

## AIDS expertise moves from Winnipeg to Kampala

A Winnipeg microbiologist and infectious disease expert is the sole Canadian invited to join an elite international medical team that will open Africa's first large-scale HIV/AIDS clinic in Kampala, Uganda, next year.

Dr. Allan Ronald, a retired associate dean of research at the University of Manitoba medical school, says he was surprised to be contacted by the Academic Alliance for AIDS Care and Prevention in Africa, a group of 9 Ugandan and 5 American HIV/AIDS experts. "I was somewhat taken aback because I have no experience working in Uganda," says the 63-year-old University of Manitoba graduate.

What the soft-spoken internist failed to mention, however, is that he spent 20 years, off and on, in neighbouring Kenya, where he developed a program to reduce the incidence of sexually transmitted disease (STD) and the prevalence of HIV in pregnant women.

"A person either loves Africa or has no patience for it," says Ronald, who was invited to Kenya in 1978 after publishing articles on the handling of a chancroid outbreak in Winnipeg. "The Kenyans were experiencing a similar problem and I was asked to advise the medical staff at the University of Nairobi on techniques used to control the disease in Winnipeg."

Ronald's work resulted in the Nairobi STD program and an exchange agreement to train African students and send non-Africans to study at the University of Nairobi. As a result, about 61 African medical students have graduated from leading universities throughout the world, and 58 have returned to work in their home countries.

And now it is Ronald's turn to go back to a continent that desperately requires help if it is to stop the insidious spread of the "wasting disease." With at least 25 million people already seropositive for HIV in Africa, the task of taming the pandemic seems beyond human capability. In Uganda alone more than 800 000 people are living with the virus, so what can a single clinic hope to accomplish against such staggering odds? "It may seem like a drop in the bucket," says Ronald, "but we have to start somewhere, even if it is restoring the health of 1 patient at a time."

With an \$11-million grant from the Pfizer Foundation, Ronald and his colleagues will oversee the construction of a \$1.5 million, 28 000-square-foot building with facilities for patient care, laboratories and for training doctors, nurses and

other health practitioners in AIDS care and prevention. The clinic at Kampala's Makerere University Medical School is expected to be completed by April 2002.

Uganda was chosen because the country's president, Yoweri Museveni, is an outspoken advocate for AIDS prevention and care. Moreover, Ugandans are very open about discussing the pandemic. "They are not in denial as is the case in other African countries," says Ronald.

A cohort of 30 000 Ugandans with HIV/AIDS who earn less than Can\$1500 annually will be chosen to participate in the initial stages of the program by answering a questionnaire. By the end of 2003, the cohort will be reduced to 20 000 patients, of whom about 50% will be eligible to receive antiretroviral drugs.

"Some will be too far advanced with AIDS to make rehabilitation possible," says Ronald, "while others may have so many other problems in their lives that compliance will be difficult."

He says his own experience treating poor AIDS patients in Winnipeg suggests that about 30% will be noncompliant because of side effects and lifestyle

factors. "Side effects can be reduced by changing a drug regimen, but poverty, unemployment and family problems are much more difficult to address."

In spite of these problems, the clinic will eventually deliver care, which is currently available only in the developed world, to up to 50 000 patients annually. "If the patients are compliant, we expect about 70% to 80% to return to good health," says Ronald.

In addition, at least 80 clinicians per year will be trained in the latest AIDS-treatment techniques. It is expected that these trainees will eventually operate new clinics elsewhere in Africa.

Pfizer has agreed to provide additional funds after 3 years if the alliance reaches certain benchmarks, such as convincing other pharmaceutical companies to donate drugs worth \$60 to \$70 million to the cause, says Ronald.

The alliance includes the Infectious Diseases Society of America, Makerere University, the San Francisco AIDS Foundation and international and local nongovernmental organizations and research-based pharmaceutical companies.

In January, Ronald and his wife Myrna, who have 3 adult daughters, will pack their bags and move to Kampala for 2 years. — *David Square*, Winnipeg



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