

GHANA  HUMANITARIAN MISSION

AID FOR AIDS AFRICA



2009 TRIP REPORT

Supporting HIV Support Groups and Service Providers

In this area, a lot of progress was made. The greatest accomplishment was getting a commitment from Family Health International {FHI}; it is the research arm and program developer for the Ghana AIDS Commission (GAC). The agreement was to support building an Internship Program. It is at the request of two of our partners NAP+ and The Center for Popular Education and Human Rights (CEPEHRG) that this agreement was made. The intention is to connect organizations in the US and vice versa to African organizations for the purpose of developing organizational strategies and programs to meet the needs of people prone to HIV infection or is already living with HIV. Based on our collective experiences on both continents much has been learned and could benefit us all if we create this vehicle to facilitate meeting our mutual needs. We also had conversation with the Ghana AIDS Commission (responsible for distributing funds from local and international sources) and AED SHARP (another direct service provider to HIV agencies) to get further commitments, however, the GAC director general had just retired and a new one had not been named. AED Sharp's 5 year program was ending and an RFP for the next 5 years was being announced at the time of our visit. AED will be one of the organizations bidding for the next 5 year continuation of programs supporting AID Service Organization (ASO's) and HIV support groups. We had a long discussion detailing the progress already made by AED SHARP and the recommended next steps. Many of the recommendations address some of the areas the U.S. collaboration we represent could address such as better support for HIV support groups in general. Men who have sex with men (MSM) prevention and treatment as well as the sex for trade community were included in our discussion. Much progress has been made to address these issues however; the organizations having a fundable structure have little experienced staff or expertise in working with members of these communities. Much of the funding going to these established organizations have not reached the designated communities. The funded agencies do not even know how to contact the MSM communities across Ghana, let alone provide viable services. Scaling up treatment for addiction is a huge issue and one overlooked as wet and dry drugs are not seen as a problem. Thanks to the members of the Board of Directors of AFAA who took part in this mission, Dr. Godfrey Nunoo, Dr. Angel Chambers and Dr. Khalid Chaney, who were instrumental in gathering and recording a great deal of information regarding the work we do in Ghana. This documentation will further illustrate what we do with our partners and how others can help. Angel has established her own Chiropractic offices in Accra and Cape Coast since this visit. AFAA now has a presence in Ghana. Many of these conversations with our partners were audio and video recorded. Some will be posted at our websites.

Our intention in August of 2010, when we plan to return to Ghana, is to continue these conversations and get further commitments of support from the Ghana AIDS Commission and who ever gets the contract for the next five years replacing AED SHARP. We are continuing to recruit organizations and individuals who can support this effort on both continents.

Also, we did TV health-related talks in Accra, radio in Cape Coast and many talks at various venues including churches, recovery from addiction programs and directly with “street children” through our “Village of Hope” facilitators.

We distributed hundreds of HIV and Substance Abuse related pamphlets and flyers at all of the venues we support. We distributed more than 17,000 condoms in the 5 week that we were in Ghana.

Through a generous donation of soccer uniforms from Patti Gahagan, a Health Ambassador from 07’, we were able to outfit more than 8 teams and donate the rest to other HIV support groups and service providers.

Finally, we distributed medicine and medical supplies donated by U.S. organizations to HIV service related organizations like the HIV/Fevers and the Detox Units at Korle Bu Teaching Hospital. We have launched a Vitamin Drive for the HIV populations we affect through our partners.

Chiropractic Services

The fourteen Chiropractors and a massage therapist comprised the Health Ambassadors providing hands on treatment for more than 2000 people. Working with our old and new partners during a two week period in Ghana many lives were touched with the intent to heal. Three of the chiropractors remained to continue to provide service in Cape Coast and Accra after the main group left. We are grateful for the services that went to HIV support as well as recovery from addiction organizations, the churches, government hospitals and the children’s homes. I am sure the healing touch of these humanitarians is still being felt. It was because of the chiropractors that we were able to do the work with the HIV and Recovery from addiction communities.

Recovery and Treatment for Addiction

According to our friends in Narcotics Anonymous- “There is a CRACK outbreak taking place in Ghana right now!” The poor areas of Accra seem to be the hardest hit. So, besides alcohol, heroin, cocaine and marijuana; CRACK is now fueling the new HIV infections as the behaviors of the user exposes them to people living with HIV and also to people living with HIV in Denial or simply don’t care who they infect. It is estimated that 25% of the people living with HIV in the U. S. do not know it. In Ghana, this percentage has to be much higher as the cost to test prohibits some and treatment is beyond the ability of most to sustain, discouraging testing as it creates yet another demand on shrinking resources for most. Because addicts live to use and use to live, getting tested rarely crosses their minds. This is a serious problem. There is only one treatment program of any magnitude in Ghana and it is Christian based (REMAR GHANA). REMAR is a European based program, operating in 9 African nations including Ghana. It excludes those of other faiths or having no particular religious inclination. Treatment- consists of counseling and skills training, along with long term support from the church. They do however, support Christian women and families, women generally do not attend the 8

twelve step meetings available through Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) in Accra. All of the meetings are located in and around the capital city of Accra. A newcomer to the Twelve Step concept of Recovery and I met with REMAR to explain the programs and how they can support members of their own program by providing additional long term support. Also, REMAR if they choose to can refer those who are not Christians as well as those who may practice traditional African religions or have no religious affiliation at all to these meeting for long term support. We explained that NA and AA are Spiritual programs, the very Principles that Christianity is based on. What is clear to all of us who are overcoming addiction is that it is difficult if not impossible to do alone. REMAR officials agreed to check out for themselves the NA and AA meetings and read the literature we left them. This literature focuses on the Spiritual principles of recovery from the 12 Step Program points of view. AFAA through members of the fellowships delivered hundreds of dollars of NA and AA materials purchased and donated by the respective fellowships in the U.S. to the fellowship in Ghana.

AFAA and members of NA participated in a program sponsored by the Ghana Narcotics Control Board in conjunction with International Anti-Drug Abuse Day. The purpose was to bring light to the issues relating to substance use and HIV to the government and civic organizations to begin to take action. The problems relating to drug use are increasingly mounting as Crack and other drugs including alcohol are filling the psyche wards, jails and prisons with addicts who committed drug related crimes. The Narcotics Control Board has requested support in getting a National Treatment Program established in Ghana. Currently there is little commitment from the government to support treatment as a solution. There are only 3 NA meetings and 5 AA meetings in a country of 22,000,000 people. Other than REMAR there is NO TREATMENT for Addicts not only in Ghana but in WEST AFRICA.

Since coming home, AFAA participated in a workshop at the U.S. Conference on AIDS along with "Free At Last, a non profit organization in East Palo Alto Ca, represented by Founder David Lewis and Barry Levine with Kaiser Permanente. Our workshop was design to stimulate discussion regarding scaling up treatment for addiction as a means to reduce new infections across Africa. Expanded exposure of this deadly relationship between substance abuse and HIV is of primary importance. Both men have participated in getting Twelve Step meetings and Treatment programs started in East Africa as I have in West Africa. We intend to take this message to the International AIDS Conference in Vienna Austria scheduled for July 2010. It is our intention to expand conversations with those in the global community about scaling up access to treatment all over Africa.

In addition to the workshop, as AFAA's Founder and member of NA, I have visited with the Executive Director of Narcotics Anonymous World Services Office, Anthony Edmundson to discuss expanding the 12 Step approach through NA in Ghana. Anthony has taken this idea to the Board of Directors who believes we can best serve the fellowship by bringing an informational forum to Ghana to better educate the government organizations including the Detox, Prisons and Psyche Wards as well as policy makers to build a collaboration of support to expand access to treatment. Also we would include private hospitals, REMAR as well as other faith-based organizations in this workshop to

look at the possibility of creating a private network for treatment. AFAA has relationships with some organizations capable of supporting a similar educational workshop even if NA can not afford to do this soon due to budgetary restraints based on 12 Step and Treatment social models. However, we need your help to continue this important work.

How can YOU help?