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# Hope out of AFRICA

Fewer people are dying from AIDS, including those in Ghana. Model Erin O'Connor visited the country to see the changes for herself, writes **LISA GRAINGER.**



Erin O'Connor as a model.

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Erin O'Connor, seen here with a Ghanaian baby, says it was the staff of the country's St Martin hospital that really inspired her.

**“I**F ever I have seen people ‘keep calm and carry on’, it’s in Ghana,” says model Erin O’Connor, settling down with a bowl of porridge in her local Camberwell café.

“The scale of what I saw there was incredible. You can talk about poverty all you like. You can describe the poor conditions in which people live, but when you see it yourself it is overwhelming. And once you’ve seen it, I don’t think you can turn your back ever again.”

The 185cm tall model, best known for her handsome face and elegant frame on which couturiers hang their dresses, was not in Africa on a *Vogue* fashion shoot.

“I was approached by RED (an initiative that engages businesses and consumer-power to help to eliminate AIDS in Africa) to be an ambassador,” she explains, “and, while I never want to be just a token face for a charity, which isn’t satisfying to anyone, I did feel that AIDS is a global issue none of us is exempt from, so I wanted to try to understand the issues.”

“Even before I went to Ghana,” says O’Connor, “the figures staggered me. For instance, of the 33 million people who have AIDS around the world, 22 million of those live in Africa. That’s two thirds — which is not an easy one to get your head around. And 12 million orphans...”

The number of affected people that she saw in hospitals in Ghana was even

more overwhelming. The capital Accra’s main hospital St Martin, a single-storey building in a dusty part of the city, was “surrounded by people, waiting to be seen. They were hanging out of the building — literally. I was sidestepping and clambering over them”.

Although many patients would have travelled for hours, if not days, to get to the hospital, O’Connor discovered many would not have been seen that day at all. “There just aren’t enough doctors or nurses or rooms.”

Facilities were basic, too. One room she was shown had two new, donated computers to fill in patients’ details beside a decade of paper records lying on top of each other:

“Piles and piles of organised chaos. But the staff were incredible. They seem to run on overdrive — working day and night.”

Compared with the rest of Africa, Ghana has been relatively fortunate in evading a full AIDS pandemic. Life expectancy is 56 in women and 58 in men, and only 1.9 per cent of its 22.5 million people are thought to be HIV-positive. In Swaziland, about a quarter of the population is HIV-positive and life expectancy is 40.

Since the Global Fund — the international governmental and private-sector AIDS, TB and malaria organisation into which RED has so far channelled £84 million (RM476 million) — started working in Ghana in 2006, 24,000 HIV-positive people have been provided with antiretroviral (ARV) drugs and more than 646,000 people have been tested and counselled.

In one area that O’Connor visited, about an hour and a half’s drive from Accra, AIDS prevalence has fallen from 18 per cent in 1992 to 9 per cent.

Although O’Connor witnessed the difference that funding has made to hospitals, it was the staff, she says, who really inspired her: “When you see the conditions, which are very basic, and the need, which is enormous, you can’t help but be overwhelmed by their commitment.”

In particular, there was a man in his twenties called Doctor Ernest, who had just got married and yet seemed to spend all day and part of the night in the hospital, tending to about 160 of the hospital’s 10,000 registered HIV patients.

“The good thing is that he says conditions have improved. Before they had funding, he would leave at the end of the day, knowing that when he came back in the morning, several of his patients would be dead. Now he says that, with the drugs, he comes back knowing that, not only might they be better, but also able to leave and live a full life. And that keeps him going.”

Unlike 10 years ago, when most drugs were too expensive for the majority of Africans to buy, ARVs have now become widely available and inexpensive: about 20p a day. The problems are getting the medicine to infected patients regularly and persuading the population to be tested.

O’Connor was told that in Ghanaian culture men don’t like hospitals. “They see them as places for the very ill,” she says. “And there’s a stigma attached to going to one. Men believe that if they go, they will lose pride.”

This is why, with the aid of the Ministry of Health in Ghana, the Global Fund set up a number of travelling units, so that men could be tested and

counselled away from hospitals: near their homes or in their workplaces.

O’Connor accompanied one unit to a timber mill, where she saw 250 men gather for HIV testing, education and counselling. “And let me tell you, when those matrons arrived — they’re pretty formidable women — there wasn’t a sound to be heard. They could silence the men with just a look.”

As well as being given a diagnosis within 20 minutes of their test, the men were offered counselling from a trained HIV-positive man who could identify with their concerns, and sex education lessons, such as how to use a condom.

“I felt uneasy enough about being with 250 men who were about to find out whether they

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were HIV-positive, without that. But there was humour, which helped, and also a lot of condoms to take away — so no one could get away from self-protection. And the stigma was reduced.”

The strength of that stigma became particularly clear in a maternity ward that O'Connor visited. “I thought that the women would be the most

friendly of the patients that I would meet,” she says. “So, when we walked in and there was real volatility in the ward, I couldn't understand it. But these were women who had been rejected by everyone: their partners, their villages, society.

“And they had a real fear of exposing themselves and their status and, completely

understandably, had a lack of self-esteem. Even if there were joyful moments — two women discovered that their babies were negative — they still had nowhere to go or anywhere to live. They were angry.”

It is these women and children, she says, whom she would really like to help. “It's difficult enough for these

women to manage and be independent, anyway, without being treated in that way and having to carry on.”

The positive energy of the nurses who provided counselling to these women was, she says, “incredibly powerful. They were full of life. In fact, quite hysterical. They never stopped laughing”. — **The Times**