



# VOICES / VOIX

Special World Aids Day Publication 2003

Publication spécial Journée Mondiale du  
SIDA 2003

## LOCAL SOLUTIONS OFFER HOPE IN LESOTHO

by *Barbara White-Nkoala*

Farmers are producing crops that may help Africans fight the devastation of HIV/AIDS. One of the trailblazers is Makamahelo Rapholo, a wife, mother of four, and a full-time farmer living on the outskirts of Maseru, the capital of a relatively unknown African country, the Kingdom of Lesotho.

South Africa completely surrounds this small, mountainous country, but like its bigger neighbour, HIV/AIDS has hit Lesotho hard. In fact, Lesotho has a higher incidence of HIV/AIDS than South Africa. The official rate is 31% - the fourth highest in the world. Unfortunately, few people are aware of the tragedy unfolding in this country, or of the fight to save its tiny population.

While large commercial farms dominate South Africa's agriculture industry, 75% of Lesotho's population relies on small-scale farming to provide food and jobs. Makamahelo is one of those farmers. She is also a member of a well-established farmers' cooperative Lentsoe La Lihoi (LLL), which means "Voice of the Farmers" in the local language, Sotho ("soo-too").

In 2000, USC Canada, a non-governmental organization based in Ottawa, Canada, began a partnership with LLL through USC's "Seeds of Survival" program. Working with the Lesotho government, USC and LLL identified garlic as a crop that is ideally suited to Lesotho's climate.

Historically, garlic was not an important part in the diet of the people of Lesotho, and there was the potential that farmers would reject this new crop. However, when they recognized the plant has medicinal properties, the number of people

using garlic quickly grew. Now 95% of LLL farmers and their families use it in their everyday cooking.

Garlic's antibiotic, anti-fungal and anti-viral properties can counter many diseases that HIV-positive patients are susceptible to, including mouth sores, oral thrush (yeast infection), and diarrhea. That's important because patented drugs are simply too expensive for most people in Lesotho. Medicinal plants, like garlic are inexpensive, and it is through the promotion of such alternatives that the farmers of LLL are having an impact.

The cooperative members have enthusiastically welcomed the challenge of growing the new crop and Makamahelo was one of the first of 150 of the LLL farmers to plant garlic in her garden. The demand for garlic as a medicine has increased dramatically. LLL farmers started by selling garlic to their neighbours and now an increasing number of people are buying garlic to eat and grow in their own gardens.

She uses garlic in a variety of ways. "I chop garlic leaves and cook them together with green vegetables," she says. "I use the cloves when cooking beans and meat." Makamahelo's children eat raw garlic and have even introduced it to their school friends. "They say it helps to cure skin rashes and impurities," she reports.

In addition to using it at home and selling it to neighbours, the cooperative is negotiating a garlic export contract with South Africa. This will provide much needed cash to families, who lose breadwinners every day due to the scourge of HIV/AIDS.

One of the key ways LLL tries to achieve food security is by promoting the use of a wider variety of crops. Among other benefits, encouraging farmers to diversify what they plant leads to better family nutrition. Given that malnutrition contributes to HIV quickly developing into full-blown AIDS

in Africa, proper access to nutritious foods is essential to managing HIV/AIDS.

Like most Lesotho farmers, Makamahelo has not only a vegetable garden, but also fruit trees, and a few small fields where she plants crops, all close to her home. She also keeps chickens, cows, and sheep. "The different agricultural activities help to contribute food and the income I need for me and my family," she explains. "If I have more than enough, I preserve some, sell some, and give some away to needy neighbours and family."

USC is also promoting prevention education in its work with LLL. Working with the local Ministry of Health, USC Canada has helped sensitize the LLL farmers about HIV/AIDS issues. As a result of the training, 20 farmers, 95% of whom are women, have taken on the role of resource persons within the cooperative. They wear red ribbon pins to let colleagues know they can answer general questions about HIV/AIDS or discuss specific problems.

A booklet entitled "Positive Health" has been printed in the local language and distributed to all the LLL farmers. The booklet identifies simple and cost effective techniques people can use to stay healthy.

It also emphasizes the importance of a positive attitude, citing several cases where people have lived long and productive lives while being HIV-positive. That's an important message for people who might avoid dealing with the disease because they fear HIV/AIDS is a death sentence.

USC's hope is that such an integrated approach involving awareness promotion, nutrition education, HIV/AIDS management, and income generation will help farmers in the cooperative - and the Kingdom of Lesotho - cope with the challenges of HIV/AIDS.

*Barbara White-Nkoala is USC Canada's Regional Representative in Southern Africa and Canada's Honorary Consul to the Kingdom of Lesotho.*

## **PRÉPARER LES LENDEMAINS DANS LA RÉGION DE MOSHI EN TANZANIE**

*par Sarah Ross*

L'Alliance de santé communautaire Canada-Afrique (ASCCA) travaille en partenariat avec diverses organisations canadiennes et africaines depuis 2001 en vue

d'améliorer les soins de santé dans les villages isolés d'Afrique, notamment au Gabon et au Bénin. En août 2003, une délégation de l'ASCCA s'est rendue dans la région de Moshi en Tanzanie pour entreprendre avec MKUKI, une organisation locale, un projet en faveur des orphelins du sida.

André Brazeau, stagiaire de la CISD, est demeuré en Tanzanie après le départ de la délégation pour travailler en étroite collaboration avec Linna Mlay, la fondatrice de MKUKI. Ensemble, ils examineront la logistique locale associée à la construction d'un centre de prévention, de traitement, de soins et de soutien des familles infectées ou touchées par le VIH/sida. Le centre abritera une clinique, une maternelle, une école primaire provisoire et des écoles de métiers, ainsi qu'un foyer pour les orphelins du sida.



*Tanzanie, août 2003. De gauche à droite : le docteur Don Kilby (ASCCA); Silvia (CPAR), Linna Mlay (MKUKI) et André Brazeau (stagiaire de la CISD). Photo: ASCCA*

Parmi les autres tâches d'André, mentionnons le renforcement des capacités de MKUKI et l'élaboration de programmes de formation. Il consacrera également trois mois à la préparation d'une proposition de projet et à la présentation de demandes de financement auprès de diverses organisations à son retour au Canada. Le projet s'appuie sur l'impressionnant travail déjà réalisé par MKUKI qui possède une connaissance approfondie de la région de Moshi.

Ses discussions avec Linna Mlay aident André à compiler l'histoire de MKUKI qui célèbre ses dix ans d'existence. En 1993, les villageois et les guérisseurs locaux étaient persuadés que la famille de Linna Mlay avait été ensorcelée ou était maudite. Le cousin de Linna, l'épouse de celui-ci et deux de leurs enfants étaient morts d'une maladie inconnue;

un seul de leurs fils avait survécu. La sœur de Linna, Delphine Buchanan, une infirmière établie au Canada, est venue en Tanzanie pour les funérailles et s'est rendu compte que la famille avait succombé au virus du sida. Bien que dix ans auparavant, le gouvernement tanzanien ait reconnu que le pays était aux prises avec le VIH/sida, très peu de personnes comprenaient la maladie. Delphine est demeurée plusieurs mois dans la région pour sensibiliser la communauté au virus et a continué à recueillir des fonds à son retour au Canada.

Devant la crise qui s'aggravait, laissant de nombreux orphelins affamés et dans la rue, un groupe de neuf hommes et femmes de Moshi ont créé MKUKI. Après avoir engagé un dialogue franc avec la communauté et les orphelins eux-mêmes, Linna Mlay a étudié la meilleure voie à suivre pour nourrir, loger et éduquer les orphelins. Ces derniers sont demeurés chez eux, dans la communauté, et des bénévoles ont prêté leur aide pour les rééduquer suivant leurs désirs et leurs besoins. Depuis sa création en 1993, MKUKI a reçu des machines à coudre, des outils pour l'agriculture et la menuiserie ainsi que de la nourriture et a mis sur pied des projets en éducation et en agriculture. En 1998, un programme de déjeuners gratuits a été institué dans les écoles de métier de MKUKI et il s'étend aujourd'hui à d'autres écoles rurales.

Dans l'ensemble, les efforts déployés par le groupe pour éduquer les orphelins et les réinsérer dans leur communauté ont obtenu l'approbation des villageois et aujourd'hui, la population comprend mieux ce qu'est le VIH/sida. Les fonds recueillis par la famille Buchanan au Canada et les partenariats avec d'autres organisations telles que Farmers Helping Farmers ont aidé le groupe à poursuivre ses programmes, malgré les problèmes, y compris les sécheresses dévastatrices de 2000.

En Tanzanie, André s'habitue au rythme de la vie en Afrique rurale, jouit de l'hospitalité et de l'amitié de Linna Mlay et de sa famille et échange des recettes de pain aux bananes avec le personnel de l'auberge où il loge. Mama Linna rit de ses frustrations surtout lors des fréquentes pannes d'électricité. Elle résume le problème en disant : " En Afrique, demain n'arrive jamais. "

Le partenariat entre l'ASCCA et MKUKI a pour but de centraliser les services dans une clinique médicale, un orphelinat et des écoles de métier. Les parrainages et les dons obtenus ont permis de recueillir suffisamment d'argent pour

ériger deux structures et si le terrain est accordé, la construction pourrait commencer dès février 2004. Bien que dans cette région où les terres agricoles sont rares, l'obtention d'un terrain ne soit pas nécessairement assurée, le projet conjoint de l'ASCCA et de MKUKI a néanmoins des chances de réussir en raison de l'impact positif qu'a eu MKUKI sur la communauté au cours des dix dernières années. En créant un réseau sans cesse croissant d'enfants, de tuteurs, de veuves et de bénévoles, MKUKI a commencé à guérir les blessures d'une communauté touchée par le VIH/sida. Pour les enfants et la population de Moshi, demain pourrait bien arriver plus tôt qu'ils ne pensent.

*Sarah Ross is a musician and teacher who generously volunteers her time to research and wrote this article for CACHA.*

## **THE WAY FORWARD TO KILL THE BLACK CAT - BANGLADESH**

*by Dr. Kazi Faisal Mahmud*

*Editor's Note: During the early days of the HIV pandemic in Bangladesh, a picture of a black cat was frequently used to raise public awareness about HIV/AIDS. Unfortunately, this created a misconception that black cats caused AIDS.*

"I remained almost sleepless for three months with my husband in the hospital. He was so nervous and psychologically disturbed that even if I would go to the toilet, he used to cry for me. A month after he was admitted to the hospital, the doctor advised HIV testing, as my husband's condition was gradually becoming worse. The result was positive and I did not share it with him so that he could die in peace."

Marry (not her real name), 24, works in an office in a city in Bangladesh where she can disclose her HIV status and not face any stigma and discrimination. She is the breadwinner for her family, herself and her 8-year old son. Her husband was a mason, and frequently worked overseas. Although he earned a lot, half of their savings was eventually used to cover the costs of his treatment, once he became ill. Marry did not disclose her husband's HIV status to her parents, nor to his.

"I heard about HIV/AIDS from the television dramas and thought that AIDS might be spread from black cats. Although I now know how HIV spreads, I don't have any complaint against my husband. I am lucky that my son doesn't have HIV. All my hopes rest on my son - I hope that he will be a doctor and I shall advise him to treat AIDS patients."

Marry doesn't have formal training in counselling but she tries to bring hope to those that are HIV-positive. She works in an alternative income generating project initiated by Concern Worldwide for HIV-positive individuals. Project participants, who are trained in block printing and other crafts, have formed a focal group against the stigma and discrimination associated with people who have the disease. Marry has completed her secondary school and she is now trying to learn English so that she can begin to play a more important role in national and international fora.

"We want to kill the black cat of stigma and discrimination of HIV-positive people," says Marry, with confidence and hope in her eyes. "Maybe my generation will not be successful, but in the next generation, things will be changed."

Marry's only fear is that the teachers, parents and children in her son's school might get to know that she is HIV-positive, and then kick her son out of school. "I am trying to plan for his future. I know that I might not be in the world when he attends college or university. I have started mentoring him and I have already had discussions with a lawyer to ensure he receives a living allowance after my death."

Marry always tries to look and hope in a different mode than others. She knows all the consequences and she is trying to take preventive measures for her son's smooth future.

"If my husband had received some training about the disease before he left to work overseas, he would not have become infected with AIDS," says Marry with deep sorrow. Then she brightens. "Pray for my kid so that he becomes a doctor and works for HIV-positive patients. In the meantime, we must continue to work to kill the black cat of stigma and discrimination against HIV-positive people."

*Dr. Kazi Faisal Mahmud is a medical doctor who is an HIV/AIDS Coordinator for Concern-Worldwide, Bangladesh.*

## **AN ELDER'S VIEW OF HIV/AIDS IN TANZANIA** *by Harold Stewart*

While assessing the impact of an HIV/AIDS awareness program in a rural area in northwest Tanzania, I met with several groups. One was composed of elders, the senior citizens from four small villages. Being a grandparent myself, I shared a certain kinship with these elders and we quickly developed a friendly relationship.

The HIV/AIDS awareness program focused on the youth of these villages, so the elders felt rather marginalized while the program was being delivered. One of their spokespersons used to be a tribal chief in this area before Tanzania became independent. Chief Charles, as he was called, was still highly respected even though he was no longer officially a chief. For me, he was a valuable contact person because he spoke English very well and eliminated any need for a translator.

Chief Charles was very concerned about the many deaths caused by AIDS in this area. Many of the people who had died were young - young working people and young parents with families to support. Surviving family members were overwhelmed by the responsibilities they had to assume as a result of these deaths. People were afraid and confused by these tragic events. They did not understand what was happening. There was nothing in their traditions to help them cope with this "killing disease" and because of the remoteness of their rural villages, there was very little information available to them.

Fortunately, help finally came. It came from an organization called the Tanzanian Society of Agriculture Education and Extension (TSAEE), a non-governmental organization attached to the Ministry of Agriculture Training Institute in Ukiriguru, in northwestern Tanzania. Members of TSAEE are well known throughout the area because they have helped many youths to establish profitable mini-projects in agriculture.

In the beginning, TSAEE staff didn't know much about AIDS either. However, through a relationship they had developed with The Marquis Project, a rural non-governmental organization from Manitoba, Canada, who in turn enlisted the help of another Manitoba organization called the Sexual Education Resource Centre (SERC), they helped train the members of TSAEE to present an AIDS awareness program to the same youth who had been involved with the small agricultural projects. Volunteers with the Marquis Project had helped TSAEE with some of their projects in agriculture and craft production, so the two organizations had developed a strong relationship. Although Marquis did not specifically have any expertise in AIDS, they drew on SERC's knowledge and materials. Members of the local Tanzanian medical community also helped with this training.

Chief Charles and the other elders were most impressed by the enthusiasm of the youth that had been trained in the AIDS



David Barbour - A class in health and HIV/AIDS in Zambia, courtesy of CARE International. Photo: ACIDI/CIDA David Barbour

awareness sessions. The young people came up with many ideas to help spread knowledge about HIV/AIDS. They composed songs which they presented at local events, prepared skits, held information sessions in all the villages, held inter-village soccer games at which a guest would talk to everyone about HIV/AIDS and gave out condoms. As a result of this AIDS awareness program, Chief Charles now feels that people understand the causes of HIV/AIDS and how to prevent it. It is no longer an unknown killer. With more understanding, there is less fear.

Another change that occurred as a result of the AIDS awareness program was a new willingness to talk about sexuality. The elders found this an astonishing cultural shift. In the past, talking about sex was taboo - as was any discussion about the use of condoms. Instead, they might say something like "...you should use an umbrella when it rains!" He said that now everyone talks openly about sex!

In spite of this apparent progress there are still many problems to overcome. Condoms are not readily available. Testing facilities are inadequate. Some people still do not understand what they have been told. Some are skeptical about the information they have received. Only the youth have received the information first hand. This information has to get to everyone - the school aged children, the traditional healers, and the elders. What can the elders do with this information? Here is one idea.

Chief Charles described a tradition of the Sukuma tribe called Shikome. Each night in the villages, the women and the men meet separately - all the women in one area, all the men in

another. The chief admitted openly that the women had more productive meetings than the men. The women would talk over the events of the day and make plans for the next day. The men would usually just sit around and swap stories. Nevertheless, it is at these meetings that a lot of opinions are expressed and a lot of culture is passed on. If the elders became well informed about HIV/AIDS they could share their knowledge with the other members of the communities and ensure that this knowledge is sustained. Since AIDS affects everyone in the community, everyone should be involved in the fight against it.

*Harold Stewart is a member of The Marquis Project and has a PH.D in program development and evaluation. The Marquis Project is a non-profit organization that has operated in Brandon, Manitoba since 1979. The Sexuality Education Resource Centre is also a non-profit, community based organization in Brandon, Manitoba. Charles Kafipa had been a chief of the Sukuma tribe prior to Tanzanian Independence in 1964. He is now retired.*

## **A DAY IN THE LIFE OF A CAREGIVER (EDMONTON, AB, CANADA)**

*submitted by Darla Quinlan*

Kairos House is a residence for persons living with HIV/AIDS located in Edmonton, Alberta. Entering the house - a residence for seven people - for men and women who are living with AIDS, I look around and smile. I am one of a team of seven staff who work here - and all of us love what we do. As each of us starts our daily shift, we reach inside to find the strength and spirit that is needed to be the best we can be. To ensure that for our clients, each day is lived to the fullest.

As staff, we spend time talking to each other, finding out how everyone is. Joe is in the latter stages of AIDS. Were we able to manage his pain throughout the shift? Paul has been with us for over a year. His new cocktail is finally showing a breakthrough - his counts are up. Douglas did not get home until two in the morning. He talked with staff for an hour. He's struggled with a cocaine addiction for the past 20 years. He's scared. Louise was in the office several times - expressing her regrets about working the street. She has lost her daughter and is alone. She's thankful that she is beginning to understand the disease. She's sure that she will make it this time. The others slept through the night - well - they were up only once or twice for a chat and coffee.

All the notes are read. Medication is checked. I need to hook up Paul's tube feed and give Joe his morphine. I know the

phone is going to start ringing at nine, so I go to wake up a few of the residents. They need to eat before their medications.

Nine rolls around, and sure enough, the phone rings. The social worker has two new referrals. I have no beds available and there are eight people on the waiting list. I send her a few application forms, and for now, put away my feeling of sorrow that we can't do more.

I open up the medication binder. It's that time again. I have to check and double check.

"Did you eat? Do you have your water? Did you keep your last dose down?"

It's a question and answer period, and a time to say good morning.

Meanwhile, Joe is calling and wants to get out of bed. Homecare has not shown up yet. I let him know I will be with him in a few minutes. I have to run downstairs and wake a few of the other residents who have not yet come up for their medications. I will need to remind them, again, how important it is that they comply with the medication regime.

It's almost ten. I need to go and get Joe up. I head in there and see he needs a bed change. I help him up, remembering that it was only last week that he was using a walker. I transfer him to his wheelchair as I chat with him. He is so frustrated with his weakness. I smile at him and ask him to look deep into my eyes. He smiles back and shakes his head. This has made my day.

In the back of my mind, I wonder how I am going to juggle the rest of the day. The dishes need to be put away. Laundry needs to be done. The grocery list needs to be finished. And I really want to spend some time with the residents - time for a game of Scrabble. I know that by noon everyone will be up again. After morning meds some of the residents head back to bed to catch a few more hours sleep. One of the qualities that we need as staff is flexibility. We work around how everyone feels.

I walk past Joe's room and go in to see how he is doing. He appears to be sleeping but the creases in his forehead indicate that he is in pain. I touch his hand and he squeezes mine back. I keep holding his hand. He looks over at me.

"What's wrong with me?" he asks. "Am I dying?"

I sit down on the bed beside him, look him in the eye, and say, yes. There is silence for what seems a very long time. I hear the oxygen machines and what seems the dripping of the clysis. I remind him that his body is no longer able to fight it. He looks at me and his face shows his relief.

My day is not even half over. The cover staff has just arrived. I tell her about the morning and take a few moments to sort out how I feel. It's a mixture of sadness and joy. I thank God that this home exists. I thank God for the team that I work with, and for our volunteers who help with meals and spend time with the residents.

I often wonder why families and friends are not more involved. I wonder why being HIV positive needs to be kept secret. Fear of the unknown? I am puzzled. Our communities offer so much education and yet so many continue to not understand. People are people no matter what our ailment or where our journey has taken us. We all want to be treated with dignity and respect. I know in my heart that this home provides that - and so much more.

Time for reflection is over. My cover staff needs to be updated - and I still want to play that game of Scrabble.

*Kairos is an ancient Greek word meaning "the right moment" while Darla Quinlan is the team leader at Kairos House in Edmonton. The article was written as a joint effort by all the Kairos staff.*

## **TWINNING WITH MEXICO**

***By: Brenda Moore and Le-Ann Dolan***

Traveling through the tranquil mountain villages in Oaxaca, Mexico could give you the impression that the outside world has not yet found its way to this remote and picturesque part of the world. A glance of the countryside reveals winding dirt roads stretching up through the hills towards one small village after another. Many of the roads are not much more than trails with the odd vehicle now and again. Most traffic is that of people on foot or on donkey or someone moving their team of oxen to the next field.

So at a quick glance it may appear odd that the Alberta Community Council on HIV is here doing work to prevent the spread of HIV and AIDS. Upon taking a closer look at the poverty that surrounds these small villages, it becomes apparent how HIV has made its way to even this very remote

part of the world. Many men from the community have become migrant workers, leaving their families for months at a time to work in other parts of Mexico or to travel to the United States to find work. Extended absences from their communities can lead migrant workers to high-risk sexual behaviors. Little is known about HIV in the small villages and therefore prevention techniques used commonly throughout other parts of the world are not even considered. Access to and the cost of condoms, coupled with the strong Catholic faith in the region act as additional barriers to the prevention of the spread of HIV/AIDS.

This particular visit by Le-Ann Dolan from AIDS Calgary and Brenda Moore from HIV North Society is the fourth direct contact between the Alberta Community Council on HIV (ACCH) who they are representing, and their Mexican partners from the Instituto Mexicano de Investigacion de Familia y Poblacion (IMIFAP). This visit serves as the final wrap up of an eighteen-month partnership between the two groups to implement a Rural Shop Keepers project in the small villages within Oaxaca State, just outside the City of Oaxaca. In this project, rural Shop Keepers were trained in HIV/AIDS in order to disseminate information and provide access to condoms to the members of their communities. Shop Keepers were selected who were well respected in the community and acted as "natural helpers" to other community members. Brightly colored posters were developed and hung at participating shops but the key to opening the lines of communication really lay with the sturdy plastic bags also boosting brightly colored HIV/AIDS information. These bags, which were large and strong, were used to dispense regular groceries purchased at the shops. Because of their sturdiness, the bags were often re-used and could be seen carrying all kinds of wares throughout the small villages.

These were also a means to open up conversation by the Shop Keeper and to pass on information around HIV and AIDS. Small packages including a condom and information were also used in the program and given out by the Shop Keepers. The Canadian International Development Agency (CIDA) through the HIV/AIDS Small Grants Fund provided funding for this project.

As this project draws to a close, ACCH will step away from the partnership, encouraging individual member organizations to seek further partnership development and build capacity to carry out international work. AIDS Calgary and HIV North Society are working together to develop a



Oaxaca Shop Keeper & Grandson - Photo by: Le-Ann Dolan

continued relationship in Mexico with IMIFAP. International work is familiar to AIDS Calgary with several projects under their belt, but this is first piece of international work considered by HIV North. "It is a big step for us to take, but we feel very confident entering into this type of work with a provincial partner like AIDS Calgary to help guide our way", says Brenda Moore, Executive Director for HIV North Society. HIV North Society adds a rural perspective to the project work, while AIDS Calgary adds the experience of a larger AIDS Service Organization. It's a win-win situation.

*Brenda Moore is the Executive Director for HIV North Society, an AIDS Service Organization based out of Grande Prairie, Alberta. Brenda has been in this role for four years, having served as a board member prior to her employment with the organization. She has spent most of her career working and volunteering in the non-profit sector.*

*Le-Ann Dolan leads the Community Development area at AIDS Calgary. Her work includes advocacy representative for the Calgary Coalition on HIV/AIDS, International Action Co-Chair for the Alberta Community Council on HIV, and Board member with the Interagency Coalition on AIDS and Development. Le-Ann is currently a member of the UNGASS in Alberta working group.*

**Mexico has the third highest rate of reported AIDS cases in the Americas after the United States and Brazil, with over 51,000 cases reported. Estimates of HIV infection are much higher, with approximately 150,000 people living with the virus. (UNAIDS, 2003)**

## The Interagency Coalition on AIDS and Development

The Interagency Coalition on AIDS and Development (ICAD) was established in 1989 by a group of international development non-governmental organizations (NGO's) and AIDS Service Organizations (ASO's) concerned about the growing impact of HIV/AIDS in "resource-poor communities" in both developing countries and in Canada. Since our inception, our guiding principle has been that HIV/AIDS is more than a medical or health issue - and our policies and programs recognize that social and economic factors have a direct and severe impact on the vulnerability of individuals and communities affected by HIV/AIDS. These concerns are equally applicable in Canada and in the developing world. The majority of our funding comes from Health Canada and the Canadian International Development Agency (CIDA) and our membership has grown to include over 125 organizations interested in HIV/AIDS and development issues.

For the past three years, just prior to World AIDS Day on the 1st December, ICAD commissions articles from different countries on the subject "How do communities cope with HIV/AIDS". The resulting publication is entitled "VOICES" and this years issue includes articles from Bangladesh, Lesotho, Tanzania, Mexico - and Edmonton. We hope you enjoy the stories and encourage you to publish them in your own community newsletters and newspapers. We simply ask that you acknowledge ICAD and the name of the journalist in the text.

## Coalition interagence sida et développement

La Coalition interagence sida et développement (CISD) a été établie en 1989 par un groupe d'organisations non gouvernementales (ONG) engagées en développement international et d'organisations de lutte contre le sida (OLS) inquiètes des répercussions croissantes du VIH-sida dans les « communautés pauvres en ressources », tant dans les pays en développement qu'au Canada. Depuis le tout début, la Coalition s'appuie sur le principe que le VIH-sida est plus qu'une question médicale ou un problème de santé ; ses politiques et ses programmes reconnaissent que les facteurs sociaux et économiques ont un impact direct et profond sur la vulnérabilité des communautés et des individus touchés par le VIH-sida. Ces préoccupations s'appliquent autant au Canada et que dans les pays en développement. La CISD reçoit l'appui de Santé Canada, de l'Agence canadienne de développement international (ACDI) et de ses membres. La Coalition, qui compte plus de 125 membres, regroupe des OLS, des ONG, des syndicats, des organismes confessionnels et des individus intéressés à lutter contre le VIH-sida à l'échelle mondiale.

Depuis trois ans, à l'occasion du 1er décembre, Journée mondiale du sida, la CISD publie des articles rédigés à sa demande dans divers pays et répondant à la question : « Comment les communautés font-elles face au VIH-sida ». Nous publions ces articles dans une revue intitulée « VOIX » qui présente cette année des articles du Bangladesh, du Lesotho, de Tanzanie, de Bolivie, du Mexique et d'Edmonton. Nous espérons que ces témoignages vous intéresseront et nous vous encourageons à les publier dans vos bulletins et journaux communautaires. Nous vous demandons simplement de citer la source.

## Acknowledgements

ICAD would like to thank Health Canada for it's funding, all the journalists for their contributions and Rosemary Forbes and Elizabeth Smith for their editorial work.

The views expressed herein are solely those of the authors and do not necessarily reflect the official policy of the Minister of Health. Les opinions exprimées dans le présent document sont celles des auteurs et ne reflètent pas nécessairement les points de vue officiels de Santé Canada.