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**HHS Secretary Leavitt Visits Twinning Center Partners in Mozambique and Tanzania**

Health and Human Services Secretary Mike Leavitt visited three Twinning Center partners in Mozambique and Tanzania on his four-country tour of PEPFAR-supported sites in Africa last August.

While in Maputo, Leavitt met with staff and volunteers at Esperanca Centreo (Hope Center), a community-based organization that provides peer counseling for PLWHA.

Through a CDC-funded partnership with the University of California-San Francisco, Hope Center runs a successful Prevention with Positives program, which is slated for replication at other sites in Maputo.

Leavitt also visited Catholic University of Mozambique, which is collaborating with the University of Pittsburgh to build an HIV/AIDS clinic at its Beira campus. With CDC

support, the US partners are providing technical assistance and training to ensure that the healthcare workers who staff the new facility are skilled in ART and other HIV-related treatment and care.

In Dar es Salaam, Leavitt attended the first training conducted through the Tanzania HIV/AIDS Nursing Education (THANE) Project for nurse tutors from the country's Eastern Zone.

Partners at Muhimbili University of Health and Allied Sciences School of Nursing and the University of California-San Francisco School of Nursing are leading this CDC-funded project to improve HIV/AIDS nursing education throughout the country. They trained and assisted the Tanzanian master trainers who conducted the workshop.



Sec. Leavitt visited Hope Center in Maputo, where Twinning Center partners operate a Prevention with Positives program.



Judith Bagachwa of the Tanzania Institute of Social Work asks Sec. Leavitt a question during his visit to Muhimbili University.

**APCA Partnerships in Botswana and Côte d'Ivoire Commence Efforts to Expand Palliative Care**

Partners from Hope Worldwide, an NGO working in Côte d'Ivoire, and the University of Botswana School of Nursing Institute of Health Sciences met with counterparts at the African Palliative Care Association (APCA) during an August exchange in Kampala.

APCA staff provided detailed information on palliative care and organized visits to local hospices and organizations that provide palliative care services.

The exchange also gave partners an opportunity to identify key areas that

require strengthening and technical support, as well as topics for future collaboration once BOTUSA and CDC funding for the partnerships ends.

Twinning Center staff was on hand to introduce the partnership model and assist with workplan development.

## Palliative Care Training Empowers Hospice Workers, Yields Improved Care for PLWHA



Beatrice Shambwe checks on Philemon's progress at the Hospice's school.

When Beatrice Shambwe, a care provider at Jon Hospice in Lusaka, first visited the home of Philemon Ngoma, she found the 10-year-old boy so gravely ill that he could barely breathe. Philemon's parents had died of AIDS and he was living with his siblings, but they didn't know how to care for him properly—especially not when he got so sick.

"I was taken to the hospice, where they counseled me and did some tests. They gave me some medicine and now I am fine," Philemon says, a bright smile lighting his face.



Shambwe chats with Natalia Phiri, a patient at Jon Hospice.

The support Philemon and others living with HIV receive at Jon Hospice has improved thanks to training conducted by Twinning Center partners at the Palliative Care Association of Zambia (PCAZ).

With USAID support, PCAZ hosted two training and advocacy workshops for 26 representatives from area organizations providing

community-based care to people living with HIV or AIDS.

Shambwe participated in both workshops, which focused on training caregivers and identifying key elements of palliative care that can be effectively integrated into home-based care. The first stressed adult care, the second pediatric.

"None of our staff had training in pediatric palliative care before I attended these workshops," Shambwe says, noting that she has already passed what she learned on to her colleagues.

"The holistic approach I learned during the palliative care training and shared with staff has really improved care for our young patients," Shambwe reports. "We are now able to identify the needs of the children and work within a multidisciplinary team to better meet their physical, spiritual, social, and psychological needs."

For children like Philemon, the care and support he receives at Jon Hospice has made a world of difference.

"I never used to go to school, but now I do. I receive medicine. I play with my friends and have enough to eat," he beams. "The staff here is good. I appreciate the care I get."

Philemon isn't the only patient at Jon Hospice to benefit from the improvements the palliative care training has yielded.

"When I was admitted, I had swollen feet and was not able to walk," says 35-year-old Natalia Phiri. Thanks to the care she has received, that has changed. "I really appreciate the care given to me by the hospice staff. I am now able to walk. They give me food, medicine, and even remind me to bathe every day. This hospice is the best, far much better than the hospitals and clinics I have been to," she says.

## HIV/AIDS Twinning Center: The Program in Numbers

As of Sept. 30, 2007, the HIV/AIDS Twinning Center reports the following achievements:

- Organizations receiving technical assistance: 161
- Individuals trained through capacity-building activities: 3,350
- Individuals reached and/or receiving HIV/AIDS-related services: 8,037
- Partnerships established: 26
- Countries funding programmatic activities: 9
- VHC volunteers deployed: 17
- Individuals trained at Learning Resource Centers: 213
- Visitors to the Twinning Center Web site this quarter: 4,831

## Partnership Links Lutheran Communities in Iowa, Tanzania to Improve Palliative Care for PLWHA

The Twinning Center recently launched a new partnership designed to expand palliative care services for PLWHA in Tanzania's Pare Diocese, which includes Same and Mwanga districts in the Kilimanjaro Region.

With funding from the CDC, this faith-based partnership links the Evangelical Lutheran

Church in Tanzania's Pare Diocese with the Southeast Iowa Synod Evangelical Lutheran Church in America.

Partners met in Des Moines, Iowa, September 22-30, where they developed a workplan to help them achieve their objectives of strengthening institutional capacity related to palliative

care and developing a sustainable training program to ensure healthcare workers and other caregivers in the region have the skills they need to provide quality care and support to PLWHA.

Presently, only six of the 130 healthcare providers in the region have had any training in palliative care.

The Pare Diocese catchment area is home to some 340,000 people. With an HIV prevalence rate of 7 percent, demand for palliative care services is on the rise.

## Brits/FPD Partnership Concludes, Reports Marked Improvements in Care for PLWHA

Brits District Hospital in South Africa's North West Province has exceeded their expected targets and achieved several significant accomplishments through a CDC-funded Twinning Center partnership with the Pretoria-based Foundation for Professional Development (FPD).

As the partnership comes to a close, the Twinning Center

reports that Brits HIV/AIDS Clinic and its affiliated referral sites provided ARV services to 1,831 patients, exceeding their target by nearly 400 people.

Efforts to expand VCT services to all four clinics involved in the partnership resulted in marked increases in the number of HIV cases reported, with 60 percent of

those tested diagnosed as seropositive.

Other notable achievements include increased physician productivity, development of an operational toolkit that supports standardized care and continuous quality improvement, increased integration of HIV and TB care, and implementation of a wellness program.

Launched in 2005, the Brits/FPD partnership is the first to graduate from the Twinning Center's technical assistance program.

## THANE Project Ramps Up Efforts to Train Tanzania's Nurses in HIV/AIDS Care

Twining Center partners at Muhimbili University of Health and Allied Sciences School of Nursing and the University of California-San Francisco School of Nursing are ramping up their efforts to train 289 nurse tutors from Tanzania's 62 nursing schools on HIV/AIDS prevention, care and treatment.

With funding from PEPFAR and the CDC, partners trained a group of 18 nursing faculty as master trainers in May 2007. In August, these master trainers began

training their nursing school colleagues on the Tanzania HIV/AIDS Nursing Education (THANE) curriculum, which was developed by partners in close cooperation with the Nurse Training Unit at the country's Ministry of Health and Social Welfare.

As of September 30, the master trainers had trained 25 nurse tutors representing 12 nursing schools in the Eastern Zone of Tanzania.

"For most of us nurse tutors, the THANE training is the first

HIV/AIDS training we've ever had," says Angasyeye Kibona, master trainer and nurse tutor at Muhimbili Diploma Nursing School.

"It's opened our eyes to the dramatic changes in HIV/AIDS services around the country. Nurses are on the frontlines in hospitals and health centers, so if nurse tutors are able to better prepare their students on HIV/AIDS, the quality of services will increase considerably," she stresses.



THANE master trainer Angasyeye Kibona leads a training session during the August workshop in Dar es Salaam.

Yale MPH student Deborah Roseman traveled to Tanzania this summer as one of the Volunteer Healthcare Corps' first placements in that country.

Deborah put her 12 years of experience working on community-based HIV/AIDS programs to good use at Mbeya Referral Hospital—one of five zonal hospitals in Tanzania. Since 2004, the hospital has been working with the US Military HIV Research Program through its PEPFAR-funded Walter Reed Program.

Deborah helped Walter Reed Program staff develop a strategic plan for the next three years and identify the resource capacity needs of Walter Reed grantees.

Here, she shares some of her thoughts on the experience.

## The VHC Experience: Lessons from Mbeya, Tanzania

My three-month stay in Tanzania as a VHC volunteer was also my first trip to Africa. In many ways, I truly did not know what to expect. However, one of the primary outcomes of my experience this summer was exactly what I had expected: a different perspective on needs vs. wants, having vs. not having, and what constitutes barriers.

I knew I would get a better sense of how lucky I am to have been born into a family and a country with vastly greater resources than are available to most people, but having expected to learn these lessons does not make the lessons less powerful.

There is a difference in knowing, cognitively, that things are different elsewhere and in experiencing—or at least witnessing—that fact first-hand.

Many of the colorful details of my summer were genuinely unexpected. I did not expect to be so welcomed, to feel so much at home. I did not expect children to act like Big Bird himself was making an appearance when they saw me. I did not expect the landscape to be so lush and green. I did not expect to gain weight!

Generally, I recall my time in Tanzania as a mosaic of interpersonal experiences and observations. The activities directly related to my volunteer assignment were challenging, engaging, and rewarding. Often, though, it was the peripheral experiences that left the biggest mark.

The opportunities I had to accompany providers on ward rounds at Mbeya Referral Hospital were among my most important experiences in Tanzania, both professionally and personally. There, among the metal cots, with the sickest patients upon mattresses on the concrete floor, I got a clear sense of the context into which my work fit.

Each time I saw a woman of unknown HIV serostatus so ill and severely wasted she could no longer ignore her symptoms, both the crushing stigma of the disease and the gender inequities came into painfully crisp focus.

When an intern asked my fellow volunteer what bypass surgery was, I was slapped with the reality of how few medical resources are available in Tanzania and how vastly different is the focus of medicine.

In the United States, issues like Do Not Resuscitate orders and the cost of end-of-life care are a function of the resources we have to extend life. Americans argue about the ethics of taking someone off life support or performing heroic measures. In Tanzania, for the most part, these questions are moot.

Death is a reality at all hospitals, of course, but in Tanzania, when I saw a sheet-wrapped body wheeled out of the ward on a gurney, it was hard not to wonder if the outcome would have been different elsewhere.

The things I saw at the hospital could at times be simultaneously sobering and inspiring. On a few occasions, I sat in with one of the doctors seeing patients at the HIV Care and Treatment Center (CTC). The most

memorable patient for me was a girl of 10 who could pass for six. Her name was Gift, and she had lost both parents since contracting HIV at birth. She now lives with her grandmother. Gift was dressed in her school uniform and spoke very softly, answering each of the doctor's questions in little more than a whisper. She had come alone to the CTC, along with her blue card (each CTC patient has one and is expected to bring it to each appointment), from about two miles away.

When I initially learned clients were required to retain their blue cards, I first thought that such a system in the United States would result in a large proportion of lost cards. Next, I wondered whether behavior aligns with expectations, or vice versa.

Yes, the thing I learned most in Tanzania is exactly that which I had expected to learn: everything is relative. There, two dollars is an unaffordable lunch, yet a four-mile-round-trip is a barrier to care that can be overcome by a tiny 10-year-old orphan, who also manages not to lose her blue card.

I am honored to have been able to contribute what I could in my short time as a volunteer in Tanzania and grateful for the opportunity to learn the lessons I will never forget.

*To read more about Deborah Roseman's three-month VHC experience in Tanzania, visit her blog at [www.deb-in-tanzania.blogspot.com](http://www.deb-in-tanzania.blogspot.com).*

*The HIV/AIDS Twinning Center's VHC activities in Tanzania are funded by the CDC.*



Deborah with group of young girls she met during a site visit to Kiwohede Youth Center in Mbeya, Tanzania.



## Community-based Work Helps Strengthen HIV Prevention Efforts in Kenya's Catholic Schools

Twinning Center partners at Chicago's DePaul University are expanding their HIV prevention efforts to rural areas of Kenya, educating adults and children about HIV, STIs, and effective interpersonal communication.

Conducted in cooperation with Daughters of Charity in Thigio and Karen, and the Holy Cross Dispensary in Thigio, these workshops are designed to arm people in isolated, resource-poor rural areas with the knowledge and life skills they need to keep themselves healthy. A key component is training youth

to be peer educators who can then share prevention messages steeped in local language and traditions.

Using the Communicating about HIV and AIDS Together (CHAT) program they developed, the DePaul team has also educated adults in Thigio, teens in Nairobi's slums, and incarcerated men and women in Nairobi.

"Doing these workshops gives us the experience of working first-hand with young people so that we can better understand the people, culture, and communities our partners at

the Kenya Episcopal Conference-Catholic Secretariat (KEC-CS) serve," explains Gary Harper, a Professor of Psychology and Director of the Master of Public Health program at DePaul.

The KEC-CS/DePaul partners are strengthening their existing, school-based prevention program, which is being implemented in 262 Catholic schools across Kenya, by developing a user-friendly teacher's resource guide to prepare educators to more effectively convey information about HIV in a culturally sensitive, age appropriate way.



DePaul partner Gary Harper discusses HIV prevention with a group of 45 young men and women at Thigio Community Center in rural Kenya.

## Volunteer's Efforts Build Training Capacity, Improve Quality of HIV Lab Service in Ethiopia

When Dr. Wubshet Mamo arrived in Addis Ababa in May 2007, the I-TECH HIV laboratory support project he traveled to Ethiopia to assist consisted of one lone technologist.

With his year-long volunteer assignment reaching the half-way mark, the Clinical Laboratory Support Team Mamo helped establish now boasts six dynamic staff members, including four regional coordinators, a senior coordinator, and Mamo himself, who serves as the team's director.

Mamo is part of the Twinning Center's Volunteer Healthcare Corps, an initiative designed to place qualified individuals at organizations supported by PEPFAR that need the long-term, onsite technical assistance a volunteer can provide.

Although he left Ethiopia three decades ago, Mamo says that frequent visits to his homeland made him

think that the country could benefit greatly from his knowledge and expertise. "Over the last few years, in particular, I came to realize that my experience could really bring about positive changes," he explains. "That's when I began looking for an opportunity to contribute in some way."

Working closely with Ethiopia's Ministry of Health and I-Tech, Mamo focused on building an expert team capable of supporting field-based clinical laboratory staff and providing mentorship and troubleshooting, which are major challenges in the delivery of effective laboratory services in hospitals and at the regional laboratories.

Thanks to Mamo's expertise as a microbiologist and laboratory specialist, the Support Team can now effectively provide teaching assistance and mentorship to the three regional I-TECH target sites, which includes 35 hospitals, three regional laboratories,

and numerous health centers that provide health support services—with a particular focus on antiretroviral therapy (ART)—to a population of 25 million people.

Mamo has worked very hard to forge a strong relationship between the Lab Support Team and the regional health bureaus—something that did not previously exist. He also collaborated with the Ethiopian Health and Nutrition Research Institute to adopt the national quality control program and strengthen the capacity development of quality control system implementation in all hospital and regional labs at I-TECH target sites.

In addition, Mamo helped staff at the Columbia University-ICAP site Addis Ababa to launch a regional program that enables HIV diagnosis in infants younger than 18 months of age through molecular testing and DNA PCR tests.



**"I can really see the changes I've helped implement and know that I can still contribute so much more. My goal is to ensure these changes are sustainable by focusing on training staff and strengthening lab infrastructure."**

**—VHC volunteer  
Dr. Wubshet Mamo  
(kneeling at center),  
with members of the  
I-TECH Lab  
Support Team**

The Twinning Center's Volunteer Healthcare Corps has already placed 17 volunteers at host organizations in Africa.

If you are interested in working on the frontlines in the battle against HIV/AIDS, visit us online to learn more.

[www.TwinningAgainstAIDS.org](http://www.TwinningAgainstAIDS.org)

## Volunteer Healthcare Corps Announces New Opportunities in South Africa, Tanzania

The Volunteer Healthcare Corps (VHC) has a number of openings for skilled professionals looking to help organizations in South Africa and Tanzania combat HIV/AIDS.

VHC volunteers help scale up existing services and jump-start new projects in support of PEPFAR and host countries' national HIV/AIDS strategies.

Opportunities currently exist for the following positions:

- Clinical Preceptors
- Palliative Care Specialist
- PMTCT Specialist
- Adherence Nurse Counselor
- Program Specialist for PLWHA
- Data Review Manager
- Information Reporting Coordinator
- TB/HIV Technical Advisor
- Clinical Training Technical Advisor
- Laboratory Technologist
- Pharmacists
- Quality Assurance Specialist
- IT Technicians

Volunteer placements generally range from 3-12 months in duration and are located at various institutions in countries targeted for assistance under PEPFAR.

The VHC offers individuals a chance to serve as a catalyst for sustainable change and make a meaningful contribution to the war against HIV and AIDS.

More detailed information on each of the opportunities can be found on the HIV/AIDS Twinning Center's Web site.

## LRC Exchange Fosters Collaboration Between AIHA Partners in Russia and Zambia



AIHA ICT Program Coordinator Irina Shumilova and Dr. Oleg Popov of the Novotroisk AIDS Center demonstrate the PMTCT database designed and implemented through AIHA's HIV/AIDS project in Russia.



Dr. Alexander Pankov discusses his work as info-coordinator at Orenburg State Medical Academy's LRC with the Zambian partners and AIHA ICT consultant Irina Ibraghimova.

Two information coordinators from the DOD-funded Learning Resource Centers (LRCs) established with Twinning Center support at Maina Soko Hospital and the Defense Force School of Health Sciences in Lusaka, Zambia, traveled to Russia in August to tour LRCs at AIHA partnership institutions in Orenburg Oblast.

The exchange commenced in Moscow with a meeting with AIHA Information and Communications Technology staff and information coordinators from graduated partnerships in Moscow, Stavropol, and Tashkent who have been managing LRCs for several years.

Ministry of Defense Warrant Officer First Class Tommy Sajisa and School of Health Sciences Nursing Tutor Major David Ndhlovu had the opportunity to discuss fundamentals related to the operation and expansion of LRCs with peers who have already tackled these issues. Topics

of particular interest included tips on setting up an LRC, providing staff training on evidence-based medicine, all aspects of telemedicine, and sustainability.

The group then traveled to Orenburg Oblast, where AIHA has had an HIV/AIDS care and treatment partnership project since 2004. There, they visited the LRC established at Orenburg Oblast AIDS Center in 2004, as well as more recently established centers at the AIDS Centers in Orsk and Novotroisk.

The team also toured the Orenburg Medical AIDS Training and Education Center located at the Infectious Disease Hospital and was invited to visit an information center organized by a PLWHA group in Orsk.

During a roundtable hosted by the Orenburg Oblast AIDS Center, LRC and other staff presented an overview of their ICT-related programs and Sajisa shared many of

the results of the LRC project at Maina Soko Hospital. The institutional accomplishments Sajisa credits to the LRC include the hospital being selected as a pilot site for an electronic medical records system by Zambia's Ministry of Health and the CDC and as a pilot telemedicine site in cooperation with the Ministry of Health and the University Teaching Hospital in Lusaka.

The Zambian information coordinators attended a two-hour training session titled, "Medical and Healthcare Information: Search and Management," and received all related materials.

The exchange fostered a spirit of collaboration among participants on both sides despite the language barriers. Irina Shumilova, AIHA's Moscow-based ICT program coordinator, provided instruction on translating software and other free Web-based services that can help facilitate communication and future cooperation.

## Para-Social Work Training Program Helps Tanzania Improve Care for Vulnerable Children, Families

With five children and no job, Asma Yusuf's life has been difficult. A resident of Dar es Salaam's Temeke municipality, the 30-year-old widow had little money and couldn't afford to send her children to school. "I found it difficult to cope and didn't know who to turn to," she recalls.

The help Yusuf desperately needed arrived on her doorstep when Alfreda George came calling. An agricultural field officer with the Temeke Municipal Council, George is part of a team that provides support to people in need—particularly children like Yusuf's who have been identified as most vulnerable.

George has been trained as a para-social worker through a Twinning Center partnership linking Tanzania's Institute of Social Work (ISW) with the University of Illinois-Chicago's Jane Addams College of Social Work and Midwest AIDS Training and Education Center.

In July 2007, partners piloted a curriculum for training community-based NGO, CBO, and local government workers in Temeke and Iringa municipalities. Alfreda George was one of 120 participants who learned how to help children better cope with illness and the loss of family members, as well as provide support to meet children's physical, emotional, and developmental needs.

"The para-social worker training program focuses on developing vital skills in identifying, assessing, and supporting orphans, vulnerable children, and families," explains US partner Dr. Nathan L. Linsk, a professor at Jane Addams College of Social Work. According to Linsk, the targeted training includes interactive small group sessions during which

participants practice their newly learned skills and apply them to different situations using a case study approach.

The para-social worker training is part of the partnership's efforts to equip social workers and other caregivers with the knowledge and skills necessary to develop comprehensive services to the country's 2.5 million children orphaned or made vulnerable by HIV/AIDS. With funding from USAID, the Twinning Center is supporting their work to expand in-service and pre-service social work training.

The front-line care properly trained social welfare officers can provide is more critical than ever as the number of vulnerable children climbs each month. In Temeke municipality where Yusuf and her family live, there are some 9,500 children classified as most vulnerable—a 10 percent increase in less than a year.

"There is a constant battle to meet the demand for social workers," says AIHA Country Director for Tanzania Hazel Plunkett. "Of the 70 or 80 people who qualify as social workers each year, few are employed by the government as social welfare officers," she points out, noting that's why training para-social workers is so important.

According to ISW reports, Tanzania needs a minimum of 8,000 more social workers to meet the country's growing demands.

"There are many professionals working at the community level who frequently come into contact with our most vulnerable children," says ISW's Judith Bagachwa. "We can give these people social work skills so they can provide support to individuals

who would otherwise not receive any services." People like Asma Yusuf and her five children.

"I have received a lot of care and support. I have been given books and a school uniform for my son, who is now able to go to secondary school for the first time. Perhaps what has been most useful is the advice I have been given about how to look after my children without the help of an extended family," Yusuf admits.

Alfreda George agrees. "We are able to make a real difference for people like Yusuf and her children by providing a small amount of material help, but also by suggesting ways that individuals can turn their lives around," she stresses.

And that is just what Yusuf's 14-year-old son Haji plans to do now that he is attending school. "I have the chance to study now," he says, "and one day I hope to get a job that will help me support my family."

For the time being, Yusuf and her family are among the lucky few whose lives have been improved thanks to the support of a para-social worker.

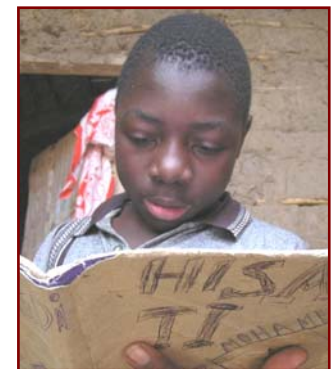
While only a third of all districts in the country have a social welfare officer, Temeke has three. In cooperation with Tanzania's Department of Social Welfare, partners hope to change that by scaling up the training program throughout the country.



Alfreda George (right) offers widow Asma Yusuf advice during a home visit. George's training as a para-social worker has helped her to better assist children and families in need.



Yusuf has benefited from George's tutelage on life skills, child care, managing her small income, family planning, and HIV/AIDS prevention.



Yusuf's son Haji is able to attend school for the first time thanks to the assistance his family has received from para-social worker Alfreda George and Temeke Municipal Council.



## Conferences, Grants, and Opportunities



**International Summit on Infectious Diseases**  
Nov. 20-24, 2007  
Abuja, Nigeria

**2007 Global Summit on AIDS and the Church**  
Nov. 28-Dec. 1, 2007  
Lake Forest, California

**Under African Skies: The Imagination of Poetry and Storytelling in the HIV/AIDS Pandemic**  
Nov. 29-Dec. 1, 2007  
Nairobi, Kenya

**2007 National HIV Prevention Conference**  
Dec. 2-5, 2007  
Atlanta, Georgia

**East African Conference on the Role of Future Health Professionals in Community-based HIV/AIDS Control**  
Dec. 11-15, 2007  
Butare, Rwanda

**International Conference on Opportunistic Pathogens in AIDS**  
Jan. 27-29, 2008  
New Delhi, India

**3rd Africa Conference on Sexual Health and Rights**  
Feb. 4-7, 2008  
Abuja, Nigeria

**8th International Conference on New Trends in Immunosuppression and Immunotherapy**  
Feb. 14-17  
Berlin, Germany

**Cytokines 2008**  
May 10-15 2008  
Kololi, Gambia

**3rd National Conference on Peer Education, HIV and AIDS**  
June 18-20, 2008  
Nairobi, Kenya

**COMET 2008 - Communication, Medicine, and Ethics**  
July 2-4, 2008  
Cape Town, South Africa

**XVII International AIDS Conference**  
Aug. 3-8, 2008  
Mexico City  
~Online Abstract Submission Deadline Feb. 19, 2008  
~Scholarship Application Deadline Feb. 26, 2008

**Gates Foundation Grand Challenges Explorations Grants**  
New \$100 million, 5-year program of small grants meant to nurture unorthodox approaches to global health. Open to scientists worldwide, particularly those in Africa and Asia where the burdens of diseases such as HIV, TB, and malaria are greatest. For more information, visit: [www.gcgh.org](http://www.gcgh.org)

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[www.TwinningAgainstAIDS.org](http://www.TwinningAgainstAIDS.org)

*The HIV/AIDS Twinning Center mobilizes and coordinates the resources of healthcare and allied professionals in the United States and abroad to effectively build capacity to reduce HIV infection rates and provide care to those infected with, or affected by, HIV/AIDS in support of the President's Emergency Plan for AIDS Relief (PEPFAR).*

*Funded by PEPFAR through a cooperative agreement with the US Department of Health and Human Services' Health Resources and Services Administration, the Twinning Center is a project of the American International Health Alliance, a US-based nonprofit dedicated to helping limited-resource communities make positive, sustainable changes that improve accessibility to a broad range of high-quality healthcare services and preventive programs.*

*The contents of this newsletter are the responsibility of AIHA and the Twinning Center and do not necessarily reflect the views of the United States government or other funding agencies.*

