

Avian Flu and HIV/AIDS Program Impact

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This document is intended as draft guidance to IPPs and others involved in programming related to avian and pandemic flu. Please send comments, suggestions for improvement, and questions to Jodie Fonseca at jfonseca@dc.savechildren.org.

Suggested Best Practices

- SC should use its links to national and district-level health offices and its on-the-ground presence in communities to provide two-way communication about avian and pandemic influenza, facilitating dialogue from the “top down” and the “bottom up.”
- SC should work through existing structures such as youth groups, mass media, orphans and vulnerable children (OVC) committees, and home-based care (HBC) committees to help disseminate information and promote preparation for an emergency.
- Contingency plans should be set up to ensure the continuity of programs that deliver critical life-sustaining treatment (such as anti-retrovirals or treatment of AIDS-related opportunistic infections) or treatment that helps prevent HIV infection (PMTCT), where appropriate.
- Related to this, SC HIV/AIDS programs can investigate ways to ensure that AIDS patients continue to receive support through HBC even if they are isolated at home during an outbreak. HBC structures may be used as a mechanism for delivering home-based care for patients with pandemic influenza. Universal precautions and precautions specific to pandemic influenza must be practiced.