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Global Health

SUCCESS STORIES

HIV/AIDS

Ethiopian Burial Societies Turn Their Attention to the Living

IDIRS, TRADITIONAL ETHIOPIAN COMMUNITY GROUPS dedicated to helping families bury their dead, have recently taken on an important new role to serve the living. They have begun to address the needs of people living with HIV/AIDS.

Ethiopia is estimated to have the third highest number of people living with HIV/AIDS in the world, after South Africa and India. Government sources indicate that more than two million people are living with HIV/AIDS, 200,000 of them children. The current HIV prevalence in Addis Ababa is estimated at over 15 percent; in urban areas, hospital bed occupancy by AIDS patients reaches nearly 60 percent. An epidemic of this scale places serious demands on an already over-extended and ill-equipped health care system, creating a gap that can only be filled by home care.

By contributing their own human and financial resources, *idirs* are helping to dramatically reduce the expense of home-based care.

Burial societies, known as *idirs*, are found throughout the country, and almost all Ethiopians are involved with one, personally or through their families. Members make small monthly contributions, and when a death occurs, the *idirs* provide practical help during the funeral and the three- to seven-day mourning period that follows. Recognizing their prominent position in Ethiopian communities, Family Health International, with funding from the U.S. Agency for International Development (USAID), has joined forces with the *idirs* to bring home-based health care to thousands of people with AIDS, as well as other chronic illnesses.

According to Dr. Ashenafi Haile, head of the HIV/AIDS Prevention and Control Office, "There is no other way you could reach so many people." Indeed, the participation of community groups is essential to sustainable, good-quality home care. Ethiopia is one of the five poorest countries in the world, with an estimated per capita gross national product of just over \$100. Working through an established group that is already providing a recognized and valued community service ensures the efficient mobilization and use of limited resources. By contributing their own human and financial resources, *idirs* are helping to dramatically reduce the expense of home-based care. For example, transporting volunteers, a difficult and costly endeavor for a more distant health care

provider, poses no problem for the *idirs* because they live in the community, making more frequent—and in some cases, daily—home visits feasible.

Another advantage of care provision through *idirs* is the community respect they command. People living with HIV/AIDS in Ethiopia—where many still believe that HIV infection is a punishment for sins committed—face considerable discrimination. The fact that respected members of the local *idir* are involved in their care is gradually reducing the stigma these people have suffered.



Photo courtesy of Family Health International.

In May 2003, 1,500 *idir* representatives met to share their experiences and work together to identify how the best possible home-based care can be provided.

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More than 250 volunteers from 20 *idirs* in Addis Ababa have been trained so far by Family Health International and have initiated what is expected to become the country's largest home care program. In May 2004, 40 additional *idirs* began recruiting volunteers to be trained in care provision. Family Health International is now expanding this model of community-based care to ten other towns in Ethiopia.

<http://www.fhi.org>

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