

AIDS NEWS SERVICE

ISSN 1595-0239 VOL. 3 NO. 2

APRIL 2001

A monthly bulletin of HIVAIDS and reproductive health issues published by
JOURNALISTS AGAINST AIDS (JAAIDS -NIGERIA)

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ACKNOWLEDGEMENT

Funding support for this project has been provided by the Rapid Response Fund of the Elton John AIDS Foundation, managed by Family Health International (FHI).

NEWS

African women journalists launch African news website

WOMEN journalists in Eastern and Central Africa have launched a news website to counter what they see as bias in Western- and male-dominated news.

The decision to launch the website came after fierce debate about gender sensitivity in the media during a recent East African Media Women's Association (EAMWA) workshop in Nairobi, the Kenyan capital.

In a formal resolution after the workshop, EAMWA said that the Web site would seek to cover issues that affect women writers on the continent, and would also attempt to empower women journalists through professional education and training. **Women**

The new website <http://www.eamwa.org> went live on International Women's Day.

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Clinton, Annan to speak at Abuja AIDS conference

BARELY nine months after his first visit, former US president Bill Clinton returns to Nigeria this month, this time to participate in the Summit of African Heads of State on HIV/AIDS, Tuberculosis and other infectious diseases, holding in Abuja, the Nigerian capital.

Clinton will address participants at the four-day conference, which is being organized under the auspices of the Organization of African Unity (OAU). He will address the gathering April 24 or 25, a spokesperson confirmed.

"Last December, (President Olusegun Obasanjo) invited the former President to speak at the AIDS conference he is hosting," a Clinton aide, Julia Payne, said in a statement.

"Since the AIDS epidemic in Africa and other

countries was an important part of his agenda at the White House, and will continue to be in his post-presidency, the former president was more than happy to accept the invitation," she said.

"He will also speak in Johannesburg with President Mandela at a civil society conference stressing the importance of involving young people in volunteerism," said Payne, who did not provide the date of that event.

Other speakers expected at the four-day meeting are United Nations Secretary-General, Mr. Kofi Annan and US Secretary of State, Gen. Colin Powell (rtd.).

Participation is not limited to heads of state and ministers, the organizers also confirmed. It is not a regular OAU summit. The Economic

Comission for Africa (ECA) is working to ensure that stakeholder groups--PLWAs, etc.--are represented and that they participate fully. Representatives of each stakeholder group have been invited to the Summit.

Journalists Against AIDS (JAAIDS) Nigeria, in collaboration with the Economic Commission for Africa (ECA) will be posting daily summaries of the conference proceedings on the Nigeria-AIDS website.

The ECA is working to ensure continuity between the Addis Ababa Consensus and Plan of Action, and the outcome of the Abuja gathering.

To receive the daily summaries, send an e-mail to: nigeria-aids-subscribe@yahoogroups.com or visit the web address: www.yahoogroups.com/group/nigeria-aids

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FEATURE

Rahab: A home to rehabilitate sex workers

AT just 27 years, Remi is already a widow. Her husband was killed in an automobile crash about two years ago. She says she found it difficult to make ends meet until she found succour in commercial sex work. Indeed, she adds, she had to take to commercial sex when help was not forthcoming from anywhere. Now, how she got into commercial sex work is no longer of interest to her. Today, April 5, 2001, what matters is that another chapter in the book of her life is about to open.

to rehabilitate CSWs. The founder is 58-year Emmanuel Eniola. Although born in Lagos, Eniola hails from Ibadan in Oyo State. RDHI is his own contribution to HIV/AIDS prevention efforts in the society. The Church views commercial sex as a sin, and it seeks to deliver CSWs from it by winning them over to Christianity.

This sunny afternoon, some men from Rahab Home for Divine Intervention (RHDI) have come to move her possessions from the dinghy hotel room she has occupied since she got into the sex trade. It is situated in Ikeja area of the Lagos metropolis. From there she had 'operated' as a CSW, with her two daughters living with her. The first is 9 years old, the other seven. Today they are moving to an apartment RHDI has rented for them. It is just one room, but it is decent, and she will live in it honourably.

Inside the van, Remi, who hails from Abeokuta in Ogun State, speaks of her delight at leaving the hotel and her sinful life of "prostitution". She is a pretty young woman who looks 21 rather than her age 27.

According to Eniola, RDHI has 'rescued' more than 150 CSWs since he left his training as a water engineer to "catch and rescue" such women.

RHDI is an initiative of Rahab Home Christian Church of God, which was established in 1994

"God called me specifically to take the gospel to hotels and rescue (CSWs)", he says. The first step towards salvation is for the CSWs to become 'born-again' and be converted to Christianity. When that happens, they are officially called The Brides of Jesus. Thereafter, as the pastor says, everything else falls into place, and it becomes easy.

The clergyman is happy to cite the case of Helen, one of the converts, who is now "happily married." As he says, the Church undertakes to house converts, buy them beds and beddings, household goods and cooking utensils.

"We have to make them more comfortable than when they were in the hotels in order to deter them from going back..." Before those who are helping Remi to relocate set out on the mission, others had gone out to buy what she would need to begin her new life.

Explaining how the Church came about its name, which sounds distinctly Moslem, Pastor Eniola says Rahab was actually a prostitute-convert during Biblical times. She was the grandmother of Mary the mother of Jesus Christ. By this choice of name, the clergyman says the intention is to stress the need for society to pity (and not condemn) women such as Rahab and Remi, who find themselves in circumstances that push them into commercial sex.

Currently, the church visits 32 hotels in Lagos and environs in its 'search and rescue' mission. A "rescued" CSW gets about N20, 000 seed money to start a trade of her choice. Some of the converts are in petty trading: one sells yams; some have learnt trades such as tailoring, which they prefer to describe as fashion designing, and hairdressing. Those who wish to further their education are encouraged to do so, and as the pastor says, the Church is ready to foot the bill up to post-secondary level. In short each beneficiary of the programme is encouraged to pursue any vocation or plan that will keep her away from commercial sex.

Ronke is one of those who have taken the education option. She attempted but failed the General Certificate of Education (GCE) examination while still at her hotel. Now

rescued, she is studying for the Senior Secondary School Certificate Examination (SSCE) and the university Joint Matriculation Examination (JME). Happily married, Helen will be ordained a deaconess of the church on July 29. Everyone is encouraged to marry if it will make her happy, and members of the Church are also encouraged to marry from among the brides of Jesus, and to put their past in the past.

Pastor Eniola says the initiative is the contribution of his church to the national effort to prevent the spread of the Human Immunodeficiency Virus (HIV), harbinger of the Acquired Immune Deficiency Syndrome (AIDS). He believes all hands must be on deck if the effort is to succeed, but he is not deceived that the RDHI initiative is more than a modest contribution. In particular, he says the problem of CSWs in the Lagos area is getting worse because of the introduction of Sharia—Islamic legal code—in some states in northern Nigeria.

"Closing down hotels in order to reduce the incidence prostitution would not achieve that objective," he argues, pointing out that CSWs who used to 'practise' in Zamfara State have found their way to Lagos. The north-western state of Zamfara led the adoption of Sharia law in 1999.

According to the pastor, the initiative began with what he realized from the sale of his belongings. Thereafter, financial assistance has come from the Redeemed Christian Church of God and Winners' Chapel. Members of Rahab Home Church and others also contribute to the initiative through donations.

The vision of Rahab Home includes the acquisition of a property worth N15 million to house converts. When the house is acquired, RDHI will stop the present practice of renting apartments all over town.

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PERSONAL EXPERIENCE

To test or not to test

A leading freelance journalist based in Zimbabwe gives a vivid account of her experience when coming to grips with testing for HIV

SO what do you do when your brand new boyfriend says he recently had an HIV test and that his result was negative, and how about you?

If you are cool, you should be able to say, "I was tested last month and I am also negative. Aren't we lucky?"

If you are super cool, you top it by whipping a packet out of your handbag. "No condom, no sex!", whispered with a seductive smile.

Not me. I found myself mumbling. The fact is that, despite having written many stories about HIV/AIDS, I didn't know my HIV status.

Why? I asked myself. After three days of on and off pondering, the naked truth emerged. It was because I don't want to know because if I were found HIV positive, my tranquility would be shattered. Worse, I would have to change my lifestyle.

Reporting on HIV/AIDS, I've learned the advice for HIV positive people: good nutrition, little stress, lots of sleep, lots of veggies and fruits, healthy wholesome food, no drinking.

How boring, food-wise, sexually and professionally. And can a journalist ever avoid stress?

As long as I don't know, I can keep my staple diet of coffee and vodka. I can enjoy sex without a condom. I don't worry every time I sneeze, thinking it is life-threatening pneumonia instead of a normal cold.

The more I thought about it, the more contradictions I found in myself. How can I write stories where experts affirm only a change in sexual behaviour can stem the

pandemic when I don't know if I'm spreading HIV in the first place?

Until breaking up a year ago, I was in a monogamous relationship. Once we split for a few months. Can anybody guarantee that he didn't sleep with someone else? And with whom did that person sleep? We are all sleeping with our partners' previous partners.

Weeks passed. Still I did not pick up the phone to book an appointment for a test. New boyfriend was very patient. He didn't mention the topic again but made sure we had safe sex. I understood and thanked him for that.

Until one day, I woke up and said: "That's it – I've got to know. I am not acting responsibly, and I want to."

So without thinking twice, I drove straight to New Start at Wilkins Hospital in Harare and booked a test.

Voluntary counseling and testing (VCT) centers is a new thing in Zimbabwe. It is shocking that they have opened only this year, a decade into the pandemic. But at least now it is cheap and easy to get tested, albeit only in half a dozen cities.

You can book by phone. Your name is never requested. Instead, you are assigned a number on a label, of which you keep a copy. Great care is taken to avoid mixing blood samples and test results.

Before having your blood taken, a counselor talks with you. Mine was a warm, soft-spoken, smiling woman in her 40s, non-judgmental, a motherly-figure.

Some questions were hard to answer truthfully. For example, when was the last time you had unprotected sex? We know we should never have it. But we do. At least I have. Low risk, I judged at the time. But how can you tell?

HIV/AIDS can lie dormant for months, even years. A person could have been infected yesterday and would not know. Yet people are most infectious at the early stages, when it is likely they don't know. The virus then recedes until AIDS-related symptoms develop.

The folly and stupidity of unprotected sex emerged only vividly while talking to the counselor.

around colleagues about their HIV status. Many did not know it either.

What amazes me is how much we trust others when having sex. We may ask a few questions, perhaps use a condom the first two or three times, and not again. We risk our lives on somebody's word that they have not been promiscuous.

Test results are ready one week later. You can collect it without previous appointment. The counselor will tell you to avoid misuse of the unnamed test result, you cannot take the card. But you can bring your partner or family and counselor will talk to them.

Before booking, I had some restless nights. But as I left the clinic, my feeling was exhilaration. I am in control of my life. Once you know, you can act. You can look the future in the eye. As long as you don't know, you are jogging backwards, not knowing where the cliff is.

Source: Southern Africa AIDS Information Service (SAfAIDS)

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An adventure into the female condom

A female Nigerian journalist recounts her experience using the female condom for the first time

HAVE you ever heard of the female condom? I'm sure you have, but have you ever tried getting the female condom protection? Chances are you haven't. I have, although only very recently. And this is how it happened:

My boss asked me one morning if I had seen or heard of the female condom. Of course my reply was: Nope! Two days later, he gave me a sample to experiment with. Snag was that he wanted me to put my experience in writing. In a sense, this is the article, although it is not a direct product of that request.

My confidence got bolstered when he told of his own experience. All the same I wondered

how I would accomplish the task. "What am I going to tell my husband?" I asked myself, particularly as there was no need for us to bother about contraception, let alone getting condom; I was safe.

At home that evening I prepared myself exclusively for the night: You know, took a shower, and wore a seductive nightwear. It did the trick and everything pointed to a thrilling adventure - until I messed it up when I told my husband the objective of it all.

You guessed right - he simply refused to play ball from that point on. He said to tell my boss he was not going to play guinea pig. How could I blame the poor man! He is not the

adventure-loving type like me. Of course, I told my boss of the incident, and that was the end of the story. Or so I thought.

Few weeks later, an opportunity came for me to attend a conference on HIV/AIDS in Uganda. There was a satellite session on—guess what – the female condom. Curiosity got the better of me, so I attended. Alice Lamptey of the Ghana chapter of the Society for Women and AIDS in Africa (SWAA-Ghana) called on all of us participants to start this war: Making the female condom accessible to women at the grassroots. Could that happen in Nigeria? I asked myself. It is doubtful that many people even in the urban areas know about the female condom, let alone the rural areas.

What is the female condom? It is simply a strong, soft, transparent, loose-fitting, pre-lubricated polyurethane sheath designed to gently line the walls of the vagina to create a barrier against sperm and infections.

Lamptey told us of how Ghana succeeded in making the female condom available and affordable. The female condom is said to be more effective than the male condom, and it is providing Ghanaian women and those of other nations another option to prevent HIV/AIDS. STDs (sexually-transmitted diseases) and unwanted pregnancies. One of the benefits is that it does not have the problem of fitting like the male condom. A lot of men complain of the tightness of some brands, particularly those from Asia, while less endowed men complain of the looseness of brands from elsewhere.

At the exhibition hall, I walked into the female condom stand and asked for a demonstration. A dummy vagina was engaged, and I watched transfixed. The lady who did the demonstration told us participants how the female condom had helped to reduce the spread of HIV in many places, and how it is helping in family planning.

She explained that the condom comes in one size, but relax! It is designed to fit into a woman's body. It is roomy! This way, it is not tight and uncomfortable on the man. A pack of three sold for five hundred shillings (about 35

naira), same price as a male condom. That's it! Do I buy a pack of three? No, I'll buy a pack of 30. I did and got a free T-shirt and packed a lot of handbills and posters. The slogan is that it gives extra sensitivity! I just wanted a trial.

Thank God for war—the war about getting across to the grassroots women. I just wanted to feel this thing. But then I remembered that my boss had said that when he used it, the thing made so much noise—grinding rubber noise - and he had to get rid of it and continue.

The day I returned from Uganda, I was preoccupied mostly with the thought of the big pack of the female condom. "This is the night that I'm going to try it out," I sang to myself, although I was seriously wearied from my trip on account of jet lag. My husband played along, acting out the entire 'missed-you-love' game.

My first night at home was the big night, and I had the extra advantage: We don't want any more babies, and I could actually get pregnant--and that we both didn't want! We had to be careful, so he had to play guinea pig after all.

"How was it? I asked after the bout. "It was strange. I just felt strange," he replied, which was not surprising, coming from a guinea pig.

And how did I feel? Just as I was told: "...With time, using the female condom becomes increasingly easier..." Not bad after all.

For me, the added pleasure was the empowering - that is, convincing my hubby. You know the female empowerment stuff--being able to decide what to use, when to have the act, and where.

Now, for you the uninitiated out there, you may wonder, how does the female condom look like? It is a strong, loose-fitting, polyurethane sheath, and is 17 cm long with a flexible ring at both ends. Polyurethane is stronger than latex (used to make male condoms), and conducts heat. Thus, using the female condom does not become a barrier to the feelings and warmth. Latex, on the other

hand is not as good a conductor as polyurethane, which is why some men dislike it, even if they find its use inevitable.

Polyurethane is colourless. The outer ring of the female condom covers the external genitalia, therefore protecting from infections during intercourse. In addition, there are no serious side effects associated and less than 10 per cent of users report mild irritation. As polyurethane is a non-allergenic substance, it does not cause allergies.

Another user-friendly feature of the female condom is that it can be inserted for up to 8 hours before sex, and so promotes sexual spontaneity. The female condom is not tight or constricting like the male condom. And it does not need to be taken out right after sexual activity. Polyurethane is not affected by temperature or humidity changes, therefore female condoms can be stored for a long time under almost any condition.

The female condom is manufactured by The Female Health Company of the UK. Presently these are marketed in over 50 countries. Studies have shown that the female condom not only provides excellent protection, it is roughly equivalent to a male condom in its effectiveness. It also prevents both pregnancy and sexually transmitted infections, including HIV.

Other advantages are that it is safe and reversible, so that if you stop using it, your chances of becoming pregnant are not affected, as with the male condom. Another striking feature of the female condom is that they are freely available and do not require assistance to insert. Nor is medical prescription required to buy it; rather they are freely available over the counter.

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INTERVIEW

'The HIV/AIDS situation in the Army is grim'

Dr. Patrick Matemilola defies your expectations of someone living with HIV. A pediatrician, he studied medicine at the University of Ibadan, where he qualified in 1978. A year before he qualified, he joined the Nigerian Army, rising to the rank of Lieutenant-Colonel by the time he retired in 2000. Matemilola is not only a person living with HIV/AIDS, he chairs the Nigerian Network of People Living with HIV/AIDS. He is married with 4 children

WHAT led you to join the Army?
When I was in my 4th year in the university, the Army came to advertise in school then that there was a cadetship scheme. Many of my friends were interested. I went home to tell my Dad that I wanted to join the Army. He asked me what I

was going to do there. I said: "I'll work as a doctor." He told me to go ahead, and I felt it would be exciting and challenging.

How did you contract the (AIDS virus)?

In 1992, I was here in Lagos working at the

Army Headquarters as the staff officer in charge of training for all medical staff in the Nigerian Army. On the side, in the evenings, I worked in a good private clinic--a posh one. In that clinic, we had good rapport with the proprietor. Anytime one of the patients was in urgent need of blood--if it was unavailable in the blood bank--any of the doctors could be called upon to donate blood.... We used to donate free, and I was involved in that a number of times.

On one particular occasion, I had been called to donate blood (to) a pregnant woman who was in urgent need. Her blood group was O-positive; so was mine.... The rule was that blood to be transfused into a patient must first be screened and cleared. It was when they were screening the blood in the laboratory that it was discovered to be HIV-positive.

The next day, I was informed by the lab scientist. He called me aside and said: "Doc, you are HIV-positive."

I was shocked. Me, how come, I wondered. Luckily, the man was a Christian, and I was a burning Christian at that time, too. He told me that although that was what the test revealed, it was not the end of the world. He counseled me and told me that all was not lost, and that I should stand on the promises of God. This was in 1992, and there was no AIDS awareness then, since nobody was talking about it.

Did you do any confirmatory follow-up tests?

To convince me, he did another test in my presence, which yielded the same result. He now took another sample of my blood and sent it to Yaba at the Central Lab for confirmation--I have all the results--so it was confirmed. Since then, I've done several repeat tests over time. I've attended crusades where prophetic utterances were given, and the Lord spoke and said: someone here has HIV/AIDS and is being cured; the person should do another test, which will confirm him negative. I have gone back several times, and the condition is still the same.

You see, one thing that is mysterious about my case is that despite the fact that I'm positive, I have never had any complications or illnesses attributable to HIV/AIDS. I've had my normal illnesses such as malaria, and diarrhoea, that people always suffer from, but I've never had anything out of the ordinary. I've never been hospitalized and I've been living positively since the diagnosis.

What was your experience when you first heard the news? How did you feel?

It was that of disbelief. I was still a young Christian at that time, and I had a number of women friends—not that they were many. I was just freshly transferred from Ibadan to Lagos, it was in 1990, and my family (was still) in Ibadan. I had a number of women friends then—one in Ibadan, and another one in Lagos. My first reaction was that one of them must have infected me. I got them together and started testing them—

So what was the outcome?

One of them was positive. I cannot really say whether I got it from her or she got it from me. I wasn't too particular about that. At that time, I was doing a lot of exchange blood transfusions for jaundiced babies in that clinic where I was working.

Would you like to mention the name of the clinic?

No, it won't be fair because of the people involved there. A lot of the patients are very prominent people. Not just the doctors but the patients whom I was transfusing. I was doing a lot of exchange blood transfusions, so I could have been infected there as well.

How do you mean?

Although we used to wear gloves, the process was quite traumatic. Because we did not have appropriate equipment, we used a large syringe, with a lot of force. Sometimes, the blood would splash out; it's a very messy process. I did a lot of these transfusions, so it's either from there, or from that lady who was positive.

Where's the lady now?

I don't know, the last time I saw her was in 1996

Did the Army know you were HIV positive?

No

But some officers knew?

To the best of my knowledge, they didn't; except the lab officer who carried out the test, and he kept the result to himself. There are many officers who are prone in the Army. Many of those (whose status) the Army knew were easily cast aside and relegated, but I enjoyed.

Cast aside? How do you mean?

I mean they don't put them in the mainstream. Such people are posted somewhere they will never be heard of again, where they will just live a quiet life; they are stigmatized. In any service, there are prominent appointments, and there are others that are just by the side. That's what I've noticed—many people who the authorities know are HIV-positive are kept in a quiet place.

When you say many officers in the army were positive, how bad is the prevalence?

It is very bad.

Has any survey been conducted to determine the prevalence rate?

There has been no survey in the military. I have hinted that one should be carried out, but it is an uphill task. In the military, you cannot go in and interview anyone without authority. I have been told that if I wanted to conduct a survey, I would have to go through Col. Egbewunmi; that is at the Defence Headquarters. From there, you would now go to the Army or Navy, then the Army would send you to the Director of Medical Services,

then to the particular barracks where the survey is to be carried out.

We are even planning enlightenment campaigns in the Barracks and we still had to go through all that bureaucracy just to stage a campaign, not to talk of going into survey. It's very difficult, but I know that there are many doctors who have died of AIDS. The doctor whom I relieved when I went to work in Benin—he came back from Liberia and he died shortly of AIDS.

How did you know? How were you sure?

He was admitted in Yaba, and he died. There were many...There was another man who came from Liberia. He was not rotated on time, so he had to go back; it was common knowledge that he had AIDS. He went back to await the person who would relieve him in Liberia, but shortly after, he died there. There were nurses, too, who died of AIDS. In fact, when I say it was bad in the Army, I'm referring to the soldiers in the barracks.

A few weeks ago, I was in Benue State discussing with the workers in the HIV field, and I was wondering why the prevalence is so bad in that state--it has the highest prevalence rate in the country. They told me it was because of the retired soldiers who came back from Liberia. That's the general belief--that the soldiers brought it back. Many of them are still denying the truth.

I remember one of the soldiers I was counseling when I was still in the barracks; he wanted to drive away his wife, but I advised him to live positively with HIV and not drive her away. Many of the soldiers kept denying it in the barracks. When they first brought Abalaka to Yaba, many of them who were able to overcome the shame rushed there to put their name on the list, but after selecting the 30, the others were told to put their names on the waiting list. I understand the Army is planning to treat more soldiers with the same vaccine.

Abalaka's vaccine?

The discordant tunes in the Army is really worrisome. You know Danjuma (Minister of

Defence) said something recently that is really worrisome. Danjuma who is the Head of Defence said one thing, and a chief of a particular service is still patronizing Abalaka.

Which service is that?

The Army. It has been only the Army patronizing Abalaka... Even when the Chief of Air Staff spoke out, I told someone that it was a misnomer. No Air Force personnel has been treated. All those who received treatment were in the Army, so the Chief of Army Staff should have spoken out, rather than the Air Force Chief.

What's really worrying them, as (Navy Lieutenant Ekpe—a person living with AIDS and president of the Nigeria AIDS Alliance) said, is that the Chiefs of Army Staff, Air Staff and Abalaka are from the same area. I think that's the problem they have. It's really a personality thing, otherwise there is no issue in Abalaka's vaccine.

How are you sure?

I was supposed to be (Abalaka's) outlet in Lagos. I had his vaccine in my fridge for about 3 months. I was supposed to get clients and treat them, but all those I got could not afford it--N21,000 per millilitre (ml), and you were not sure that your own dosage is 1 ml. It depends on your CD 4 and P24 count. It will now determine whether you have to be on 1, 2, 3, 4, or 5 mls per dose. You have to be on it for an initial period of about three weeks.... A person who is on 3 ml per dose for three weeks, that is N21,000 x 9. That's just for the vaccine-- You still have to pay for lab tests, CD4 and P24 counts, which could only be done in Abuja at that time. You also had to pay for blood.

For 3 months, I could not get any clients so I returned the vaccine to him. My grouse with him is that he is yet to show proof of one person who has been successfully treated with his vaccine. We have seen many cases that have failed.

What Mohammed Farouk and I are doing is to gather all those who have registration cards

and have received the vaccine. Now, there are a lot of people who have this card, so we can now determine whether such people are still positive or have been healed.

Abalaka is my senior colleague. I do not speak harshly against him, but the fact is that he is yet to show us that he has a curative/preventive vaccine.

How did you get in touch with him?

The Director of Army Medical Services went to Abuja (I don't know how they met). He was so impressed with Abalaka, that he sold the idea to the Chief of Army Staff, who now called Abalaka to address all senior doctors and nurses in the military in Lagos. We all gathered to listen to him. In fact, that day, many of our consultants were angry because all the questions they fielded, he was unable to answer--How did he test the vaccine, how did he report his findings?

After that, he left. Because of my HIV status--they didn't know--the next time I had an opportunity to visit Abuja, I went to see him. We discussed and I told him I couldn't afford the vaccine. So, he said if I could be an outlet for him in Lagos, I might be able to get the vaccine treatment. So that was the understanding, but like I said, unfortunately, I did not get any clients, who could afford it.

Did you receive the vaccine?

I could not afford it. But I did the laboratory tests for P24 and CD4 in Abuja. I paid N5,000. Even the laboratory investigations were quite expensive.

When did you decide to come out?

I watched Mohammed start from the scratch, I was aware when he was gathering information. I could see the work becoming more difficult for him, such that it was weighing him down. That was when he was trying to draw up a proposal for the Nigerian AIDS Alliance. He needed a computer and several things. He used to come to my office to use the computer then; that was how we met.

I was the doctor in charge of Dodan Barracks, and he was living in Dodan Barracks then. I had another computer at home, which he often came to use. I could see that the work was increasing. He was young, and I could see a lot of lapses in his administration.

Eventually, I thought that for the fight to be more effective, more of us had to join in so the work would move on. But like I always tell people, the idea of coming out is the difference between individuals.

Mohammed was at a cul-de-sac. He tested positive and told his boss in the office. Instead of helping him, his boss locked him up in the guardroom. That's a difficult thing for anyone in the army. I'm not talking of the guardroom now. There is no other avenue for one to express oneself. Once you cannot talk to the authorities, you cannot express yourself. He was at a dead end. His father was a soldier too--the only son of his parents. He was at a dead end. He has a wife who has just lost two children. He hadn't much people to let him know about his status. He opted to go out.

Its quite different from my own situation. The time I tested positive, my wife was away in Britain. I was taking care of my children. I had my parents, I was new in the church, there were so many things I was thinking of. Even when I was planning this press interview, I had to first call my children, break the news (They didn't know?) No, I had to make them understand the situation. Luckily, I did it very gently. I had been calling my senior ones asking them, How can a person contract HIV? How can someone not get AIDS? They often rattled away the answers...and I said very good. So I told them, you have no fear of getting AIDS if you avoid four routes of transmission.

Eventually, I had to call them and say... Do you know that I have this HIV/AIDS we have been talking about? They were shocked, but I assured them that there was no problem. Then, I had to tell my father. He said anyway, since you have been walking close to God, I'm sure you would be alright.

The only one I haven't done yet which I hope to do is to tell my Pastor, because once this publicity starts going out, members of the congregation may hear and I don't know what their reaction would be.

I'm an Assistant Pastor with the Redeemed Christian Church of God. I believe if people are well educated, I don't envisage any problem.

What about your wife?

I lost my wife a year ago. But she was negative up till then. When she returned from Britain, I was able to live positively without her knowledge. As a doctor, that one caused me a lot of trauma, but how do I let her know? I was able to live without infecting her.

Because she was terminally ill, at Creek Hospital she was tested. It was only when they saw she was negative, that they agreed to treat her in the ward. Because of her illness, she had a heart problem and she had a lost a lot of weight. Looking at her ordinarily, people would say this one is positive. They tested her and the results showed that she was negative. It was only then they treated her with civility. But unfortunately, she died.

How old are your children?

15, 13, 9, 8. They are four of them.

What has being your experience being active in the field of HIV/AIDS?

So far, I think we're doing well, but my greatest disappointment is in the arms of government. They brought us together and formed the network, we were ready to go. Suddenly people who called us together withdrew the carpet from under our feet. We have funds with them, they didnt release it, all the communique we issue at the end of the meeting, our memorandum of understanding, our constitution is still being withheld.

During the workshop, they provided the secretariat. They just took everything. I brought my own diskette. I said give me

electronic copies, they told me they couldn't copy them. Since then, they never released anything.

What do you think went wrong?

Well I don't know. We had been warned by another arm of government that nothing would come out of it. We thought something was going to come out of it, but nothing came out.

What do you do now that you are retired?

I do a lot of NGO work. I am involved with UNICEF projects through the AHI, and all this running around for PLWAs, that's what I do. I have also been given a job by the Lagos State HIV/AIDS Control Agency as a Counsellor. I spend my time mainly at the NAA office or the Agency Office if I'm not out.

You do not practice anymore?

No I don't. Since 1990, when the Army withdrew me from my course in UCH.

When I was withdrawn, I was left in Ibadan so that I could be going to UCH. But then we

had a change in power and the new Oga withdrew me, and called me to Lagos.

That's how and ended up being a Staff Officer Training, from there, I've always been moving in administrative positions. Effectively I was removed from medical practice.

I can go back to medical practice, but may be I'll have to go for a refresher course. That's what has been holding me back. But again, I'm not inclined to go into medical practice. Doctors are suffering in Nigeria. The pay is very poor except you are very hard. I know clinics where before you see the doctors you have paid so much money for this and that. I cannot imagine myself if I'm a paediatric, if you bring a child to me with Kwashiorkor and I ask you to go and pay N5,000 first before seeing the doctor. If you could afford N5,000 why should your child have Kwashiorkor?

For any successful medical practice, the practitioners must be very hard, you must be able to close your eyes and ask for money. That's the only way you can survive in Nigeria because there's a lot of poverty in Nigeria.

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TALKING AIDS

The Bee Em Perspective

The thinking of an international civil servant serving in the health field

AIDS IN THAILAND AND THE FIGHT AGAINST IT

IT was not a long time ago when HIV and its inevitable AIDS disease ravaged Thailand, a reasonably well developing country. HIV was found and officially proclaimed in the South Asian country early in the epidemic. Maybe not a lot of attention was paid to the new, emergent problem to

health at the time. But it was not a problem that would go away. Truly HIV/AIDS has not disappeared in any part of the world, and the early recognition of this problem was the beginning of the wisdom that informed the Thai response. Thailand was the first Asian country to recognize that it had a

major HIV/AIDS problem so serious as to deserve priority on the national agenda.

A lot of thinking went into the issue. What should we do about HIV and AIDS? What is really the nature of the problem? Where is it in the country? What is driving it? Who is spreading it the most? Why is it affecting these persons more than others? How does it affect people, regions, provinces, districts and the country at large? When does it spread? What should be done? What can be done to reduce the spread, and tame the epidemic? These and many more questions the Thais asked themselves.

They started by tracking and monitoring the epidemic. While the surveillance that was out in place detected little HIV through 1987, by 1988 the rate of HIV infection among drug users in several parts of the country was cause for worry. By 1989, a country-wide monitoring system was already in place and the government of Thailand was able to follow HIV where it went. But they could not control its spread.

The system showed that sex workers were the most infected, and in a country where sex work was a normal part of the lives of many citizens and tourists, HIV would spread to many people easily. It did not take long to confirm the suspicion. HIV infection among brothel-based sex workers was 3.1 per cent in 1989, and by 1990 it was 9.3 per cent. By June 1991, it was 15.2 per cent nationally. Many Thai men were being infected, growing from 0.5 per cent in November 1989 to 3 per cent in November 1991 among army recruits about the age of 21 who were tested before being admitted in to the force.

The HIV/AIDS programme in Thailand zeroed in on the problem--how to decrease transmission of HIV during commercial sex could bring down the rapid spread, and other means would be used to address its

spread in many other groups in the population.

First of all, address the epidemic where it was spreading the most--brothel-based sex work. How would this be done? Make sure that all sex acts in the brothels are protected by condoms. Make sure that it is not possible to exchange sex for money without using condoms. This solution was piloted in Ratchaburi region, and managers, sex workers, clients were obliged to ensure that condoms were used in the brothels.

Although many clients would rather not accept this new idea, they had no other place to go as it was impossible to get any brothels to accept non-use of condoms. Indeed, those who violated the policy had their brothels closed down by enforcement officials.

The rates of sexual transmission of sexually transmitted diseases (STDs) dropped dramatically in the province. The implication was that if STDs were not being transmitted, HIV was also not being transmitted. With this success proven, Thailand made the "100 per cent Condom Programme" national, and both STD and HIV transmission dropped all over the country.

This large scale implementation of a successful programme against HIV and AIDS has been studied extensively, and various adaptations of it are being used or piloted in other parts of the world, sometimes even in towns and parts of a country. It shows that with a good tracking and understanding of the epidemic, a definitive solution that can have real impact on HIV and AIDS is possible. The situation may be different in each country or even states, but the analysis of the problem is crucial to determining what solution is appropriate and which can be rapidly implemented too.

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RESOURCES

Update information on the OAU Summit on HIV/AIDS, TB and Other Related Infectious Diseases

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Summit Co-ordinator: Dr. M.A Nasidi, Director - Special Duties, Federal Ministry of Health, Room 334, 3rd Floor, Federal Secretariat, Abuja.

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Media handbook on HIV vaccine trials in Africa

UNAIDS has published a handbook for the media on communication issues in HIV vaccine trials in Africa. The handbook can be obtained in PDF format at the following link:

<http://unaids.org/publications/documents/vaccines/vaccines/JC475-MediaHandb>

You can also request a hardcopy by sending an email to unaids@unaids.org