

Global Strategies

for HIV Prevention

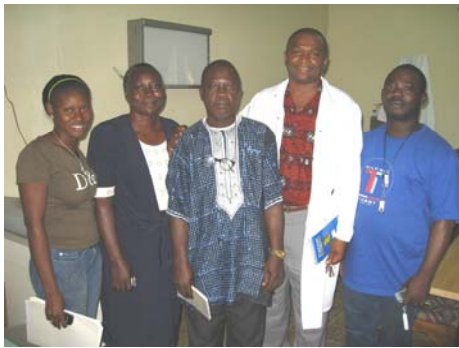


Newsletter
April 2008

"Africa carries 25% of the world's disease burden yet has only 3% of the world's health workers and 1% of the world's economic resources to meet that challenge."

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When Global Strategies for HIV Prevention was established 10 years ago, one of our major



goals was to train mid-level healthcare workers in resource poor countries to implement the remarkable advances in prevention and care that had been achieved in the United States. We conducted three international conferences which were attended by thousands of healthcare workers, and conducted workshops to respond to the need for more healthcare workers trained in HIV prevention and care. We had recognized that drug prices for the treatment of HIV were decreasing quickly and becoming more widely available, but asked the question, "Who will be trained to properly use these drugs?"

It seems strange that the need for thousands of healthcare workers is only now being recognized by international organizations. The World Health Organization's (WHO) goal of putting 3 million HIV-infected individuals on treatment by the end of 2005 came to an end with less than 1 million HIV infected individuals on treatment. The failure to acknowledge the lack of trained healthcare workers was the primary reason given for the inability to reach their goals. When the program ended, Dr. Jim Yong Kim, director of the program, dramatically and simple stated, "We have failed, failed, failed."

An important part of addressing the shortage of healthcare workers in sub-Saharan Africa is retaining the trained health professionals already there. There are many committed healthcare workers in sub-Saharan Africa who want to stay and work in their own countries, but the lack of health infrastructure, poor salaries, and the scarcity of continuing medical education leave even the most dedicated vulnerable to the lucrative contracts offered by other countries.

Global Strategies for HIV Prevention focuses on HIV prevention and care training in some of the poorest and under-resourced regions in recently stabilized countries. One of these is the Democratic Republic of the Congo (DR Congo) where we have conducted training workshops for mid-level healthcare workers, partnering with HEAL Africa, a faith-based hospital and clinic in Goma. We work with Dr. Vindu there who oversees the pediatric HIV clinic at HEAL Africa and is the only pediatrician in all of eastern Congo. She has more than 500 HIV-infected children in her care, with about half of them on treatment. She is more than a physician; she is an advocate and champion for the children, demanding the best for them whenever she can. When asked why she chooses to do this work, she stated in her ever-improving

English, "To help babies, to prolong their life, and to see them become very well after being very sick. When they die, I don't eat. They are not responsible for their disease. They are innocent. They die because of poverty. I want to see them live."



Dr. Vindu first knew she wanted to practice medicine in primary school—an amazing feat in a country with female education rates among the lowest in the world. She battled her way to medical school. In her first year of training she knew she wanted to be a pediatrician. With a radiant smile she says, "I think pediatrics is the best."

Working in a country that has been engulfed in a decade long war with a death toll of 5.4 million, the largest of any war since World War II, is tragically frustrating for dedicated physicians like Dr. Vindu. There are never enough medicines, never enough supplies, no help from the government, and government rules that are often more a hindrance than a help.

Last year, after many of her HIV-infected patients began treatment and should have been thriving, Dr. Vindu relayed to us that many of the children were still not doing well. Although the children were now receiving drugs to treat HIV, most of them had little access to food and were severely malnourished. Without adequate nutrition, the children were not able to tolerate the strong medicines meant to combat their HIV infection. Global Strategies responded by providing nutritional supplements to the children.

Retaining excellent physicians like Dr. Vindu requires better and consistently paid salaries, funding for continuing medical education and specialized training, attendance at conferences, and incentives such as scholarships for the children of health workers.

Global Strategies provides physicians like Dr. Vindu with salary support and continuing medical education programs. We also support a physician to oversee our HIV Prevention Program and a nurse who is implementing prevention of mother-to-child HIV transmission under our ***Save a Life program***. As the number of children requiring treatment increases dramatically, we are working to raise the funds needed to hire another physician to work alongside Dr. Vindu. If we hope to provide more children with access to lifesaving antiretrovirals and nutritional services, another physician is key.

Thank you for your support in the past. We are privileged to represent you through your donations as we bring encouragement to our partner healthcare workers in the Congo and elsewhere.

Arthur J. Ammann, M.D., President