and to deal with the consequences of HIV/AIDS. These projects offer an entire array of livelihoods interventions, from micro-finance to increasing access to water to improving community participation. They also aim to improve women's capabilities to support themselves and ultimately control their own lives and livelihoods.

CARE projects are sensitive to women's needs and incorporate gender training – to help people understand gender and its impact on livelihoods, and to plan ways to overcome limitations – as a key component of community development work.

Through Zambia's PROSPECT project, CARE worked with the Ministry of Community Development and Social Services to develop micro-finance strategies appropriate for households already affected by HIV/AIDS. In Zimbabwe, the SIMBA project strengthens the capacity of local AIDS service organizations to engage in micro-enterprise, with a focus on female-headed households and other vulnerable groups. The WHDT and NICA projects also based in Zimbabwe enabled women to improve their families' health while generating income. CARE is also exploring other financial strategies for those most affected by HIV/AIDS. One example is providing group insurance for loans among those affected by HIV/AIDS, and thus most at risk of defaulting; another example is working out ways that businesses can be passed on to family members.

Estimates suggest that up to one-quarter of families in Africa are caring for children orphaned by AIDS. While communities and households are doing their best to absorb these children, their coping strategies are sorely stretched. Children orphaned by AIDS are at increased risk of school attrition, malnutrition, illness, abuse and sexual exploitation. Programmes in Zambia, Kenya, Ethiopia and Mozambique are strengthening the ability of communities to support vulnerable children.

CARE will reach out to families caring for extra children or headed by the elderly or single women by assisting communities to develop long-term systems of support. The key is to strengthen coping ability while not over-burdening social and family systems.

Impact mitigation is also needed for planning 'traditional' programmes that are not directly linked to HIV/AIDS.



Photo: Peter Bragg, Photoinitiative/CARE

Mitigating the Impact and Creating Hope

Daniel Gapare of Batsirai, an AIDS Service Organization in Zimbabwe, has energy to spare. He says he refuses to give up hope. "Yes, one-quarter of our people are HIV-positive," he admits, but he quickly adds, "and three-quarters are not!" The most important thing, he says, is to help people stay free of infection.

Despite the scale of the problem, Daniel loves his work, and it shows as he talks about it. "I know every day that I am addressing real needs," he says. "But what really keeps me going is the reinforcement I get from the individuals, families and communities I work with. People respect Batsirai, and they respect me. They turn to us for help when they need it."

Daniel was trained by CARE Zimbabwe to help groups of people to set up small (micro) income-generating activities. With this training, Batsirai has formed groups of HIV-positive individuals and their families who are saving and lending to each other and starting up small businesses. "I used to think it was impossible to do this kind of venture without external capital for loans. But I knew that most of our clients couldn't repay loans, and so it was not an appropriate way to help them. Now, with the approach we are using, we have seen that people can do a lot with their own resources. We have eight groups now in the rural areas, and 11 in the town of Chinhoyi. And every day, more people come to me wanting to form new groups. This kind of project for people who are HIV-positive helps to overcome the stigma and despair they feel. They have hope, and their families have hope too."

Agricultural programmes, construction projects, food-for-work, refugee assistance, women's development and micro-finance are just some of the areas that must consider HIV/AIDS when doing needs assessment and project proposals.

Reducing stigma is a necessary precursor to developing support for those families and individuals affected by HIV/AIDS. Specific strategies include community-based sensitization and advocacy, mobilizing leadership, information and communication, and community participation methods. In this area, all programme planning must actively involve people living with HIV/AIDS.

All CARE projects that address HIV/AIDS are working to reduce stigma. In Zambia and elsewhere, many staff wear red ribbons as a symbol that they are open to discussing HIV and that they will not discriminate against anyone who is living with the infection.

4) Advocacy:

CARE will develop and implement an HIV/AIDS advocacy platform that focuses on protecting and maintaining the human rights of those affected by or infected with HIV/AIDS, and encouraging governments to live up to the commitments, goals and deadlines agreed to in the *UN Declaration of Commitment on HIV/AIDS*.

The world's slow response to this emergency is rooted in poor recognition of its impact across societies, from community to international forums. CARE has been at the forefront in HIV/AIDS strategy development among NGO partners in Canada and within many of the countries where we work. We

are a member of the Canadian HIV/AIDS Legal Network, the Global Treatment Action Group and the Interagency Coalition on AIDS and Development. We have made representations to Parliamentary Standing Committees on HIV/AIDS issues. We also engage in quiet advocacy with those of influence.

Building on these connections, our Canadian HIV/AIDS advocacy platform encourages all levels of society and all partners, including the donor community, to uphold and to put into practice the commitments outlined in the *UN's Declaration of Commitment on HIV/AIDS*. This goal includes ensuring access to resources to enable the vulnerable to live with dignity. It also includes affordable access to scientific advances including antiretroviral drugs and diagnostics, vaccines and microbicides, as they become available, as well as support for the health systems to deliver them.

With this platform, CARE continues its targeted advocacy campaign, one that reaches decision makers from the community level up.

(5) Prevention, care and support for CARE staff:

CARE has developed and is implementing non-discriminatory, global human resource policies for prevention, and caring for, treating, and supporting CARE staff infected with or affected by HIV/AIDS. We view this as a crucial complement to our work with communities and governments.

Many CARE staff members are affected either directly or indirectly by HIV and AIDS. They may be living with the infection themselves, caring for other family members or dealing with the death of a loved one. CARE will, wherever possible, provide all staff members and their families with equitable access to:

- voluntary counselling and testing in a fully confidential manner;
- prevention education and services, including access to condoms;
- fully confidential insurance or other appropriate treatment assistance to those infected;
- fully confidential support, including counselling, to assist those affected to live positively and maintain their health and quality of life.

About the Photos

In April 2002, CARE Canada partnered with PhotoSensitive – a group of distinguished Canadian photojournalists – to record and humanize the efforts of Africans coping with the AIDS crisis. Seven members of the group travelled to Zambia to photograph the efforts of people involved with CARE's projects and the programmes of our partner organizations. By focusing on individual acts of resistance, these images demonstrate the resilience of the human spirit and our collective capacity for change.

CARE Canada is grateful to the members of PhotoSensitive for their tireless commitment to this project: Peter Bregg, Patti Gower, Tony Hauser, Dick Loek, Steve Simon, Andrew Stawicki, and Bernard Weil.

Conclusion

While HIV is a virus that affects an individual, AIDS is a complex epidemic and action is needed in many areas with different responses needed in different settings. We believe that this integrated but focused approach will help us to assist households and communities affected by HIV/AIDS to live with dignity, stay healthy as long as possible and plan for their futures.