



## SPOTLIGHT

## FOCUS: The Enhancing Care Initiative's AIDS Care Teams in Action

Since 1998, the Enhancing Care Initiative (ECI) has been dedicated to enhancing HIV/AIDS care and treatment in resource-scarce settings. Multisectoral teams of local experts worked in five regions: Brazil, Puerto Rico, Senegal, South Africa, and Thailand. These AIDS Care Teams led the analysis of HIV/AIDS care priorities, designed locally appropriate solutions, and generated new evidence and best practices to improve AIDS care and treatment. ECI, facilitated by the Harvard AIDS Institute and the François Xavier Bagnoud Center for Health and Human Rights, is funded through a grant from The Merck Company Foundation. The Puerto Rico AIDS Care Team is supported with a supplemental grant from the United States Health Resources and Services Administration, HIV/AIDS Bureau. These AIDS Care Teams have accomplished much within the past five years.

In Brazil, the Team's initial focus on the needs of women living with HIV/AIDS yielded a detailed study that helped improve women's health and social services. A key achievement was the creation of a clinic



In Brazil, ECI improved women's health and social services.

with services for women and their children, helping to ensure that women with little opportunity to go to health services do not sacrifice their own health needs for those of their children. The team then turned its attention to adolescents, their caretakers, and related issues of discrimination and disclosure. Results of this work are currently being used by municipal government officials and NGOs to support campaigns for improved health services and adolescent-friendly care.

The AIDS Care Team in Senegal focused its efforts on identifying and addressing disparities in the HIV/AIDS services available in urban and rural settings. The Team's research revealed that rural communities had limited access to voluntary testing and counseling services, more so than in the capital city. The Team's initial activities to bridge this urban-rural divide include increasing access to HIV testing and treatment in rural areas, expanding programs to prevent mother-to-child transmission, establishing clinical and home-based guidelines for care, building lab capacity, and training medical personnel to treat patients with HIV/AIDS.

The resource-scarce province of KwaZulu-Natal (KZN) is home to the AIDS Care Team in South Africa. Since the South African Cabinet's recent announcement of a rollout of highly active antiretroviral therapy (HAART) in the public sector, the Team has been assisting the Department of Health with this endeavor. Team members have forged a unique partnership among regional government, the academic sector, NGOs, and clinics, by working to provide training for health care workers, improve HIV/AIDS care, and reduce stigma.

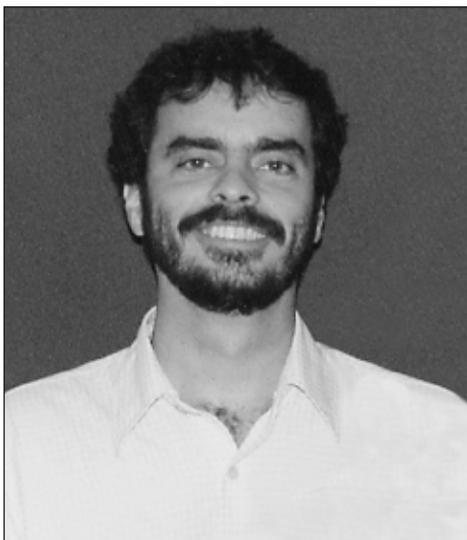
Community empowerment was the focus of the AIDS Care Team in Thailand.

The Team's projects included improving medical and nursing care, providing counseling, training skilled providers of home based care, establishing hospital referral systems, facilitating networking, building social acceptance for people living with HIV/AIDS (PLWHA), and improving the general welfare of affected individuals. The AIDS Care Team presented their research and results to government stakeholders for use in policy development, and plans are underway to establish a Center for Excellence in HIV/AIDS Care at Chiang Mai University's Faculty of Nursing.

Efforts in Puerto Rico are more recent, with the Team developing a structural mechanism for improving health services through collaboration among multiple service organizations. The AIDS Care Team conducted a needs assessment and situation analysis by gathering information from physicians, caregivers, and PLWHA from six agencies that provide HIV/AIDS services. This work has already had a significant impact on several municipalities using the results of the situation analysis for grant applications, and establishing a Center for Professional Studies to provide continuing education for health professionals working with HIV/AIDS.

When ECI was created five years ago, funding for, and attention to, programs to improve AIDS care and treatment in resource-scarce settings were virtually non-existent. Today, the success of the ECI AIDS Care Teams demonstrates local capacity to mobilize resources and influence policy agendas according to community needs. The experience of the five ECI AIDS Care Teams is evidence that multisectoral initiatives can effectively enhance HIV/AIDS care in the places where care is needed most. ●

# VIEWPOINTS An Interview with Dr. José Ricardo Ayres



Dr. José Ricardo Ayres

*Dr. José Ricardo Ayres' tremendous heart for those most vulnerable to the AIDS epidemic can easily be seen in his career as a professor, author, and advocate. In 1998, he brought that heart to the Enhancing Care Initiative (ECI), where he drew together a team of academics, health professionals, and social servants to make practical recommendations for improving the care of women and adolescents in Brazil. As we take this opportunity to look back on the five years of ECI, the Harvard AIDS Institute offers this inside view of the AIDS Care Team Brazil from Dr. Ayres.*

**Spotlight:** What were the biggest needs in HIV/AIDS care in Brazil when the AIDS Care Team first began work there?

**JRA:** In 1998, when the Harvard School of Public Health first contacted us with the possibility of an ECI AIDS Care Team in Brazil, the most poignant issue was the inequality between men and women in the success of [Brazil's] response to the HIV/AIDS epidemic. Brazil has had universal access to antiretroviral treatment in the public health system since 1996. After two years of the policy of universal access, we saw a 30% reduction in mortality in men, and only a 20% reduction in women.

We also realized that there was a growing population of adolescents living with HIV. As politics around access to HAART were solidified, a new generation of seropositive kids began to be created around the end of the 1990s, and that had many implications related to sexuality, reproductive health, rights, family, school, and professional life. [Society] was not ready for this new and challenging situation.

**Spotlight:** How did your team work to meet these needs?

**JRA:** A group of researchers from different sectors, including public health, healthcare support, education and social services, with vast experience in prevention, epidemiology, and the politics of HIV formed a task force. The main objective was to develop research with a view to improve care for women and adolescents, reducing their vulnerability to infection and disease. Between

1999 and 2004, we developed research protocols on the social and programmatic aspects of vulnerability to HIV/AIDS, which gave us the resources to make recommendations to improve healthcare. These recommendations were presented and discussed with representatives of PLWHA movements, policy makers, health professionals, and activists, and were well-publicized with the media.

**Spotlight:** What was it like to interact with other ECI teams around the globe? Did you find that you were facing similar issues?

**JRA:** The opportunity to relate to all the international teams was the high note of the Initiative. We learned about the continuum of care with the South African Team. The Thai team showed us interactions between technical and popular knowledge. The challenges relating to cost-effectiveness by the Senegalese Team provided insights for our own difficulties. We also learned about the complexities of integrating local and regional systems for support in prevention of HIV/AIDS with our Puerto Rican friends.

In addition to that, the active technical and scientific support and profound respect for the autonomy of each team provided by Sofia Gruskin of the François-Xavier-Bagnoud Center for Health and Human Rights and Dr. Richard Marlink of the Harvard AIDS Institute enriched the exchange between the AIDS Care Teams. ●

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# Community Empowerment and Research Vitaly Linked in Thailand



People living with HIV/AIDS in northern Thailand have reported greater self-confidence, better care, and new ways of thinking about their health and well-being due to an innovative community empowerment program designed by the Thai Enhancing Care Initiative. The AIDS Care Team developed the People Research and Development (PR&D) project as a means to empower communities for finding solutions close to home to address the quality of life

and care issues for people infected and affected by HIV/AIDS.

In the first step of PR&D, communities collect data to assess their economic and social capital. They then identify problems and possible solutions, with foci on quality of life, stigma, and discrimination. They share these experiences with community leaders and reflect on their strengths in order to develop a strategic plan with defined goals for addressing concerns.

As a result of the PR&D research, communities affected by HIV/AIDS, that have been working with the AIDS Care Team in Thailand, have gradually changed their development paradigms from dependence upon external sources to self-reliance. This has had positive effects for the community at large and has helped emphasize the skills and contributions of the PLWHA in each community. Working with the AIDS Care Team, they have found innovative ways to generate income and improve health in-

cluding organic farming, community health forums, Thai massage training, and herbal medicine. Participating in these projects helped community members recognize, value, and respect local wisdom, culture, and relationships in addressing HIV/AIDS-related issues.

In the future, the AIDS Care Team will be sharing their work on the international stage. They already have begun work with a multi-disciplinary team in China to develop the "China HIV/AIDS Prevention and Care Project." They also plan to design a training course for nurses in conjunction with the Southeast Asia regional office of the World Health Organization. In addition, lessons learned from the ECI experience have been shared with representatives of Afghanistan and East Timor, where care programs are just beginning. Their most important work, however, is still at home, where they continue to work together to improve the lives of people living with HIV/AIDS. ●

## NEWS & EVENTS

### 11th HIV Vaccine Think Tank Symposium

For the past seven years, the Harvard AIDS Institute has hosted a series of groundbreaking "think tank" symposia that focus on the development of a globally applicable HIV vaccine. The symposia provide a rare opportunity for leaders in HIV vaccine research both in the West and in the developing world to jointly analyze current vaccine designs and new research findings, and to address specific regional issues and concerns. The initiation of the first concurrent HIV vaccine trial in the United States and Africa and its preliminary clinical findings was the focus of this year's think tank, "HIV Vaccines for Developing Countries: Initiation of Vaccine Trials in Africa." The think tank was held in Gaborone, Botswana, April 29-May 1, 2004. A summary report of the think tank findings will be available soon on the Institute's website.

### Health and Human Rights Mini-course

The Program on International Health and Human Rights at the François-Xavier Bag-

noud Center for Health and Human Rights held a mini-course from June 21-24 at the Harvard School of Public Health. The mini-course covered the history and present status of international human rights and international humanitarian law as they apply to public health practice. This workshop was particularly significant to the Enhancing Care Initiative AIDS Care Team Puerto Rico because of the various human rights issues the Team encounters as it strives to improve the clinical care of PLWHA in the under-served western region of the island. When asked about the importance of the course, Nelly Ramos, a representative of the AIDS Care Team in Puerto Rico, replied, "This gave me a competitive edge as a human resources professor and allowed me to convey information on HIV/AIDS and Human Rights issues to my students."

### Access for All

The Harvard AIDS Institute and AIDS Prevention Initiative Nigeria will co-sponsor "Access for All: The Realities of Enhancing Care and Treatment in Africa" at the International AIDS Conference (IAC) in

Bangkok, Thailand on July 11, 2004. AIDS researchers, clinicians, and policy makers from Nigeria, Senegal, Tanzania, Botswana, Thailand, Kenya, and the United States will share successful models of care in resource-scarce settings and discuss the practical concerns of AIDS treatment throughout Africa. Discussion will focus on the uptake of voluntary counseling and testing; key concerns in training, infrastructure and evaluation; the realities of scaling up care and treatment; and models of care and treatment. All attendees of the IAC conference are invited to attend the satellite symposium on July 11, 2004, 11:45am-4:00pm in Room F of the IMPACT Convention Centre. For more information on the program, please visit [http://www.aids.harvard.edu/conferences\\_events/access\\_for\\_all.html](http://www.aids.harvard.edu/conferences_events/access_for_all.html). ●

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## International AIDS Conference 2004- Bangkok, Thailand Enhancing Care Initiative Presentations

**Monday, July 12, 2004, 10:45 AM**

ARV Therapy for TB/HIV Co-infected Patients  
ECI South Africa Team  
IMPACT Room D

**Monday, July 12, 2004, 2:00 PM**

Capacitating Health Care Workers to Meet WHO's 3x5 Goal  
ECI South Africa Team  
IMPACT Room D

**Wednesday, July 14, 2004, 10:30 AM -12:00 PM**

National HIV Testing Policies: Human Rights Considerations  
FXB Center for Health and Human Rights  
IMPACT Room C

**Thursday, July 15, 2004, 4:00 - 5:30 PM**

Vulnerability and Care  
ECI Brazil Team  
IMPACT Room J

For more information on these and other Harvard AIDS Institute events and exhibits, visit: <http://aids.harvard.edu/>.

## RESEARCH & INTERVENTION PROGRAMS

### HIV Disease and Nutrient Therapy in Botswana

Since antiretroviral therapies are not readily available to HIV-infected adults in most African countries, multivitamins may prove to be an alternative approach in delaying AIDS progression. A new study, led by Dr. Mariana Baum of Florida International University and Dr. Richard Marlink of the Institute, will determine whether supplementation with multivitamins and selenium can improve immune function and prolong time to AIDS or mortality in HIV-infected adults in Botswana. The study, beginning this fall, will enroll 828 participants with CD4 counts of >350. The participants will be followed for 24 months and randomized into four groups: combination of multivitamins

with selenium, multivitamins alone, selenium alone, and placebo. The study is sponsored by a grant from the National Institutes of Health.

### Study on Acute and Early HIV-1 Infection

The Tshedimoso Study ("Tshedimoso" means "to reveal new information" in Setswana) was launched this spring and is led by Institute researcher Vlad Novitsky. The study examines the associations between virological and immunological parameters of early HIV infection in Botswana. The goals include characterizing cellular immune responses that correlate with viral set-point and analyzing the magnitude, breadth, and diversity of virus-specific CD4+ and CD8+ T-cell immune responses in early stages of

HIV-1 subtype C infection. The study results may provide insights on how to reduce HIV replication during the acute infection stage, and may lead to the design of an efficacious HIV vaccine for southern Africa. ●

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