



update SECURE THE FUTURE™

Ultimately, our actions will not be measured in dollars alone, but in the sustainability of the programs we support and in the enduring empowerment we provide to the people, the communities and the countries we seek to help.

— John L. McGoldrick, Executive Vice President, Bristol-Myers Squibb Company

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SECURE THE FUTURE — REFLECTING ON THREE YEARS

Secure the Future has completed three years of its initiative on the African continent. Through the Secure the Future program, more than \$50 million has been committed to over eighty grants in five countries in sub-Saharan Africa. Each grant, whether its purpose was to support advanced clinical research in HIV/AIDS or to assist community education about the disease through drama, has been a further step in achieving Secure the Future's mission of caring for and supporting women and children with HIV/AIDS.

Last year we committed a further \$15 million to four countries in West Africa: Senegal, Cote d'Ivoire, Mali and Burkina Faso, which have displayed a different prevalence and face different challenges.

Our approach has been to seek innovative, replicable and sustainable solutions to managing the impact of HIV/AIDS through partnerships with people and institutions in Africa and with like-minded organizations in the rest of the world. Our partners include governments, religious, medical and educational bodies, NGOs, communities and individuals – and the circle continues to widen. These public/private partnerships are built upon the three pillars of capacity building, medical care and research, and community outreach and education.

Unfortunately it is not possible to highlight the work of all the men and women who have faced the challenge with us. They have been daily witness to the misery inflicted by the pandemic and they have shouldered the burden with courage, creativity and tenacity. By selecting a few projects which illustrate our approach in each edition of this newsletter, we are paying tribute to all.

The journey continues.....



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Learning and sharing Conference a success

More than 100 representatives of AIDS service organizations from southern and west Africa attended the conference entitled "Sharing Our Lessons on Home-based Care" hosted by the Bristol-Myers Squibb Foundation Community Outreach and Education Fund in Johannesburg in November 2001.

Delegates shared experiences in community mobilization, the management and control of home-based care projects, how they tackled issues of poverty and food security, as well as legal and ethical challenges.

"A primary focus of the Community Outreach program is to fund models that are replicable and cost-effective. The conference hopefully achieved its aim of providing a fast-track

for organizations to share their experiences" says Phangisile Mtshali, Director of the Bristol-Myers Squibb Community Outreach and Education Fund.

Dr Monica Ferreira from the UCT Institute of Ageing who attended the conference had this to say: "It's been incredible to learn about the other projects that are happening out there. We are drawing lessons. We are all fired up to continue with our particular intervention projects, to strengthen them, to move in the new directions we've learnt."

Dr Ferreira is a Secure the Future grantee who has conducted a project which looked at ways of supporting older people caring for adult children and grandchildren with HIV.



*Archbishop Njongonkulu Ndungane
who gave the keynote address to
the Learning and Sharing
Conference*



MAY 1999

Secure the Future launched simultaneously in Washington DC and Johannesburg, South Africa.



AUGUST 1999

Fellowship Program in public health and public health policy launched at National School of Public Health at MEDUNSA, South Africa.



JANUARY 2000

First medical research and community grants awarded in South Africa and Botswana.



JULY 1999

Consensus-building workshop with the Technical Advisory Committee, Southern Africa.



OCTOBER 1999

Technical Advisory Committee agreed on guiding principles and terms of reference for grant funding. Gaborone, Botswana.



Dr Debbie Glencross

Work by **GLENCROSS TEAM** recognized by World Health Organization

A fall in the absolute CD4 T cell count is the hallmark of poor immunity and disease progression in HIV/AIDS. International bodies including the Centre for Disease Control in the United States have published standard guidelines to ensure the quality of CD4 tests conducted globally. Implementation of these guidelines is, however, expensive and inappropriate for use in the developing world.

In 1998, Dr Debbie Glencross of South African National Health Laboratory Services (NHLS) embarked on a mission to identify a simpler, substantially cheaper method of counting CD4 cells that did not compromise on quality. Bristol-Myers Squibb's Secure the Future program awarded Dr Glencross a research grant in 2000.

"The grant from Secure the Future opened many doors for the NHLS," says Dr Glencross "including affording us the opportunity to secure important intellectual property rights related to CD4 testing."

Recent international interest in AffordCD4 suggests that the novel cost effective method of CD4 T cell testing may have a major international impact with its unique approach to quality and cost reduction. The World Health Organisation has accepted Dr Glencross' PanLeucogating technique (pan = all, leucocytes – white blood cells) as a guideline and has expressed interest in extending its use throughout Africa. With support from WHO and QASI (Health Canada – Quality Assessment Scheme Immunology), Dr Glencross and the NHLS are enabled to implement local and African Quality Assessment Schemes for CD4 testing, including teaching and training programs and the supply of affordable generic reagents, currently manufactured by the South African NHLS.

You can read more about AffordCD4 and related projects on the website: www.AffordCD4.com.

Milestones



FEBRUARY 2000

Grant awarded for HIV/AIDS Reference Laboratory in Gaborone, Botswana.



MARCH 2000

Additional \$15 million support committed to four West African countries.



JULY 2000

13th International AIDS Conference in Durban, South Africa, STF's Artwork for AIDS launched. Community Symposium on Sexual Violence Against Women and Children.



FEBRUARY 2000

First Swaziland grant awarded – Rural Health Motivators.



MARCH 2000

First Namibian and Lesotho Community Outreach and Education Fund grants awarded.

Study Highlights the importance of the elderly as primary caregivers

A Secure the Future Community Outreach and Education Fund grant to the UCT Institute of Ageing and community-based partners, responded to needs identified in an earlier study, to assist in empowering grandmothers who care for children and grandchildren affected by HIV/AIDS.

The aim of the project was to build capacity amongst the elderly and equip them to cope better and more effectively with their caregiving responsibilities and personal situations. The project was hosted by St Luke's Hospice in Khayelitsha, Cape Town. Other partners included the SA Red Cross Society, and CBOs Ikamva Labantu and Neighborhood Old Age Homes.

The earlier study, which had been undertaken in Crossroads, Guguletu, Khayelitsha and Nyanga had found that grandmothers faced pervasive, desperate poverty in their households relating to food, paying for schooling, transport to medical treatment for PWAs and paying for membership of a funeral society for dying PWAs; a lack of resources and bureaucratic barriers to the access of entitlements; emotional trauma experienced by the grandmothers, and the physical burden of caregiving and deteriorating health.

Sixty-seven people participated in the 4-month Secure the Future follow-up project. The workshops covered HIV/AIDS information, AIDS stigma, home care, grants, nutrition, business skills training, arthritis, disaster relief, bereavement, food gardening and human rights. Support groups were informal sessions where women engaged in productive and stress-relieving therapies and where knowledge gained from the workshops was reinforced.



Through the project, poverty in the grandmothers' households was addressed and in some instances alleviated through a co-operative to sell second-hand clothes. Several women were assisted to apply for pensions, disability and foster-care grants for orphaned grandchildren. The great need for AIDS-related information and home-care training for grandmothers was highlighted, and grandmothers regained some pride and self-esteem as a result of their new knowledge.

Women benefited from sewing and crocheting, food gardening and life skills training, and participated in meaningful leisure activities which offered some relief from their household situations. The project also offered exceptional opportunities for the women in the groups to "speak out" on HIV/AIDS and thus to contribute to the destigmatization and management of the disease more broadly in their communities.

The sustainability of the project was ensured by the formation of an initiative "Grandmothers Against Poverty and AIDS" (GAPA) which intends to apply for registration as a community-based organization. GAPA continues to meet under the management and support of St Luke's.

The model developed and implemented in the intervention is to be disseminated in various formats for adoption and refinement or replication by NGOs which serve older populations affected by AIDS in other settings.



JUNE 2001

Consensus-building workshop and launch of West African project.



NOVEMBER 2001

First West African technical Advisory Committee meeting held.



JANUARY 2002

Dr Glenda Gray, leader in MTCT research and a STF grantee, receives Nelson Mandela Humanitarian Award.



NOVEMBER 2001

HIV/AIDS Nursing Curriculum launched.



NOVEMBER 2001

Learning and Sharing Conference, Johannesburg, South Africa.



Leaders in perinatal HIV research win the NELSON MANDELA AWARD

Co-recipient of the 2002 Nelson Mandela Award for Health and Human Rights, Dr Glenda Gray, has achieved much acclaim for her work at the Perinatal HIV Research Unit situated at the Chris Hani Baragwanath Hospital in Soweto. Dr Gray shares the award with Professor James McIntyre, co-director of the unit. The award is presented to individuals who demonstrate extraordinary leadership, personal commitment and accomplishment in the effort to improve the health of underserved populations.

Dr Gray, with Professor McIntyre, provided the vision and expertise necessary to develop the research unit into a world-renowned clinical research and epidemiology centre. The unit, established in 1996, is involved in research, training, national and international policy formulation and advocacy on issues concerning HIV and AIDS, particularly in women and their children. More recently it has focused on investigating affordable means of preventing mother to child transmission of HIV.

The use of Nevirapine in the prevention of the transmission of HIV from mother to child during birth has been well researched and results widely accepted. Studies involved the administration of Nevirapine to both the mother, antenatally and baby, postnatally. The team, under Dr Gray's direction, is investigating the efficacy of one dose of Nevirapine in preventing transmission of the virus when administered to the baby only. This study of Nevirapine as a post exposure prophylactic, sponsored by Bristol-Myers Squibb's Secure the Future program, is being conducted on a total of 1 060 infants born to HIV positive women attending maternity clinics in Soweto, Coronation in Gauteng and Mowbray in the Western Cape.

Pregnant women attending the clinics who have not had an HIV test prior to giving birth are offered the opportunity to sign on the Nevirapine trial. Those who elect to join the trial are given the test soon after they have given birth to determine their HIV status. Babies of women who test HIV-positive are given a single dose of Nevirapine within 24 hours of birth.

Mothers are counselled on the advantages and disadvantages of breast versus bottle-feeding the children and advised according to their individual circumstances, allowing them to make the ultimate choice of feeding their infant. The sub-group of breast-fed babies is monitored to establish the rate of seroconversion and HIV transmission through breastfeeding.

Initial results indicate that a single dose of Nevirapine, administered orally to the baby at birth is effective in preventing transmission of the HI virus. "A single dose of Nevirapine costs a few cents whereas a 6-week course of AZT costs almost \$20," points out Dr Gray. "As only a single dose of Nevirapine is needed, and administered at the hospital, we don't have any problems with patient compliance and ensuring people take the correct dosage," she adds. To date there has been no evidence of any side effects to the drug. Complete results of the trial will be presented at the International AIDS conference scheduled to take place in Barcelona in July this year.

Nevirapine as a post exposure prophylactic has also been successfully used in rape victims and needle-prick injuries.

Harnessing existing resources in Swaziland for HIV/AIDS prevention and home-based care

Swaziland has been deeply affected by the HIV/AIDS pandemic. Prior to its onset, the health status of the Swazi people had been improving steadily. However, with 25% of the population estimated to be HIV-positive, hospitals and clinics can no longer care for all patients. One of the Swazi Government's programs to address this, involves volunteer community health workers called Rural Health Motivators (RHMs) who educate community members on prevention of diseases and promotion of health.

Partner organizations included the Swaziland Ministry of Health and Social Welfare, Faculty of Health Sciences at the University of Swaziland, College of Nursing at the University of Illinois and Missionary Sisters of the Sacred Heart (Cabrini).

The objective of the Secure the Future grant was to develop an HIV/AIDS curriculum program for 3 000 Rural Health Motivators, to be trained in HIV/AIDS prevention, care, support.

To date, a curriculum and training materials have been developed, all planned training for the year has been completed and many communities have been mobilized. Monitoring tools have been developed.

Despite enormous constraints, due largely to the increased number of orphans and sick people in the community and the lack of resources for basic medical supplies and even food, the Rural Health Motivators training program has been largely successful as the Swazi people feel that they "own" community home-based care. People are visited in their homes by people they know and have common interests with whereas in hospital this is not always possible.



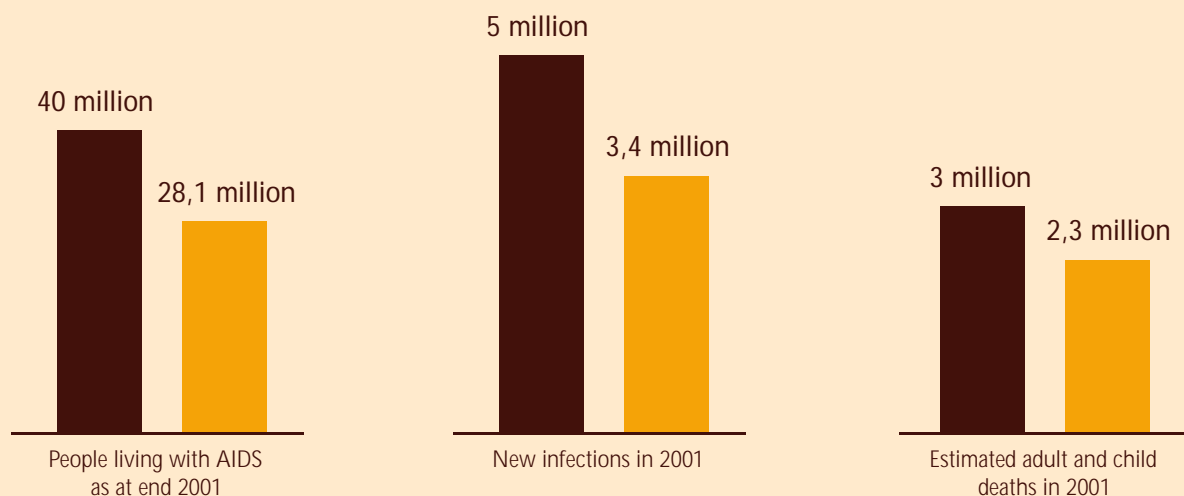
Before and after

The recently completed Botswana-Harvard HIV Reference Laboratory (*Right*). A Secure the Future medical research grant for the equipment for the original Reference Laboratory (*Left*) was awarded early in 2000, and will be transferred to the new building.



AIDS EPIDEMIC UPDATE

The World Health Organisation – UNAIDS report "AIDS Epidemic Update" (December 2001) highlights the impact of HIV/AIDS on Women in Africa.



Positive adults who are women = 55% in Sub-Saharan Africa. This bias towards female infections is the highest in the world.

■ Sub-Saharan Africa ■ World total