

AN EXCURSION OF HOPE: FIGHTING HIV/AIDS



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USAID'S HIGH-RISK CORRIDOR INITIATIVE PROGRAM OPERATES ALONG A 850-KILOMETER STRETCH OF HIGHWAY IN ETHIOPIA AND DJIBOUTI.

BY JEFFREY ASHLEY

The 850-kilometer stretch of road between Addis Ababa and the port of Djibouti, nestled among magnificent highlands and plains, is home to wonderful historical sites, especially the holy city of Harar and the ancient tree of Afar under which humanity was born. Camels saunter gracefully on either side of the dusty sweep of baked and seemingly endless graveled roads. This is a land filled with cultural richness, diversity and nuances and vast expanses of stunning vistas.

But the extensive sweep of corridor is also home to thousands of people who are affected by or already

infected with HIV/AIDS. The thousands of truckers and other transport workers who traverse the region, especially along the corridor, not only run the risk of becoming infected with HIV, but also of spreading it far beyond the two countries' borders.

Ethiopia already has a national prevalence rate of 6.6 percent in the adult population and an estimated 13.7 percent in the urban population. With such rates, it is likely that HIV/AIDS will continue to seriously damage and diminish the health, economy and development of the country. Although Djibouti's HIV epidemic appears to be less severe, with a prevalence rate estimated at 2.9 percent in the adult population, the majority of the truckers along the length of the corridor are Ethiopian. Hence, the potential for cross-border HIV transmission is substantial.

This past May, I traveled along this expanse of dust-swept road with 15 officials from the Ethiopia and Nairobi regional USAID missions and Save the Children's office in Addis Ababa. Our goal was to evaluate the work of the USAID-funded Save the Children/U.S. High-Risk Corridor Initiative program, a comprehensive HIV/AIDS-prevention, care and support activity providing assistance to thousands of people in Ethiopia and Djibouti.

For five days our delegation talked to resident citizens, officials and public health workers in both countries in order to learn about and see first-hand what types of HIV/AIDS projects are being implemented, identify areas for potential growth, and come up with recommendations for future directions.

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In the process of traveling the corridor, I could not help but absorb the austere beauty of the land, the profundity of its history, the splendor of its people, and the sheer devastation that the HIV/AIDS epidemic has inflicted in the region.

An Initiative Is Born

To address the cross-border epidemic in the region, the USAID mission in Ethiopia established the High-Risk Corridor Initiative program in 2001. Originally a three-year, \$3 million program, the HRCI now operates in 25 sites along the corridor (21 in Ethiopia, four in Djibouti) to publicize and implement HIV/AIDS prevention practices and thereby encourage the demand for them; increase the availability of services improving both availability and quality of care and support services for people living with the disease, as well as orphans and vulnerable children; and enhance the livelihood and security of people (particularly children) affected by HIV/AIDS.

Specifically, HRCI uses HIV/AIDS Information Centers to train peer educators; develop behavior change and communication materials that are sensitive to the local culture; conduct awareness-raising sessions with hotel and bar owners; improve access to, and the capacity of voluntary counseling and testing for HIV; provide access to screening and treatment for sexually transmitted infections; provide access to opportunistic infection treatment services; provide home-based care and psychosocial support to people living with AIDS; establish community-based child care centers; and provide material support to orphans and vulnerable children. As this list of services suggest, HRCI offers a truly comprehensive, holistic approach to the epidemic.

Since their establishment, the 25 HIV/AIDS information centers in Ethiopia and Djibouti, along with other prevention programs and services, are now providing approximately 100,000 at-risk youth, transport workers, sex workers, dock workers, orphans and vulnerable children with the necessary information and services to protect themselves against HIV/AIDS. In

Djibouti, for example, the centers operate in trucker rest stops, in residential and recruitment sites for dock workers and in the city center of Djiboutville, where community counselors and several volunteers provide services. Further, HIV/AIDS education programs conducted and implemented by peers there are critical to prevention initiatives. The HRCI program has this year trained more than 90 dock workers, 60 truckers and 40 highly vulnerable women. Each of the trained peer educators reaches up to 15 or more of their peers each week, providing them with information on HIV/AIDS prevention and access to care and support.

Currently, there are 19 sites offering voluntary counseling and testing that have already tested approximately 10,000 people for HIV/AIDS and treated nearly 2,000 cases of sexually transmitted infections. Future plans are to consolidate programs, especially in Ethiopia, and to focus on expansion of services in 2005.

Last but certainly not least, HRCI's network of home-based care providers have provided support to 500 people living with HIV/AIDS and education support to over 600 orphans and vulnerable children.

Deep Into the Corridor

As in other countries in Africa, HIV too often is transmitted to vulnerable young girls and women whose low social status and poverty render them particularly susceptible to sexual exploitation. The truckers, transport workers and dock workers along the corridor who encounter them then run a higher risk of contracting the virus and transmitting it to their wives and sexual partners. It was this facet of the HIV/AIDS epidemic that we focused on during our trip.

My colleagues and I visited many diverse components of the HRCI program along the corridor. At the information centers in both Ethiopia and Djibouti, we spoke with numerous energetic, committed counselors and volunteers who are providing practical awareness and risk reduction information to their clients — both those who actually go to the

The potential for cross-border HIV transmission in Africa and elsewhere is substantial.

Information Centers and those in the wider community. I was repeatedly impressed by the staff's diligence and dedication to assisting people affected by or living with HIV/AIDS. One young woman counselor told me that her zeal was motivated in part by the fact that several members of her immediate family and friends had died of AIDS. She says working in

the field is her way of healing her sense of grief and loss, and "giving back" to those who are afflicted, to ameliorate their bleak prospects.

The HRCI program also provides counseling opportunities that create demand for prevention services; referral to voluntary counseling and testing centers; and outreach and peer support to people living with HIV/AIDS. Particularly noteworthy, the members of our delegation visited Dire Dawa, Ethiopia, where we met a group of about 25 home-based care providers who briefed us on their community activities. Armed with a basic care kit containing antiseptic solutions, gloves, gauze, plastic sheeting and other materials, these indefatigable individuals regularly visit private homes to provide care to hundreds of sick AIDS patients in the area.

The assistance these home-based care providers give is, in a word, extraordinary! Where outreach, treatment and care services are negligible or absent, these unfaltering caregivers fill a glaring void in the lives of sick or dying patients. Their skill and dedication are matched only by their compassion. Those I spoke to all shared a common vision and similar reasons for wanting to provide care for HIV/AIDS patients. Empathy for fellow Ethiopians and a deep desire to improve the quality of their lives provided the foundation for these providers' call to service.

What was for me the most profoundly moving experience of all during the trip was a visit to the HRCI community-based child-care center. In Dire Dawa, I visited a classroom of vibrant, joyful children, 4 to 6 years old, all of whom were either orphaned or essentially abandoned as a result of HIV. Prior to their enrollment in the center, the teachers working there told us, these children had been chronically malnourished, riddled with suppurating

skin infections and generally despondent and withdrawn. After enrolling in the USAID-sponsored program, these children are now receiving health care, basic childhood education and integrated learning and recreational activities. Children receive meals, uniforms, sanitation material and general health care from a nurse associated with the child care center.

Besides the dramatic improvement in their physical condition, I was struck by how happy and well-adjusted these children appeared to be, especially considering their dire straits and past mistreatment. We played with the kids, watched them interact with teachers and visitors alike, and commented to the teachers and one another on how healthy and happy they looked. After spending an hour with the children and teachers, I left feeling grateful to the HRCI program for providing these children with a chance to grow and learn in a safe, healthy environment.

Into the Setting Sun

The communities and towns we passed through along the high-risk corridor in heat-drenched Ethiopia are remarkably vibrant despite the obvious impact of HIV/AIDS. Both there and in the impoverished, garbage-strewn fetid shantytown of the port of Djibouti, where thousands of dock workers live, I saw first-hand that the HRCI program has an important impact on the health and livelihoods of thousands of vulnerable individuals, thanks in no small part to the teamwork between USAID's Regional Economic Development Services Office (REDSO) in Nairobi and the country missions in Addis Ababa and Djibouti. It takes exceptional teamwork to develop HIV/AIDS programs, especially those with cross-national and border complexities. With technical support and open communication between the three missions, the HRCI program can and will continue to thrive by providing critical HIV/AIDS interventions to highly vulnerable populations. USAID/Ethiopia has extended the HRCI up to the year 2008 for approximately \$4 million. USAID is also engaged in discussions on how to continue its investments along the Djibouti corridor in order to further expand

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HIV/AIDS prevention, care and support initiatives and service delivery for the next several years.

The HRCI is a successful program targeting at-risk populations along this geographic transport corridor. The program has clearly demonstrated that it can deliver high-quality prevention, care and support services cross-nationally with unique and innovative inter-

vention strategies. USAID has similar projects in several other parts of Africa as well, and REDSO is supporting a northern transport corridor initiative in several countries in East and Central Africa. The Ethiopia-Djibouti transport corridor program, which began as an HIV prevention-only initiative, later demonstrated that prevention programs also required care and support components in order to be successful. As this program has evolved, so, too, have its scope and impact.

Our delegation's trip along the corridor drew to a close on a quiet, balmy evening as we finished our meetings and final consultations with the program's implementing organizations in the Djiboutian capitol. After watching the fiery sun set into the Red Sea, we spent the evening gazing out over the Gulf of Aden as we shared our cumulative impressions and feelings of the past several days. The importance and critical impact of our work is certainly evident in the healthy bodies and smiles of the children we saw; in the truckers' decisions to protect themselves against HIV/AIDS; in the enthusiastic, committed dock workers trained as peer educators in Djibouti; and in the people living with AIDS who receive the human touch, care and assistance from home-based care providers.

It is rewarding and uplifting to see USAID programs touching and favorably influencing the lives of so many vulnerable or potentially vulnerable individuals suffering from the desolation of AIDS. This is the joy of the work at USAID — to know that programs are affecting, inspiring, and improving the health and livelihoods of the beautiful Ethiopian and Djiboutian people. What a marvelous excursion of hope to mitigate the effects of HIV/AIDS on the people of this most historic and ancient land. ■