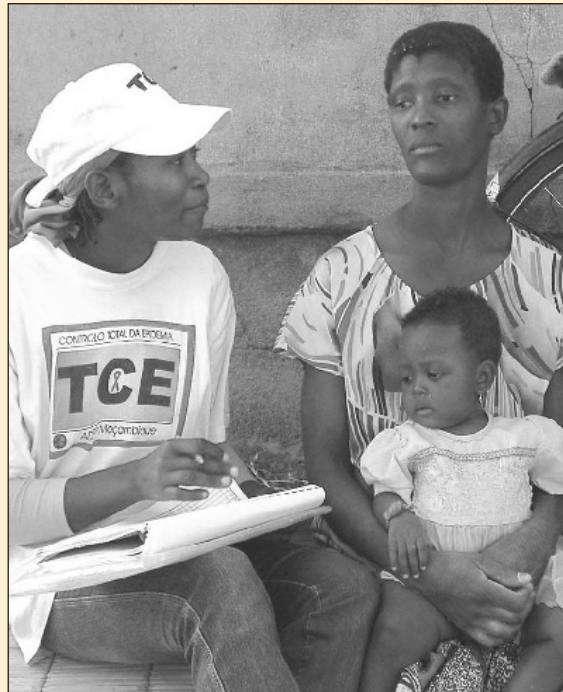




## TCE - Total Control of the Epidemic

6



Then we become  
part of the struggle  
against the plague and  
the war

# Total Control of the Epidemic - and where the Epidemic stands today

**R**esults in the fight against HIV/AIDS from the introduction to the UNAIDS report 2005 published in December 2005 have very good news about the fight against HIV/AIDS.

There is new and clear evidence that the determined and concerted prevention interventions, initiated some time ago in Zimbabwe and Kenya as well as in urban Haiti, is helping. This is seen by prevalence rates steadily going down.

Continued efforts have helped to bring down HIV incidences among men who have sex with men in Western Europe, among youth in Uganda, among sex workers and their clients in Thailand and Cambodia, and among injecting drug users in Spain and Brazil.

## TCE as a part of the Global fight against HIV/AIDS

The TCE programme is part of these determined and concerted efforts to bring down the incidences of HIV and the HIV prevalence rates in countries of Southern Africa.

TCE has been implemented in Zimbabwe and Botswana, and these countries are examples of such sustained efforts that over the years bring about the changes that is needed to fight this epidemic.

The TCE programme has now been in operation for 5 years. The idea of TCE is to achieve total control of the epidemic area by area. In the end of 2005 TCE has been completed in 15 areas reaching out to 1.5 million people and at present is operating in 21 areas reaching out to 2.1 million people.

TCE has changed the course of the epidemic in the areas where it has been operating; this is evidenced through evaluations done already, and from what people in the areas are saying about the present situation and the future after the completion of TCE has been in their area. They say that TCE has totally changed the situation in the area in relation to HIV/AIDS. People have been informed, they have taken action and lot has changed.

TCE has had a humanising effect on the people in the areas where the Field Officers have moved around in villages and towns, day after day from person to person in the three years of the programme.

The daily work of the Field Officer in reaching out to people, and the constant and close connection to the individual about issues related to HIV/AIDS, creates a trust that breaks some



The TCE Field Officer talks to each and every person in her area about how to control HIV



In an area with 100,000 people there are 50 Field Officers

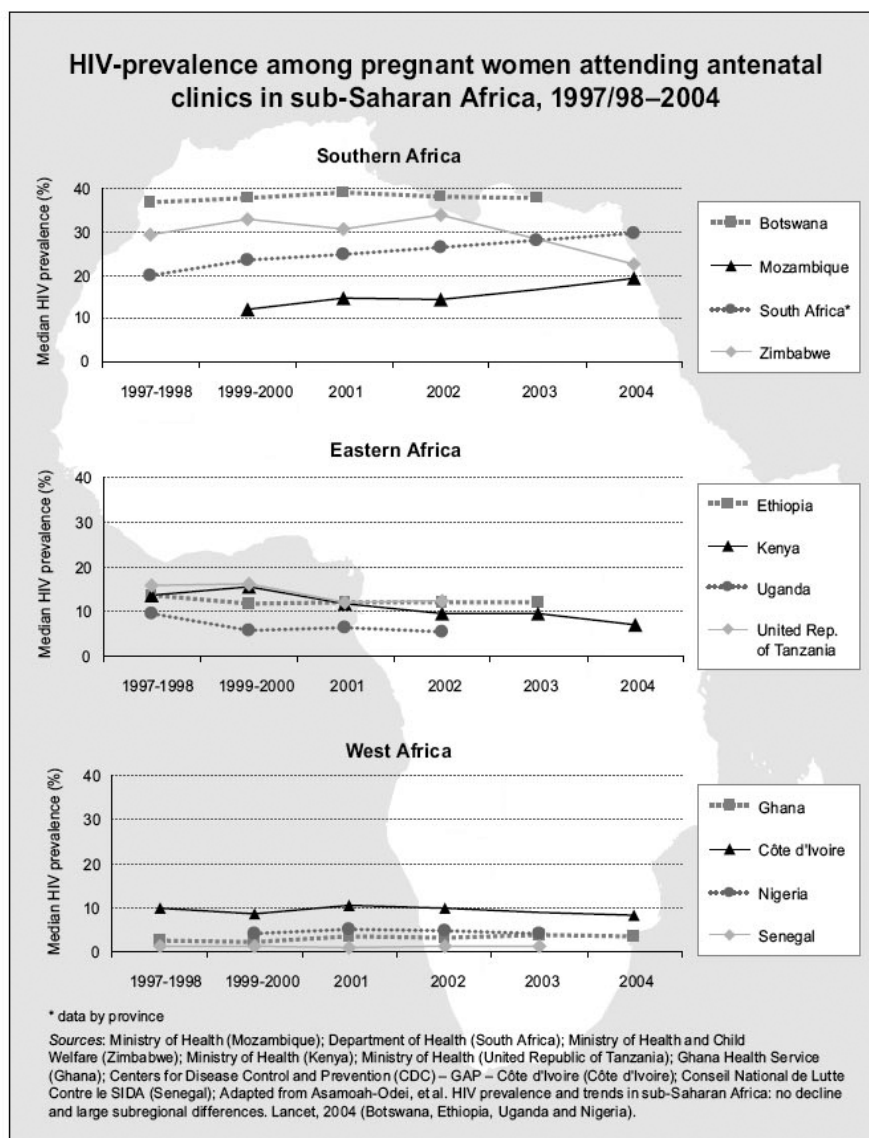
of the barriers that otherwise are set, when it comes to talking about the personal questions around sexual life and practices. TCE breaks the silence and the stigma that block any change in sexual behaviour. The fact that the Field Officer lives within the community, and he is available all the time is of big importance to the many people in the TCE Areas. The systematic approach during the three years where the Field Officers talk to every single person in their field of 2,000 persons, creates a consensus with the individuals, and eventually with the entire community about how to get in control of the virus. A collective effort that goes a long way in fight against HIV/AIDS.

The clear structures, the clear goals set for each TCE Field Officer also helps in achieving Total Control of the Epidemic.

The people are informed, mobilised, and organised to go into action, and this mass movement, the TCE Movement, combined with many other programmes from the Government, the private sector and other organisations work towards a joint goal to eventually combat the epidemic.

We are on the right track, but there is much more to be done, and we are committed to do just that. We wish to implement TCE in many countries of Africa over the next 5 to 10 years.

There is a dire need as the HIV virus moves at such pace that it demands fast, determined and systematic interventions such as TCE - Total Control of the Epidemic. On the next pages we will take you through the work of the TCE programme with examples, illustrations and photos.



## Every Person counts

“Only people can liberate themselves from the AIDS Epidemic”

It is from this simple line that Humana People to People has developed the TCE concept where each and every person has to be reached, mobilised and involved in changing their own sexual behaviour. Behavioural change can only be realised, when each and every individual takes a step towards prevention of the spread of HIV/AIDS. It is each individual's decision to act and reduce the spread of the virus within their families, their community and the country as a whole. Each individual is the centre of change regardless of age or gender.

When TCE started there were groups of people who thought they were either too old or too professional to sit down and talk to the Field Officer about HIV/AIDS issues, but as the Field Officers continued to counsel and mobilise them, they realised that they had a role to play.

The young ones below 15 years of age have to know how to prevent HIV infection, as they are 'the window of hope'. The Field Officers meet this group in schools or after school, when they come for clubs. They also meet them in their

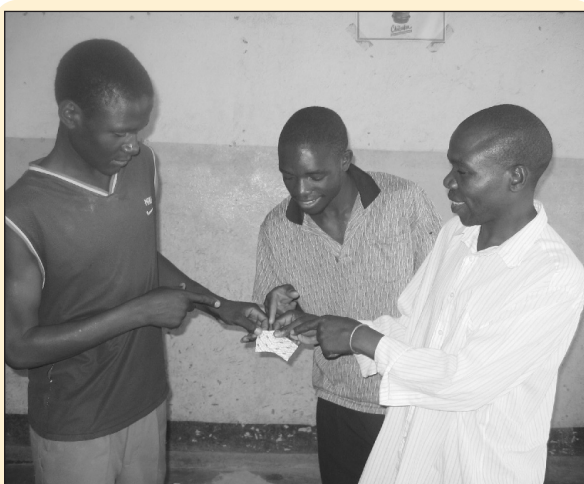
homes during weekends. The Field Officer's main strategy for this group is abstinence.

“I am leading the TCE Club in my class. We stage some plays about AIDS, and at times we travel to different places to show these plays. We educate people so they can prevent the spread of HIV/AIDS. We also educate our parents when we return home”, says Terrence Kachi - a Primary School pupil in Zimbabwe.

“The pupils here have drastically changed. They now know how they can get infected with the HIV virus, and this has encouraged them to take control. When we introduced drama, there was initial resistance from the parents, who thought that we were targeting pupils, who were HIV positive to act in our plays. They now know the truth and have become very supportive”, says a Deputy Headmaster of one Primary School in Zimbabwe.

“I am too old to have sex, therefore you cannot talk to me about HIV - it's for the young ones”, says Mbuya Tsvarai, but afterwards she says, “Look, I have 6 orphans I am looking after - their parents were swept away by the deadly disease - AIDS”. The Field Officer then tells her that she has a part to play in the fight against AIDS. She needs knowledge about HIV/AIDS so she can impart that knowledge to the orphans she is looking after. She has to know about HIV prevention, and how to start Income Generating Projects to support the orphans, and she should know how she can assist other people in her village to reduce the spread of the virus.

These are some of the situations the Field Officers face in their daily work. They have to make each individual understand that they can make a difference, no matter how young or old they are. Total Control of the Epidemic reaches out to each individual with messages about behaviour change, discussions, and debates, but first of all gives each individual a platform



Peers are often in a better position to convince others about the need of using condoms.



from where they can think and decide about their sexual life.

With a Field Officer working systematically with 2,000 people, TCE becomes a mass movement - each person taking their own part in reducing the spread, caring for the sick and taking appropriate action towards the fight against HIV/AIDS.

In the end of 2005 TCE was working in Namibia, South Africa, Mozambique and Zimbabwe covering a total population of 3.6 million people.

### Namibia

“The Global Fund to fight HIV/AIDS, Malaria and TB” is funding six TCE Areas in the Northern region of Namibia and 300 locals are employed as Field Officers for the next three years. Three more TCE Areas funded by CDC (Centre for Disease Control) started in the end of 2005. In total, 900,000 people will have one-on-one visits from the 450 Field Officers.

### South Africa

TCE is covering a total of 600,000 people. One area in Soweto has completed three years with TCE in August 2005; another area is in Limpopo Province, and four new areas have started in Mpumalanga Province funded by PEPFAR (The President’s Emergency Plan for HIV/ AIDS Relief, USA Gov.) through PACT.

### Mozambique

Mozambique has a big integrated TCE programme funded by the United States Department of

Agriculture (USDA) covering a total of 400,000 people in Sofala Province. The programme provides soy products to 2,900 families infected and affected by HIV/AIDS through TCE’s Direct Feeding Programme. Apart from this, 50 Soy Canteens (restaurants) have been set up throughout the four districts, providing cheap, nutritious food to the people and benefiting pregnant mothers, orphans and people living with AIDS.

Apart from districts supported by USDA, TCE is operating in Buzi District covering 100,000 people. This area is funded by the National AIDS Council (CNCS). TCE is also funded by KENMARE, an Irish company, to implement the programme within and around a mining area in northern Mozambique.

### Zimbabwe

TCE was first launched in Bindura District in year 2000. Since then 700,000 people have been reached through the one-on-one approach in Zimbabwe. Currently, TCE is being implemented in Mt. Darwin District, Mazowe and Mabvuku/Tafara covering a total of 400,000 people.

### Future Plans

TCE is designed to scale up. The plan is to expand into more areas in the countries, where TCE is already present, but also to negotiate our way into new countries. An expansion demands that TCE has the necessary leadership capacity in place, so currently 30 Special Forces are under training to take more challenging positions.



The women form clubs and support each other.



The Field Officer keeps an accurate household register.

## Every Field Officer counts

The Field Officer is in the centre of it all. Each Field Officer is responsible for 2,000 people and goes systematically from house to house, person-to-person again and again, until all the people have been reached and mobilised over a period of three years. Every single person has to be reached with information, education, counselling and mobilisation to take control of HIV/AIDS in their own lives. The Field Officer uses people's homes, his own home, and the cool shades under the trees as counselling places. The Field Officer meets people at their convenience and at no cost at all to the people. The TCE Field Officer is always available, as he lives there among the people.

The daily work of the Field Officer is to advocate and mobilise people for testing, to enable Voluntary Counselling and Testing services to come to the people's homes thereby reducing inconveniences and costs of taking a decision to test for the mobilised individual. The Field Officer is a mobile resource centre, library and condom distributor and helps individuals to reduce their own risks to get infected with the HIV virus through what is called the TCE Perpendicular Estimate System (PES) - a personal planning system for exactly that purpose.



The Field Officers meet every Friday to make status and plans.

The Field Officer uses appropriate gender and age sensitive approaches to each individual or group of people. Each person is given relevant information according to their age group - that is children under 15 years of age, adults above 15 years and pregnant women. The PES planning system involves a set of demands that an individual has to fulfill in order to arrive at a state we refer to as TCE Compliance.

The one-on-one approach helps the Field Officers to change their own lives as well. Examples from Field Officers working in Botswana and Zim-babwe:

“Since I started working with TCE I take good care of myself and I have seen the importance of raising my child with good care as well. I am a single parent. I used to have multiple partners, but now I have only one because I know the dangers involved in having more partners. I talk to my family and relatives about HIV/AIDS, since some of them are infected. I mobilise them to change their sexual behaviour”, Maria Tembo, TCE Field Officer - Mt. Darwin.

“I have always wanted a job that helps people. Being a Field Officer has changed the way I live. Now I don't just say 'yes' to a guy, because I have a determination to live longer and to see my child grow up. Now I know that partners have to talk to each other”. Galaletsang Motswetla - Field Officer Francistown.

The Field Officer's work involves referrals for VCT, (Voluntary Counselling and Testing), Prevention of Mother to Child Transmission, ARV (Antiretroviral) and other national programmes. In his field of 2,000 people, the Field Officer promotes individual sexual behaviour change, positive living, healthy eating, abstinence, and he promotes condom use where relevant. The TCE Field Officer is there to provide people with information so they can make their own decisions, based on the reality they are facing.

The TCE Field Officer is also mobilising people to be active in the fight against HIV/AIDS and to work as volunteers. These people are called TCE Passionates; people who volunteer their time and use their passion for other people to work side by side with the Field Officer to support people infected and affected by the epidemic.

The TCE Field Officer is mobile and does not rely on the will or determination of the client to come back. He provides community friendly or rural friendly services, no reception, no secretary, no waiting in a queue and no time prescribed services. The Field Officer is simply available for his people.

### **The Field Officer Training**

After the three years it takes to reach Total Control, the Field Officers have become qualified in community mobilisation through experiences and the education system that they have gone through. At the start of TCE in each Area the Field Officer undergoes an intensive four week training with three weeks of theory and one week of practical training. Not only about TCE and HIV/AIDS, but also about community approach, the challenges in the field and about Humana People to People. Apart from this initial training, the Field Officers meet with their leadership every Friday, called Friday Troop Meeting, where different professionals and non-professionals are invited to facilitate different topics.

The Field Officers are trained as Counsellors, a course which takes six months and ends with an examination and an internal diploma. The objectives of this course is to assist the individuals, who want to take an HIV test, so they understand and are prepared for the result, and to assist those who test positive to come to terms with their situation and get into a positive life. This course moulds the Field Officer into becoming good at mobilising the people and keeping people's life experiences confidential. The Field Officers study the tasks from the Counsellor's Manual and practice in the field when they go from house to house.

Because of the counselling skills and practical experiences gained through the Field Officer's day-to-day work, individuals become open about

their HIV status, and they become confident to disclose confidential information to the Field Officers. Positive living courses are then carried out with those who choose to gain more knowledge about how to live longer with the virus. Apart from the Counsellor education, the Field Officers also go through a "Field Officer as an Educator" course.

The Field Officers are organised in groups of ten. One group of 10 is called a 'Patrol', and one of the 10 is the Patrol Leader. A Troop with 50 Field Officers has 5 Patrols. It is within the Patrol that the weekly results are discussed, shared and qualified. The Patrol Leader, although also a Field Officer, has the task of gathering the members of his Patrol and initiating discussions that lead to the Patrol's better performance.

The Patrol meets every week or every second week depending on the Troop set up. In a settlement, for example in town where the houses are close together, the Patrol meets every morning. Once a week the Field Officers meet as a Troop where they submit their weekly results, go through their education either with tasks from the manuals or with contributions from professionals from other institutions.

The Field Officers create a whole movement of Passionates, who support them in their daily work.

Some of the Passionates run Income Generating Projects and provide Home Based Care, assist the Field Officers in mobilising the people in the field, take care of orphans, or lead a youth group. The Field Officers work with all relevant ministries and other NGOs in their Fields.

Many former Field Officers from Botswana, Zimbabwe, South Africa and Mozambique have continued their employment within the TCE programme and are now leading in the struggle in new TCE Areas in their own countries or abroad. They may also be employed locally as counsellors, Programme Officers, advocates for action against HIV/AIDS in their own communities in cooperation with the Government or other organisations, or they have opted for further training to become nurses or other health professionals.





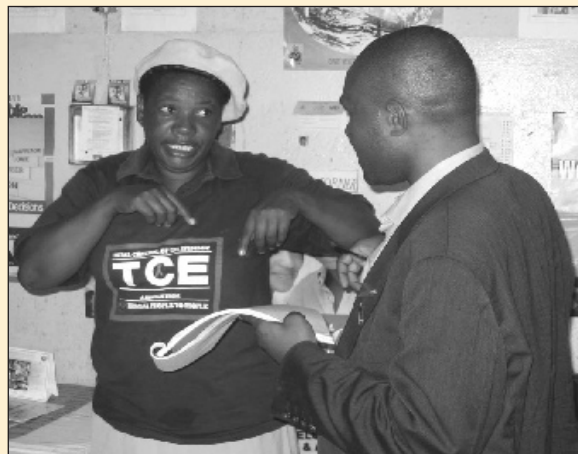
Interviews for selection of TCE Field Officers in Namibia.



The Field Officers are trained from the start to the end of the TCE programme.



TCE Field Officer visits a family.



The TCE staff is dedicated and eager to discuss HIV/ AIDS issues.



Discussion with a man about condom use.

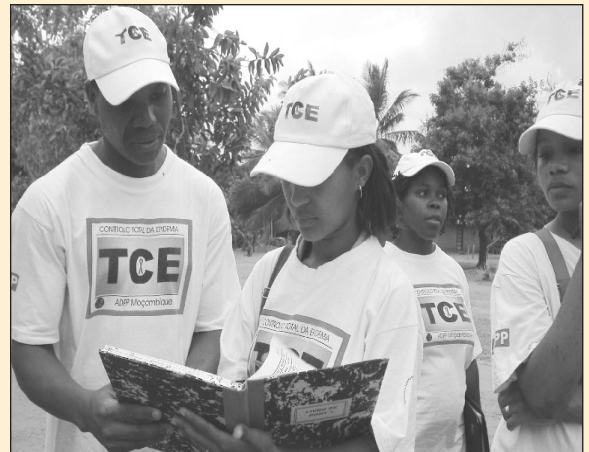


There is good comradeship among the TCE Field Officers.





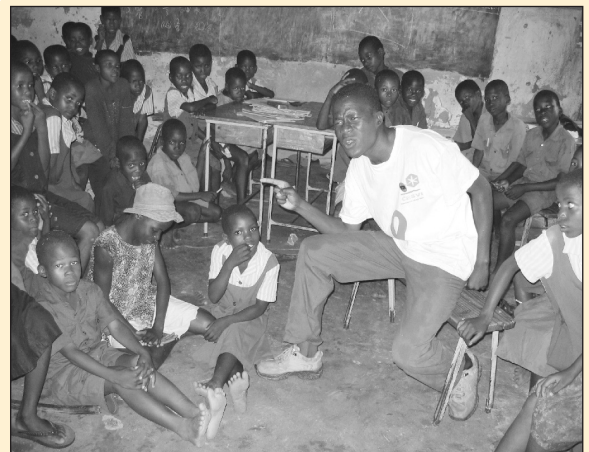
A TCE Field Officer addresses a meeting with other Field Officers.



The Field Officers keep record of their work and show it to their leaders.



Troop meeting - the Field Officers meet regularly to discuss the way forward towards total control.



The Field Officers visit schools and discuss with the children.



The Field Officers visit workplaces and discuss with the workers.



TCE is a mass movement with many people participating.

# The Achievements of Total Community Mobilisation in Botswana

In Botswana, Total Control of the Epidemic is known as TCM - Total Community Mobilisation. The TCM campaign was completed in March 2005. In Botswana, the programme was running over 3 ½ years, covering 9 Areas and reaching out to 900,000 people.

The idea of TCE/TCM is to mobilise the population in Botswana to take control of the Epidemic, each and every person taking control of the prevention of HIV/AIDS in their personal life.

The TCE household register, which is a tool used by each Field Officer to keep records of the people, showed that the Field Officers had reached 663,220 people on one-to-one basis with information about HIV/AIDS prevention after the 3½ years. In average each person had been visited twice, as the total number of visits by the end of March 2005 was 1,522,928.

We have quoted people from Government and CDC/BOTUSA, who are our partners in Botswana about their opinion of the TCM programme.

Quotes from the Minister of Health of Botswana Professor Sheila Tlou:

“The Government has benefited a lot from TCM Officers in the sense that if you look at

Botswana, people say that such a percentage of the population is infected, but we have to remember that where 17% of the population is infected we are actually saying that 83% is not infected.

So this is where TCM comes in. Prevention, so that our only hope is that the 83% that are not infected remain uninfected and TCM has been very helpful in that, because they have been going around visiting people, visiting families, door-to-door and ensuring that people are aware of what HIV/AIDS is, that it's not witchcraft, it's not magic, it's really a disease that can be prevented and on that score they have been helpful to give families information first hand.”

Marion Carter, Behaviour Change Communication Section Chief from BOTUSA/CDC Botswana comments on the Humana People to People Botswana TCM programme:

“I first got to know them from the important role they played in our own strategic planning processes and over time I learned more about their tireless and critical work to help prevent and mitigate HIV/AIDS in communities across Botswana. It is not common to find an organisation that truly works on grassroots level, but



TCM in Botswana was visible in every area where they operated.



TCM kept public records on big boards about the progress of the programme.

still reaches hundreds of thousands of people over one year. TCM's accomplishments are impressive and its contribution to the HIV/AIDS responses is unique. This kind of work needs to continue."

### **Passion for People**

The TCM Field Officers have been assisting 489,180 people or 54% of the people in the areas covered by TCM to make individual plans of action to take control of HIV/AIDS. 60% of the people, who have made plans (298,330 people) have changed their life style and have complied with the demands of being in control of HIV/AIDS referred to in TCM as TCE Compliance.

The TCM Field Officers training and personal commitment have been keys in this process. The TCM Field Officers themselves have been through a process of changing their sexual lifestyle. A good number of them have been described in the TCM Publications: "The Challenges we Face" and "Life change".

We best recognise the hard work of the Field Officers by the words of the President of the Republic of Botswana, His Excellency Festus Mogae, who said the following in his Independence celebration speech on 30 September 2005:

"Bagaetsho, as the saying goes, I quote: "Within each one of us there is a seed of greatness." It is also said that adversity brings out the best within us. The truth behind these two statements has been clearly demonstrated in our fight against HIV/AIDS. Many of our fellow citizens have, without any material reward, volunteered their time and resources towards the fight against the disease and clearly demonstrated their greatness".

The TCM Field Officers mobilised 30,715 people to become active in the Passion for People Movement. The Passionates are the people, who care and mobilise others to take control of their lives.

The efforts of the Field Officers were well supported by the TCM leadership, the community leaders and the community itself. Examples are in abundance. The Chief in Tutume would always invite Mama Kudakwashe and her Patrol in

Tutume to make a presentation at the Kgotla meeting. The Councillor in Ratholo had an HIV test done and led the village to go for testing. Tebelopele in Palapye and Francistown worked with the Field Officers to bring vital services to the doorstep of many people in remote areas.

### **TCM Field Officers have been the link to the hospitals and health services**

TCM Field Officers have counselled and mobilised 118,047 people to go for HIV Testing. This included mobilisation to go for ARV's if needed and to join TRIO Support groups.

Dr. Chipambwe, Senior Medical Officer of Serowe-Palapye Sub District expressed in an interview the following:

"TCM in this district has performed wonders, I think the leadership has been exceptionally good because they were able to network with everybody. Their presence was felt in every village. They were operating through our clinics, and they participated in all health activities. They are a very handy group in the sense that they are acceptable to the community. Everywhere you mention TCM to the community people know, because the TCM presence was felt through their good work.

TCM Field Officers also identified orphans, and referred them to the relevant places like the Social Welfare. TCM also identified orphans who would otherwise not be registered, because the TCM officers went right into the village to the very doorsteps of each household, where they made an accurate register of orphans, even potential orphans. There is interest in knowing how many potential orphans we can expect in the district so that we prepare ourselves, and TCM was doing this for us".

### **What makes TCM work**

According to TCM's management staff's own experiences there are a number of aspects, which has made the TCM programme work. Some of the main factors are:

- The capacity to identify, timely recruit and appropriately train the right Field Officers. This capacity was developed over the years and over the region where the TCM programme is being implemented.



- The solid structure that makes the frame of the TCM programme complete with its military derivatives, and the complementing philosophy of being in command without commandeering, the humble belief in the human spirit as embodied by the humane motto that “It is only the people who can liberate themselves from the epidemic.”

- The programme tools that are a combination of thorough thinking, shared ideas and life experiences.

The understanding of what it takes to fight HIV/AIDS and that it can only come from working at the grass root level, where the local headman and chief, ward councillor, clinic matron, Home Based Care coordinator and school head teacher become the constantly consulted technical experts.

- The mix of international volunteers, experienced and solid regional staff with many years of community development experience and the ambitious national staff, who are all eager to see results.

22 TCE Areas in Operation  
Reaching out to 2,150,000



15 TCE Areas completed  
Reaching out to 1,450,000



★ A TCE area = 100,000 people

3 year TCE Campaign

Country	Areas	Location	People
Zimbabwe	2	Mt. Darwin	200,000
	1	Mazowe	100,000
	1	Mabvuku - Tafara	100,000
Mozambique	1	Gorongosa	100,000
	1	Nhamatanda	100,000
	1	Lamego	100,000
	1	Dondo	100,000
	1	Buzi	100,000
South Africa	1	Moma	50,000
	1	Tshepisoong	100,000
	1	Waterberg	100,000
Namibia	4	Bohlabela	400,000
	6	Northern Namibia	600,000

3 year TCE Campaign

Country	Areas	Location	People
Zimbabwe	1	Bindura	100,000
	1	Shamva	100,000
	1	Zhombe	100,000
Botswana	1	Tutume	100,000
	1	Francistown	100,000
	1	Maun	100,000
	1	Selebi-Phikwe	100,000
	1	Serowe	100,000
Mozambique	1	Palapye	100,000
	3	Gabarone	300,000
	1	Boane	100,000
South Africa	1	Costa do Sol	100,000
	1	Bram - Fischerville	50,000

# AIDS - a Disease of Poverty

## A global view

From the UNAIDS Report on the AIDS Epidemic update in December 2005, the serious situation the World is faced with is clearly stated:

“AIDS has killed more than 25 million people, since it was first recognised in 1981, making it one of the most destructive epidemics in recorded history. Despite recent, improved access to antiretroviral treatment and care in the many regions of the world, the AIDS epidemic claimed 3.1 million lives in 2005; more than half a million (570,000) were children.

The total number of people living with the HIV virus has reached its highest level; an estimated 40.3 million people are now living with HIV. Close to 5 million people were newly infected with the virus in 2005.”

Hardest hit is Sub-Saharan Africa where close to 25.8 million people are living with the virus at the end of 2005, almost 1 million more than in 2003.

The worldwide geographical distribution of HIV is very uneven. In fact it is so uneven that it is and has been a source of constant wondering. It is clear that multiple factors are involved as the background for this uneven geographical distribution of HIV, and most of them come down to one and the same factor - poverty.

Zimbabwe, as an example, has a population of about 13 million and between 1.5 and 2 million people are infected with HIV.

Almost 1 million are orphans, and 10 percent of all newly born babies are born with HIV infection. These figures are from a survey carried out by WHO and UNAIDS.

Only 17 years ago the big picture was very different.

In 1987 the first global overview of AIDS cases was made by WHO. The total number of AIDS cases worldwide was 49,329 and out of these, the majority, namely 35,219 were found in USA, 5,012 were found in Europe and 4,363 were

found in Africa. At the time the AIDS cases in USA were 8 times the number of AIDS cases in Africa and 7 times those in Europe.

In only 18 years this epidemic has exploded and almost 2/3 of the world's HIV infected people are found in Sub-Saharan Africa.

## The HIV virus is incapable of infecting alone

Let us take a look at the small picture, the microscopic picture, and examine the nature of HIV.

First we look at the immune system in general and how it is interacting with germs, viruses and bacteria.

The immune system consists of a long row of so called white blood cells, of which one type is called CD4, an abbreviation for Cluster Differentiation number 4.

The CD4 cell is playing a crucial role in our immune response. It is helping all other white cells to do their job, and kill or neutralise bacteria and virus.

The CD4 cell is normally at rest, only when a foreign bacteria or virus has entered the body it becomes activated. It sticks out an arm with a receptor at the end; this arm can get hold of another cell in the immune system, the B-cell, and activate it to produce antibodies against the bacteria or virus.



The grandmothers do a great job in looking after orphans - they also need support.

All hitherto known bacteria and virus that enters the human body will cause activation of the CD4 cell.

The HIV virus does not cause activation of the CD4 cell. HIV does not activate the CD4 cell by itself.

But HIV is known to infect the CD4 cell and thereby destroy the immune system. How can it then do that? It can only do that if another bacteria, virus, fungus or parasite is also present.

The HIV virus is actually very difficult to transmit from one person to another.

The transmission rate of HIV is very low - 0,1 % in heterosexual relations, when no other co-factors are present. It means that statistically it takes 1,000 sexual intercourses to transmit the virus, so obviously the explosion of the epidemic is not caused by sexual behaviour as the only factor.

TB, malaria, worms, STDs and poor nutrition are fueling the HIV epidemic.

If other diseases, like TB, malaria and worms were mapped geographically over the world like HIV, we would have a similar picture. A very uneven distribution world wide of these diseases, approximately with same geographical distribution as HIV.

It has been shown scientifically, that in people with chronic worm infections the CD4 cells

are chronically activated and very susceptible to the HIV virus compared to people without chronic worm infection, where the CD4 cells are at rest.

In other words, a chronic infection or an untreated infection in combination with risky behaviour changes the transmission rate of HIV completely from being extremely difficult to being extremely easy.

This means that in resource poor settings, where the majority of people have untreated or chronic infections, HIV spreads like a fire. This is the case in Sub-Saharan Africa.

Chronic or frequent infections, no treatments together with poor nutrition fuel the epidemic. Poverty leads to AIDS, high transmission rates and fast track deaths.

### **Beat poverty - beat HIV**

The weak point of HIV is that it is almost fully dependent on other germs to activate the immune system in order to get into the CD4 cell and infect it. So our weapon against HIV is to defeat all other diseases.

It should be possible, as the diseases that we are talking about all have a known cure and prevention.

With proper control of other well known diseases like worms, TB, malaria, diarrhoea, sexually transmitted diseases etc., HIV would not be able to infect and spread.

We therefore recommend to follow 10 Rules of Survival. Many of them are based on the above mentioned facts.

The 10 Rules are :

- 1 Clean drinking water
- 2 No worms - including bilharzia
- 3 Food including proteins to all
- 4 Multi-vitamins and minerals
- 5 CMX - Cotrimoxazole a minimum treatment for all HIV infected
- 6 In control of TB
- 7 In control of malaria
- 8 In control of re-infection as well as HIV infection
- 9 Hygiene, personal and in the community
- 10 Comprehensive ARV treatment



Husband and wife support each other all the way through.