



The President's Emergency Plan for AIDS Relief

March 2006 Newsletter

A Monthly Update on the U.S. Commitment to Turn the Tide Against Global HIV/AIDS

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ANTIRETROVIRAL TREATMENT GIVES RWANDANS A SECOND CHANCE



In 2005, 15,900 people received antiretroviral treatment (ART) in Rwanda, provided with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). One beneficiary of PEPFAR support is Eleda Mukamurara, the first ART patient in Rwanda treated with U.S.

Government support. Eleda is proud to be a representative of the progress that Rwanda has made in the fight against HIV. "I forget that I have HIV, I feel so well. Then I hear that it is World AIDS Day and I remember, that includes me!" she exclaims with a laugh.

Before Eleda began ART, this was not the case. Eleda weighed just 37kg (81 lbs), needed a stick to walk, and was battling tuberculosis. She was lonely, having lost her husband four years earlier to an undiagnosed illness. After she discovered that she was HIV positive, she shared the news with her family and neighbors. Her neighbors rejected her, refusing to allow their children to play with her eight children, and her brother accused her of being a prostitute. She was plagued by a recurring nightmare about her own death and would wake up terrified about her children's future.

In 2003, Eleda turned to the Biryogo Community Clinic for treatment. The Clinic is situated in one of the poorest areas of Kigali, which has one of the highest HIV prevalence rates in the country. At the Clinic, the Emergency Plan supports training for the nurses who care for patients on ART. The Clinic is considered a model for community health care in Rwanda. The thorough follow-up provided by the nurses has helped patients adhere to ART. The doctor and nurses offer in-house training for other health workers, who generally come and work at the Clinic for two or three weeks and then return to their health centers with lessons learned.

For Eleda, PEPFAR support for the Biryogo Community Clinic meant that she was seen by a nurse every day for the first six weeks of her treatment. The daily visits helped Eleda adjust to the discipline of tak-



Photo by Rwanda In-Country USG Team

Eleda Mukamurara, the first patient in Rwanda receiving antiretroviral treatment with U.S. Government support.

ing antiretroviral drugs daily. After six weeks, Eleda only visited the Clinic once a week. Within six months she showed a marked improvement and was able to take in some washing and ironing from neighbors to make some money.

With new confidence, Eleda became involved with an association of people living with HIV/AIDS. In addition to providing members with an opportunity to support one another, the association also offers nutritional support through food rations. Eleda shares her love of life with association members and people at the Clinic who have recently found out that they are HIV positive. "I tell them, look at me! I am well. Don't worry, you can be healthy and carry on with your lives."

Eleda has seen a big change in HIV awareness, which has had a positive impact on her life. Today, she says that people know more about HIV and talk freely about their HIV status. Her neighbors are once again her friends and she has rebuilt her relationship with her brother. Most importantly, Eleda has been able to continue to care for her eight children.

OVERCOMING STIGMA TO EDUCATE OTHERS: A PERSONAL STORY FROM NIGERIA



Overcoming stigma is an issue still facing many HIV-positive people throughout Nigeria. With the support of the Government of Nigeria and the Emergency Plan for AIDS Relief (PEPFAR), people infected with HIV are beginning to reveal their status and get involved in community activities to fight the disease.

One such person is Dan Shehu, an itinerant laborer from Givanyaro in Sokoto State, who discovered that he was HIV positive while being treated in a Lagos hospital for an acute illness. He returned to his home village, full of despair over the diagnosis. At the PEPFAR-supported Usman Danfodiyo University Teaching Hospital, he received HIV/AIDS awareness information and counseling, and then began to make secret visits to the hospital in order to receive antiretroviral treatment. He kept his HIV status a secret, due to the high level of stigma and ostracism in the community towards people living with the disease, as well as mistaken beliefs that it could be transmitted through casual or social contact.

The hospital is making de-stigmatization an important aspect of its activities to reverse the pervasive problems of stigma, not only in the university, but also in the wider community of dispersed rural settlements. Migrant work is common during the dry season, often leading to the spread of HIV/AIDS through sex with multiple partners.

The hospital's program encourages local leaders and other influential villagers to actively participate in



Photo by Nigeria In-Country USG Team

Dan Shehu disclosing his HIV-positive status to local community members.

an anti-AIDS campaign. The Mogaji (Village Head) of Givanyaro has pledged his village's support for people living with HIV/AIDS.

Dan Shehu made the decision to reveal his HIV status, leading to frank and open discussions throughout the village on HIV/AIDS. Several of the villagers have since visited the counseling and testing center on the university campus (also established under the PEPFAR grant to the university) to determine their HIV status.

Dan Shehu is finding growing acceptance in his small village and he continues to share his experience with fellow villagers. Through such discussions, many are learning how to avoid contracting HIV and what steps to take to seek treatment if it is needed. Through their efforts, Dan and other villagers are helping the community root out stigma and discrimination.



Photo by South Africa In-Country USG Team

DYBUL VISITS SOUTH AFRICA

Dr. Mark Dybul, Deputy U.S. Global AIDS Coordinator and Chief Medical Officer, traveled to South Africa from February 15-20 and visited Emergency Plan-supported sites in Gauteng, Mpumalanga, Kwa-Zulu Natal and Western Cape Provinces. He also participated in the Enhancing Quality of Care meeting with PEPFAR partners and met with national and provincial health authorities. Part of his trip was dedicated to visiting programs featuring innovative public-private partnerships that will have a significant impact on HIV/AIDS. Dybul offered support and encouragement to PEPFAR implementing partners as they continue to make a real impact on the lives of thousands of South Africans.

ACTION TODAY, A FOUNDATION FOR TOMORROW PEPFAR SECOND ANNUAL REPORT TO CONGRESS RELEASED



On February 8, Secretary of State Condoleezza Rice and Ambassador Randall L. Tobias announced the release of "Action Today, A Foundation for Tomorrow", the Second Annual Report to Congress on the President's Emergency Plan for AIDS Relief. The Report highlights the Emergency Plan's unprecedented contribution over the past two years to help combat one of the worst pandemics in human history.

People are alive today because the United States has turned its words into action. At the time President Bush announced the Emergency Plan, only an estimated 50,000 people in all of sub-Saharan Africa were receiving life-extending antiretroviral treatment. Yet after just two years of implementation, PEPFAR supported treatment for

"We will not defeat this disease in a month or in a year; but if we sustain our commitment, if we match our compassion with action, we will one day bring hope to all who are living in the shadow of HIV/AIDS."

— Secretary of State Condoleezza Rice

approximately 401,000 people in the 15 focus nations (395,000 of them in the 12 sub-Saharan African focus nations), as well as approximately 70,000 additional people in other nations.

In the first two years of the initiative, approximately 3.2 million women received PEPFAR-supported services to prevent



Photo by U.S. Department of State

Secretary of State Condoleezza Rice announced the release of the Second Annual Report to Congress on February 8, 2006.

mother-to-child transmission of HIV, and an estimated 47,100 infant HIV infections were prevented. The Emergency Plan also reached over 42 million people with evidence-based community outreach prevention efforts in the 15 focus countries in fiscal year 2005.

In fiscal year 2005, PEPFAR supported care for nearly 3 million people in the focus countries, including over 1.2 million orphans and vulnerable children and over 1.7 million people living with HIV/AIDS. Over the first two years of implementation, the Emergency Plan provided support for HIV counseling and testing services for over 9.4 million people in the focus countries.

The President's strategy of partnership with our host nations is one of the keys to these unprecedented results. The results contained in the Annual Report to Congress could not have been achieved with-

out friends and partners in host nations, and while they may be measured in numbers, what these numbers represent are children, women, and men who are alive today be-

"Of course, there are no partnerships without willing partners and one of the most exciting developments today is the growing number of people from Africa, Asia, and the Caribbean who are stepping up to the challenge of HIV/AIDS."

— Ambassador Randall L. Tobias

cause of the joint action of the United States and our host nations. By working with host nations to build quality healthcare networks and increase capacity, the Emergency Plan is laying the foundation for nations and communities to sustain their efforts against HIV/AIDS long after the initial five years.

SECOND ANNUAL REPORT TO CONGRESS A complete copy of the President's Emergency Plan for AIDS Relief Second Annual Report to Congress is available online at www.pepfar.gov. Transcripts from the Annual Report press conference and a highlights document can also be found at this site.