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Secure The Future, West Africa

A program of the Bristol-

Rail-Link: prevention on rails

Two million men, women and children the Future
ern Africa and West Africa in the following countries: South Africa, Botswana,
Swaziland, Burkina Faso, Ivory Coast, Mali, and Senegal. With Secure the Future,
Bristol-Myers Squibb is pursuing its mission to extend and enhance
human life.

Three international non-governmental organizations (NGOs) are at the origin of the program: CARE (Cooperative Assistance for Relief Everywhere), FHI (Family Health International) and PSI (Populations Services International). As Dr. Bankinéza stresses, however, "We do not want to inundate the cities with our own system of organization and ready-made materials, which is too often the case. Each local community must find its own solutions in order for them to be sustainable, followed up at the different sites and renewed elsewhere. The program will be implemented by local NGOs, community-based associations, and the railroad companies." This emphasis on empowerment and sustainability is one of the criteria that persuaded Secure the Future to support Rail-Link.

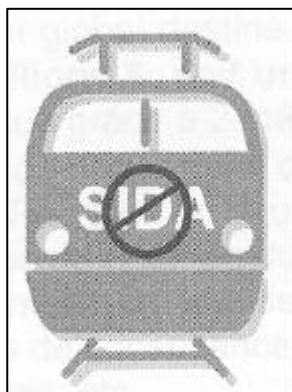
One train with four cars will be stationed at each train station, with a public address system, distribution of fliers, sale of condoms, educational entertainment, and teams of hostesses and specially trained relay agents to greet the public. Those people who wish to be screened for sexually transmitted diseases and to receive medical treatment will be referred to medical centers supported by Rail-Link. "We are going to contact health clinics near the train stations and determine the needs of their staff with them—in terms of training, equipment and drugs," explains Dr. Bankinéza. The program organizers plan to contact a total of six clinics.

The purpose of the program is to reach individuals who move from place to place and whose way of life makes them particularly vulnerable to the risk of HIV infection. It also aims at raising the level of awareness of the population that lives and works near the train stations, such as street vendors, shopkeepers, prostitutes, "coaxers" or self-imposed guides, policemen, customs agents, etc. Railroad employees are particularly targeted, says Dr. Bankinéza. "Railroad employees play a key role in the economy and if they are victims of the disease, it is an enormous loss for society and the country." ☘

Why train stations?

The mobility of populations is one of the main factors contributing to the spread of the AIDS epidemic. Many people travel by train, generally in overcrowded compartments, and railroad employees are often particularly exposed to the risk of infection themselves.

The way of life of people who move from one place to another—railroad employees, seasonal workers, shopkeepers, prostitutes, and teenagers seeking to settle in urban centers—makes them especially exposed to the risk of sexually transmitted diseases. Many of these people live in a state of poverty and instability. They run a multitude of risks, from theft to social rejection and from



unemployment to failure. Married men are rarely able to bring their families with them, and they often adopt high-risk sexual behaviors.

People on the move may therefore constitute "relay populations," i.e., a vector through which AIDS is spread from high-prevalence zones to low-prevalence zones, via sexual partners along the way and regular partners in the home region.

By promoting AIDS prevention along two major railroad lines, Rail-Link will not only help a large number of travelers avoid the risk of HIV infection, but it will also help to slow down the increase in the prevalence of the disease, which is highly variable today, depending on the region in question. ☘

Head of the program:

Jean Michel Vigreux, CARE Mali
Tel: (225) 224 22 62, jmvigreux@caremali.org

Regional Coordinator: Dr. Elie Bankineza
Tel: (223) 224-22-62, elie@caremali.org

Ivory Coast Coordinator: Michel Ayokoïn
Tel: (225) 05 89 84 66,
ayokoïn.michel@caramail.com

Burkina Faso Coordinator: Thierry Younga
Tel: (226) 60 02 98, thierry_younga@yahoo.com

Mali Coordinator: Dr. Aliou Kayo
Tel: (225) 224 22 62, alou_kayo@yahoo.fr

Senegal Coordinator: Dr. Aissa Fall Guèye
Tel: (221) 635 85 76, isedaïcha@yahoo.fr

CARE: John U. Davis, (225) 224 22 62,
jdavis@caremali.org

PSI: Monique Weiss, monique_psighana@yahoo.fr

FHI: Fatimata Sy, (221) 869 70 00, fatimsy@fhi.sn

UNAIDS: Dr. Pierre Mpelé, (225) 22 40 44 02,
mpelepierre@aviso.ci

Bristol-Myers Squibb's commitment to the fight against AIDS

by John Damonti
President, Bristol-Myers Squibb Foundation

Welcome to the first issue of our West Africa *SECURE THE FUTURE* newsletter. Even as you read about some of the important work under way in the four countries of West Africa, I thought it would be useful to update you on the progress we have made in Southern Africa, where *SECURE THE FUTURE* began.

Since this is the inaugural issue of this newsletter, before providing some information, I wanted to offer our thanks and appreciation to the many people —on our local staffs, in our partner organizations, our technical advisory boards and in the Ministries of Health— who work so hard to help us define and then accomplish our goals. Importantly, a special thanks must go to Amadou Diarra for helping establish the program here. His vision of what was possible and necessary, together with the critical efforts of his colleagues and our partners, created an important reality in 2001. And with the first projects now funded, it has led to a meaningful presence in this region. Amadou has moved on to another part of Bristol-Myers Squibb, but the contributions he has made endure. And the relationships and collaborations developed since will help ensure the continued vitality, credibility, utility and impact of what we all seek to accomplish.

SECURE THE FUTURE began in May 1999 as a \$100 million, five-year commitment by Bristol-



Support to children infected or affected by HIV
(Botswana)


Myers Squibb to aid women and children infected and affected by HIV/AIDS in five countries in Southern Africa. In 2001, we created a \$15 million program here in West Africa. For both, our focus remains on community outreach and medical research – and on the sustainability of our efforts over time, creating models and building capacity that can be used by partners, countries, NGOs and community organizations throughout Africa and elsewhere.

We have now passed our halfway mark on this journey. What have we accomplished? By May 2003, 129 projects have been supported and some \$65 million has been committed. These grants run the gamut from theatrical troupes that tour villages to promote HIV and sex education and awareness, to programs

that offer economic opportunities and training for the grandmothers who have now become the caregivers for many of the millions of AIDS orphans in the region. New lower-cost tests to monitor HIV blood levels have been developed. Programs that help orphans deal with the loss of their parents have been generated. Public health fellowships have been funded, lay health workers have been trained, parish nurses have been given new tools to counsel and care for the sick and dying – and for those they leave behind. New approaches to prevent mother-to-child HIV transmission have been explored. Home-based care solutions have been developed; counseling programs funded; orphans have been cared for; capacity has been built; and various forms of community outreach encouraged.

Outside auditors help what are often small, community-based organizations to develop the technical expertise and controls necessary to attract additional funding and to become ongoing concerns and viable resources for the community. We work with Yale University's School of Public Health to evaluate these programs and to help the grant recipients themselves develop criteria and goals to measure success. For the future a new NGO Institute is being developed to provide training in capacity building for those leading these organizations, so

that they can be operated professionally and effectively. And we are seeking to create a number of treatment sites in the region that will serve as models for integrated treatment, care and disease management at the community level.

There is much still to be done and our efforts cannot succeed without a great deal of commitment and work by others at many levels across the continent and around the world. But we believe we are making a difference and we are doing our part to help secure the future for many people in need. Thank you for taking the time to read about our efforts and to participate in them. 

Saving blood to save lives

Each year in Mali, an estimated 40,000 units of donated blood are required for transfusions. However, the National Blood Transfusion Center collected only 14,318 units in the year 2000, and of these only 11,029 were usable. In addition, a high number of transfusion-related accidents occur (for example, 4.22% in 1995 in the city of Bamako). These two observations formed the starting point for the organizers of a research protocol concerning "blood savings," an initiative that receives Secure the Future support.

"The project was submitted to the Ethics Committee of Mali, which issued recommendations to us, and which we have followed," says Professor Diop of the General Surgery Ward at the Point-G Hospital in Bamako. "We plan to enroll 400 patients over approximately one year. When patients come in for an operation, we will ask them if they want to be part of a research protocol giving them access to a transfusion technique not used in Mali. There are two groups; we will draw lots to determine if they will be in the group that has access to this new technique, or in the group that receives standard transfusions of



Professor Diop and his team


blood from a donor."

The practice of dividing volunteers into two groups to compare the findings of a study is common in medical research, but it naturally requires that the group which does not receive the treatment under study will nonetheless be given the best standard treatment available.

The technique being investigated, called normovolemic hemodilution (NHD), has to date been used only once in Mali, within the scope of a study organized in 1996 by Professor Diop. It consists of drawing a patient's blood prior to an operation in order to reinfuse it if the patient needs it later. The blood that is removed from the body is replaced by two to three times its volume of an isotonic solution. Any unused blood is given to a local blood bank.

This study aims to demonstrate that not only is NHD harmless for the patient; it is actually beneficial. It decreases the need to use blood from donors so that other patients can be given the units of blood that are saved.

The team will assess the decrease in the number of transfusion-related accidents, in particular infections with HIV, the syphilis virus and hepatitis, as well as economic savings when compared to using blood from donors.

The results of the study will be published as a thesis and perhaps articles or other scientific communications. They will make it possible to manage transfusion practices more effectively and make the best possible use of a life-saving product: blood. 

Contact:

Pr. Diop - Tel: (223) 228 47 01, (223) 675 21 49

e-mail: fesmamas2002@yahoo.fr

Secure The Future West Africa supports programs in Burkina Faso, Ivory Coast, Mali, and Senegal.

Information and application forms:

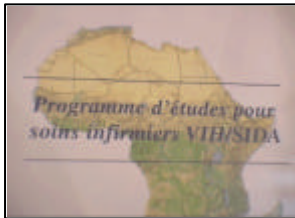
Fondation Bristol-Myers Squibb

Sécuriser le Futur

03 BP.37 Bamako 03/ Mali

Tel/Fax: (223) 224 23 47

bms@afribone.net.ml



HIV curriculum for the health professional: pilot project distributed in 47 countries

In Bamako (Mali), from April 14-17, 2003, 35 doctors, nurses, and midwives from Burkina Faso, Ivory Coast, Mali, and Senegal were brought together by Secure the Future to take part in "train-the-trainer" workshops based on a specially-designed curriculum for health professionals who care for people living with HIV/AIDS.

"The training modules are very useful. The curriculum covers the pathophysiology of HIV infection as well as its epidemiology, treatment of diseases associated with HIV, and even antiretroviral treatment," says Abo Krou, a teacher/nurse in Abidjan. "During this seminar, we can assess the usefulness and relevance of the modules for caring for people living with HIV/AIDS."

If any program supported by Secure the Future has played a pioneering role, it is most certainly this one.



The HIV curriculum consists of a thick binder with 22 chapters that address the various problems health professionals must deal with, from advice about how to inform people of their HIV-positive status, to treatments for patients, and, of course, prevention. The original English version was designed and produced in 1999 by a team from the Baylor International Pediatric AIDS Initiative (BIPAI) at Baylor Medical School in Houston, Texas, and was funded by Secure the Future for distribution in Southern Africa. One of its guiding principle is that specialists from BIPAI will organize "train-the-trainer" seminars based on the curriculum. The seminar organized in Bamako is one such example. Participants are expected to return to their home communities and train the nurses who have received copies of the modules.

In light of the success of the "HIV curriculum for the health professional" in the countries where it

was first distributed, it has been translated into French, Rumanian, and Spanish, and distributed in 47 countries on different continents. The version used in West Africa was adapted during a workshop in March 2002. It was validated by the International Advisory Committee before being printed. Secure the Future then granted funding for training seminars in the region.

"This seminar allowed me to deepen my knowledge about HIV and the various strategies for combatting the disease," says Abdou N'Doye, who works as a nurse in internal medicine at Le Dantec Hospital in Dakar, Senegal. "In my country, there is a great need for training of health professionals. We plan to share everything we have learned here with our colleagues and with the Senegalese people."

Participants in the seminar will now be able to submit projects to Secure the Future to train local health professionals themselves. BIPAI trainers devoted one working session to designing and drafting projects and applications for subsidies, an experience that will prove useful in the future in order to set up other actions to fight AIDS.

Dr. Mariam Kassambara-Sow is in charge of Secure the Future in West Africa. She explains: "This program to develop the curriculum for health professionals and have them train one another is precisely the type of project we like to support, because it can be transposed to other countries and is designed for the long-term. ☺"

Information on the HIV curriculum:
Fondation Bristol-Myers Squibb
Sécuriser le Futur, Afrique de l'Ouest
03 BP.37 Bamako 03/ Mali
Tel/Fax: (223) 224 23 47
e-mail: bms@afribone.net.ml

Is HIV risk lower in rural areas?

"We must make a careful estimation of the prevalence of AIDS in rural areas, or five or ten years down the road we may suddenly discover a disastrous situation that we could have prevented," says Dr. Ibrahima Diop of the Agency for the Promotion of Activities for the Population of Senegal (APAPS), one of the organizers of a program for the prevention of AIDS in the rural parts of Senegal. This program receives funding from Secure the Future.

The information provided by sentinel sites, which gather data concerning HIV infection nationwide, primarily concerns urban settings since, even in rural areas, these sites are located in regional capitals.

This two-year program has three main objectives. First, it will assess the current situation through a socio-demographic survey in order to take a census of the population; it will conduct a socio-anthropological study to gather information about sexual practices and behaviors; and it will carry out a medico-biological survey to measure the seroprevalence rate. Next, based on the results of these studies, an advocacy and counseling program will be developed to identify ways to persuade individuals with high-risk behavior to change their behavior in order to limit the likelihood of spreading the disease. At the same time, a system will be set up to help people living with HIV/AIDS.


"We will not carry out these initiatives ourselves," says Dr. Diop. "We will share our expertise with local structures and also provide them with logistical and perhaps financial support. We will reinforce the means of associations for persons living with HIV/AIDS, and religious and local associations in the villages; they will be given training by one of

our partner structures, such as the Center for Ambulatory Treatment, on how to assist patients."

Dr. Diop stresses that training about nutrition is essential, since many ill persons die of malnutrition. Another important aspect will be the creation of support groups made up of people who are living with HIV/AIDS as well as uninfected individuals, in order to boost the

morale of patients and fight stigmatization. When persons infected with HIV become introverted and feel they are victims of stigmatization, their distress turns into anger and frustration, which can cause them to deliberately adopt high-risk behaviors.

This far-reaching and comprehensive program includes both an

analysis of the current situation and measures to change it; it is focused on both studies and concrete actions. The findings of its work will make it possible to better understand today's reality in rural settings and to identify areas for action, well beyond Senegal. 



Meeting with the Conseil Rural de Malicounda

Contacts:

Dr. Ibrahima Diop, Project Technical Coordinator
PISR – (APAPS)
Tel: (221) 860 03 21 – (221) 553 21 42
e-mail: apaps@sentoo.sn - ibraldiop@sentoo.sn

Cheikh Mbacké Faye,
PISR Project – (APAPS)
Tel: (221) 860 03 21 – (221) 550 43 25
e-mail: apaps@sentoo.sn

Abdoulaye Aziz Hane, RARS
Tel: (221) 824 84 45 – (221) 825 39 53
e-mail: ahane@sentoo.sn