



*National Geographic*

## Global Strategies for HIV Prevention

“Liberia: Strong donor commitment urged amid ongoing war.” Headline from the IRIN Plus News, the UN Office for the Coordination of Humanitarian Affairs *July 31, 2003*

Liberia, a small West African country of 3 million people, has been much in the news lately. Unfortunately, it has not been for good reasons. The people of Liberia, a country that was founded as a refuge for freed African slaves, now seek refuge themselves from the country's interminable civil war and political chaos. Exhausted by war, and in desperate need of humanitarian aid to meet their basic needs, they have pleaded for help from the outside world.

When Dr. Chuddy Nduaka contacted us to ask if we could provide nevirapine for a program in Liberia, we knew that granting the request would be difficult. Charles Taylor, the former President of Liberia, had lost almost all legitimacy, driven the countryside into rebellion, and precipitated the complete collapse of the country's social services. Some humanitarian organizations, faced with this situation, decided not to send funds or medicines to the country. Yet, we felt that the HIV-infected pregnant women in Liberia deserved as much help as those in any other country.

We decided to respond. But how could we do it with the political uncertainties and confusion? To ensure the safe arrival of the nevirapine and rapid HIV-test kits, we sent the supplies to Liberia through contacts in the neighboring Ivory Coast. These colleagues then moved the supplies to a clinic in Liberia. Thus began the first program in Liberia to prevent the transmission of HIV from mothers to their children.

A month after the supplies arrived in Liberia, the fighting escalated and the news media contacted us to ask if supplying nevirapine for pregnant women to prevent HIV infection should have the same priority as supplying other drugs. Would we continue to support a HIV prevention program in the middle of a war zone? (The implication being that this was a luxury).

Our response? "It is easier for individuals to understand things that are easily seen — the terrible wounds of war. What is less visible are the long-term consequences. In many wars in developing countries, more people, especially women, will ultimately die from HIV infection than the immediate impact of war. It is still vital that a balance is maintained in caring for both [types of] victims."

Plus News July 31, 2003

HIV prevention is not a luxury, even in the midst of a civil war. During any political turmoil of Liberia's magnitude, vulnerability to HIV increases. The toll of human suffering is great, not only for the combatants, but also for the women and children trapped between the warring factions. As troops invade, women and young girls are often raped. Those who flee to refugee camps often suffer similar injustices. Many women who are raped become pregnant and contract HIV from their attackers. Without medical intervention, many of their children will become HIV-infected as well.

HIV is a kind of viral land mine left behind by invading troops. Its impact smolders for years. There are no second chances with HIV. Once the virus is transmitted from an HIV infected mother to her infant, the infant is infected for life and no amount of treatment can eradicate the infection.

The point is that something can be done to prevent this from happening. In addition to caring for the wounded, sheltering the displaced, and feeding the hungry, it is vital that we work to save a future generation of Liberians from unnecessary suffering and early death.

*“It has become such a desperate situation for both the wounded and our patients being treated for HIV/AIDS. With only a few medical supplies left, how do we decide who receives priority treatment?”*

*Lilly Sanvee, director of St. Joseph Catholic Hospital in Monrovi, Liberia*

### **Jinja, Uganda Update**



Thanks to our many donors, and especially to Bayer employees, matching funds from the Bayer Foundation and the Robert James Frascino AIDS Foundation which have allowed the AIDS Orphan Education Trust (AOET) to start programs to prevent HIV transmission from mothers to their infants at the Walukuba Health Center. As a result of this project many women will receive this service for the first time.

In the project, an AOET representative based at the clinic will counsel pregnant women who are found to be HIV positive on treatment and care alternatives. These women and their infants will receive a single dose of nevirapine to prevent the transmission of HIV to the infant.

The project is already having an impact. Because more medicines are available at the clinic, the number of patients seen has increased to over 50 a day. AOET now cares for over 1,200 orphans each year, providing them with education and meals within the community. Costs are low; the quality of education is high. The salary for a fully qualified teacher costs only \$98/month; \$20 month will feed 10 children for one year; \$100/month provides a physician for two days to provide health care to rural villages.

Your support encourages us to continue to respond to needs that are often neglected by others.

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