Focus: The China Project

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that close to 1.5 million people carry the AIDS virus in China. With a population of over one billion people, UNAIDS believes that if the epidemic continues unimpeded, over 10 million people in China could be infected by 2010.

Since the Chinese government’s acknowledgement in 2001 of the growing AIDS problem, more international organizations are being invited to assist with AIDS research and interventions in China. One example is the Harvard AIDS Institute’s China Project, a multi-faceted collaboration dedicated to curbing the HIV/AIDS epidemic and mitigating its impact in China. Today, at program offices in Boston and Tianjin, project staff work to identify and move forward promising initiatives, partnering with a variety of organizations already working in China. Dr. Yichen Lu, a Principal Research Scientist at the Harvard AIDS Institute is primarily responsible for the China Project.

The project’s current activities include in-country medical training for the care and treatment of HIV, collaborations between the Harvard AIDS Institute and the Chinese government at the provincial and national levels, and vaccine research at the laboratory established by Dr. Lu in Tianjin.

In 2002, the National Institute of Allergy and Infectious Diseases (NIAID) awarded a Comprehensive International Program for Research on AIDS (CIPRA) grant to China’s Center for Disease Control and Prevention. The Center was the first Chinese recipient of an AIDS grant from the United States National Institutes of Health (NIH) and it was the largest ever given to a foreign research project, US$14.8 million over five years. The Harvard AIDS Institute’s vaccine research program has become a component of the Chinese National AIDS program that is funded by the grant.

However, in a country as large as China, the greatest challenge facing the project is long-term funding. “There is so much more that we need to do, including providing medical training and research on AIDS so we can reach those that need help the most, such as the economically disadvantaged and those living in rural China,” said Dr. Lu. “We need to educate the public about AIDS and bring the best technologies to China to develop vaccines.” China has a huge pool of talented researchers and one of the largest vaccine industries worldwide.

Those involved in the project have also come to realize how deeply international affairs and politics influence public health work. “Political leadership will be the real determinant,” said Dr. Lu. “HIV/AIDS in China must become a priority. We need to help China prevent this epidemic from becoming a devastating public health disaster.”

For more information about the China Project visit: http://www.aids.harvard.edu/training/china.html.

AIDS Leadership Award

On February 18, 2003, the Harvard AIDS Institute presented the 2002 AIDS Leadership Award to His Excellency Olusegun Obasanjo, President of the Federal Republic of Nigeria. The award was presented at a special ceremony, attended by over two hundred dignitaries including the United States Ambassador to Nigeria, the Honorable Howard F. Jeter and the former President of the Republic of Botswana, President Ketumile Mase. Candor, compassion and commitment have characterized President Obasanjo’s response to the AIDS epidemic. He has taken every opportunity to create awareness about the spread of HIV and to encourage other African leaders to publicly address the epidemic through action.

HIV Vaccines for Developing Countries

In February, the Harvard AIDS Institute launched its 10th Annual Vaccine Think Tank symposium in Abuja, Nigeria. This year’s meeting was entitled “HIV Vaccines for Developing Countries: Prospects for an HIV Vaccine for West Africa.” Almost 80 scientists, physicians, (continued on back page)
The International Advisory Council consists of a diverse group of individuals who advise the Institute’s senior administration on its role as an influential voice in the public discourse on AIDS and in promoting its mission of research, education and leadership to end the AIDS epidemic in Africa, Asia and other resource-scarce settings.

Spotlight: What factors motivated you to become involved in the work of the Harvard AIDS Institute?

SYY: For a number of years I worked for the UN focusing on social issues related to health, economic development and gender equality. When I completed my assignment for the NGO Forum during the 1995 UN Women’s Conference in Beijing, I became alarmed at how the global AIDS epidemic was affecting women. My association with the Harvard AIDS Institute helped me to learn more about the problem from an outstanding team.

Dr. Soon-Young Yoon is an anthropologist and works on the Campaign for Tobacco Free Kids.

RS: We’ve covered AIDS in the pages of Newsweek for more than two decades. In fact, we were the first national publication to put the disease on the cover way back in 1983. The cover line was “Epidemic” and that caused a lot of controversy at the time.

But clearly HIV/AIDS has become one of the greatest threats to global health we’ve seen, and will see, in our lifetimes. It seemed only natural to combine a professional interest in responding to the disease with a more personal involvement. Why Harvard AIDS? Anyone acquainted with Advisory Council Co-Chairs Deeda Blair and Maurice Tempelsman knows how persuasive they can be! Their leadership is remarkable and inspiring, and I instantly felt the same way about the Institute’s skilled and dedicated faculty and staff.

Soon-Young and I also found the Institute’s philosophy enormously appealing—to look at HIV/AIDS from a global perspective, to focus on both the scientific future and immediate social and medical needs and to join in a true collaboration with researchers and governments in the developing world to deal with the problem. The Institute’s approach reflects genuine respect for the contribution that the people on the front-lines can make and helps set in motion a virtuous cycle of teaching, learning and action that offers our best hope for dealing effectively with the disease.

Spotlight: You have been members of the Institute’s International Advisory Council since 2000. What do you feel is the Council’s most important role?

SYY: Much to its credit, the Harvard AIDS Institute has a solid long-range global plan. Perhaps the Council’s most important role is to force the Institute to explain its projects to lay professionals—all who care deeply about the issues. The council is a fascinating, diverse group that provides feedback, asks tough questions, and occasionally helps identify the answers. We do have one obvious flaw—we love to tell others how to run their show.

Spotlight: Dr. Yoon, in 2001 you visited Botswana, the country with the highest incidence of HIV and AIDS in the world. Can you tell us your impressions of how the epidemic has affected the country?

SYY: My experience was limited to a few days’ visit, but I have two strong impressions. First, the people of Botswana have shown a collective courage that is inspiring and an unusual openness to international organizations like the Institute. For example, the volunteers for clinical trials came forth in great numbers—and that speaks well for all sides. At the same time, the people I met were keenly aware that the epidemic could wipe away its youngest and best educated within a few years. Young women will never become mothers; fresh graduates from engineering will never build roads. The economic impact of AIDS is its most devastating downside. As for its social consequences, we need to look beyond the apparent. As President Mogae stated, "We are all living with AIDS." My friends are attending weekly family funerals, helping to take care of the orphans, and consoling parents who bury their children.

Spotlight: Due to major advances in the development of anti-AIDS drugs, many people in the US have become complacent about the AIDS epidemic. How can we convince people that there is still an urgent need to support HIV and AIDS research?

SYY: American public health as a national entity is a relic of the past. Today, the health of Americans depends—in part—on international public health policies. SARS reminded us that local viruses can rapidly become global threats. In AIDS work, the search that the Institute is doing on vaccines for a particular African HIV strain has the potential to benefit the rest of humanity. I believe the Institute must provide leadership, but it also has many allies. There are NGOs like church groups and women’s organizations that are pressing for more attention to HIV/AIDS research. The government and private foundations should increase funding for these NGOs and strengthen their ties with research centers of excellence, like the Harvard AIDS Institute.

Spotlight: Mr. Smith, Newsweek has reported extensively on the worldwide AIDS epidemic. Do you feel that the US media has done enough to highlight the extent of the epidemic in the developing world and the US’s responsibility to respond?
RS: The media’s role? Overall, I think the media has done a decent job of highlighting the global problem. In the early days, of course, the international impact of HIV/AIDS was often seen as adjunct to the domestic story, but in recent years, there has been increasing coverage of the humanitarian, economic and even national security dimensions of the AIDS story around the world. Frankly, the public response to these stories has been surprisingly strong. Three or four years ago, for example, Newsweek carried a cover story on AIDS in Africa called “Ten Million Orphans.” It not only sold much better than I expected on the newsstand, but also prompted a lot of reader response. Spot light: What do you feel is the single most important message we need to communicate to people here in the US about the global epidemic?

SYY: Hope. We cannot lose hope. Unfortunately, the downward spiral image for the African region leaves Americans thinking that all is already lost. Even worse, Africans might agree. We need to publicize more about how treating all AIDS patients with anti-retroviral drugs can raise confidence in government programs and reduce stigma. We also need to understand how successes in countries like Uganda, Thailand and Brazil means a better future for Americans. I think it is a mistaken idea that no one likes to hear about the good news.

RS: The success of multi-drug therapies in the developed world could easily lead to a sense of complacency about the spread of the disease. But the numbers don’t lie—and they are horrific. In Africa, in the subcontinent, and in China, the number of cases is growing geometrically. And if the events of the last couple of years have taught us anything, it’s that what happens a half a world away can ultimately have an impact here at home. It’s a cliché to say that we live in a very small world, but that’s become a cliché largely because it’s true. Globalization isn’t just an economic or an industrial concept. It applies to the environment, social and political trends and, of course, to disease. Just look at SARS. On the one hand, it’s a perfect example of how a disease can spread in an intricately inter-woven world. But it also shows how much better we’ve become in organizing a rapid, coordinated and truly global response. The experience with HIV/AIDS—and frankly, the early failures and lack of cooperation—taught the global health community and policymakers important lessons that are now being put into practice.

We’re proud of the spirit, the skill and the dedication of the Harvard AIDS Institute team. But for the Institute—and the rest of the global AIDS community—there is no time to rest. The numbers are growing, the suffering is growing and there is much important work still to be done.

How you can help...

There are many ways to support the Institute’s work to curb the AIDS epidemic, including online donations, cash gifts, gifts of securities, and bequests. Naming opportunities are also available for donors who wish to make a lasting impact on the Institute’s work. Gifts of all sizes are greatly appreciated.

Online Donations
Visit the online donation center for Harvard University (http://www.haa.harvard.edu/devel/html/jgifts.html) to make your contribution to the Institute. This user-friendly site enables individuals to donate online in five easy steps. In step three, Gift Designation, please enter “Harvard AIDS Institute” into the space marked “other designation” to ensure that the Institute receives your gift.

Cash Gifts
Checks can be made payable to the Harvard AIDS Institute and sent to the following address:
Harvard AIDS Institute
651 Huntington Avenue
Boston, MA 02115

Gifts of Securities, Bequests, and Naming Opportunities
To support the Institute through gifts of securities, bequests, and naming opportunities, please contact Michael Voligny for further information.

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and international leaders attended the symposium, co-sponsored by the AIDS Prevention Initiative in Nigeria (APIN). This year's symposium was co-chaired by Dr. Phyllis Kanki, Professor at the Department of Immunology and Infectious Diseases at the Harvard School of Public Health and director of APIN, and Professor Lateef Salako, from the Federal Vaccine Production Laboratory in Nigeria.

Harvard Programs on AIDS and Global Health

On May 14, 2003, the Harvard AIDS Institute combined efforts with other Harvard departments to host the second Harvard-wide symposium entitled, “Harvard Programs on AIDS and Global Health: Drugs for Prevention and Treatment.” The prevention of mother-to-child transmission (PMTCT) of HIV is a critical issue in sub-Saharan Africa and worldwide. This symposium examined important questions surrounding the implementation of PMTCT and antiretroviral (ARV) therapy programs and the distinct regional challenges faced by developing countries.

Maitoko a Tshireletso HIV Vaccine Initiative

On June 26, 2003, the Botswana–Harvard AIDS Institute Partnership vaccinated their first volunteer in a Phase I trial of an experimental HIV vaccine. There has been considerable interest and willingness to participate in the trial among the people of Botswana. The trial is being conducted simultaneously in the US and Botswana, in collaboration with the HIV Vaccine Trials Network (HVTN). It is the first HIV vaccine trial sponsored by the HVTN in Africa. This initial phase will test the safety of the vaccine in 42 healthy and uninfected adult volunteers.

KITSO

To date, 984 health professionals have participated in the KITSO AIDS Training Program in Botswana. In the first half of 2003 alone, with trainings at Jwaneng Mining Hospital, Princess Marina Hospital, and Gabarone City Council, 341 participants completed AIDS Clinical Care Fundamentals. KITSO training materials are also shared with HIV and AIDS training programs conducted in China, Vietnam and other African countries.

Tshepo Study

This large-scale research study aims to assess the emergence of drug resistance to and the tolerability of different protease-inhibitor-sparing antiretroviral treatment regimens. The study will also compare two different strategies to enhance patient adherence to these treatments in Botswana. As of June 2003, 135 patients had been enrolled in the study. Also, on June 10, 2003, a new wing of the Infectious Disease Care Clinic (IDCC) at Princess Marina Hospital in Gaborone, Botswana opened. This wing will be used to administer the national ARV therapy program, “MASA”, under which 3000 people are now receiving ARV’s.

Luncheon for President Mogae on Capitol Hill

Mr. Maurice Tempelsman and the Harvard AIDS Institute hosted a luncheon in Washington D.C. on Tuesday, June 24, 2003 to honor President Festus Mogae for his dedication to combating HIV and AIDS in Botswana. Senior Senators and Congressmen joined in this tribute, as well as representatives from the National Institutes of Health and leaders from national foundations and private industry.