

international and global health international HIV specialist

A TRUE TALE

For as far back as she can remember having considered her future career, Helene Gayle, MD, MPH, has been interested in society, policy and politics. It was not until she attended medical school at the University of Pennsylvania that she was exposed to the field of public health. While attending her brother's graduation, Dr. Gayle was deeply struck by a speech delivered by Dr. D. A. Henderson, one of the leaders of the smallpox eradication campaign. "To hear someone like that, who was part of a team that has nearly eliminated an entire disease from the face of the earth, was incredible," she recalls. Dr. Henderson's words were a pivotal inspiration to Dr. Gayle's growing commitment to a career in public health.



Helene Gayle, MD, MPH

Dr. Gayle received her MPH from the Johns Hopkins University School of Hygiene and Public Health. She finished her pediatric residency at the Children's Hospital National Medical Center in Washington, D.C., and then went directly to the Epidemic Intelligence Service (EIS), part of the Centers for Disease Control and Prevention (CDC). Working in the EIS, she says, provides you with exceptional public health training. It also provided Dr. Gayle with a future. She continued at the CDC for the next 15 years, moving up the ranks through numerous positions. In addition to her time in the EIS, she completed a residency in preventive medicine, which included working in Africa on a program called Combating Childhood Communicable Disease. She then moved to the Pediatric and Family Studies Section of the CDC AIDS Program, doing research related to the investigation of HIV/AIDS in children, adolescents and women.

Among other positions Dr. Gayle held while at the CDC was Acting Special Assistant for Minority HIV Policy Coordination, in which she devised prevention strategies for U.S. racial and ethnic minority populations. The CDC also assigned her to the U.S. Agency for International Development (USAID) as the Director of their HIV/AIDS Division. She continued to work in HIV/AIDS-related pursuits, and in September 1995 became the Director of the National Center for HIV, STD and TB Prevention at the CDC.



International HIV Specialist Checkpoint

Does working on one of the most complex and significant global health issues today appeal to you?

Are you interested in the sociology, economic and medical aspects of public health?


If so, read on

Overseeing a staff of 1,400 including 500 field staff in national and international settings, Dr. Gayle provided scientific, managerial and policy leadership for surveillance, research, policies and interventions related to the prevention and control of these diseases. In September 2001, Dr. Gayle was detailed by the CDC to Seattle, Washington, where she is currently Director of the HIV/AIDS and TB Program at the Bill and Melinda Gates Foundation.

Aids in the global community

Two decades have passed since the first cases of HIV/AIDS were reported. Nothing paints a clearer picture of the fury of this still unpredictable epidemic than the global statistics. In 2000, there were 5.3 million new HIV infections worldwide and three million new deaths from the disease in that year alone.¹ In the same year, AIDS was the fourth leading cause of death in the world and the primary cause of death in Africa.²

Not all the news is bad, however. In countries that have mounted aggressive prevention campaigns, the rates of HIV infections have actually declined. Of the many current issues on the global front, one of the most pressing is how to effectively use what we know already works — and how to keep it going. “Sometimes,” says Dr. Gayle, “even in countries where HIV rates are declining, there has not been a large enough infusion of resources nor a consistent enough political commitment to sustain the change. Keeping up with progress is critical and even more so when the tide begins to turn in our favor.”



“Extraordinary opportunities are limitless for any public health professional who wants to get involved in the field of HIV/AIDS. Here one can truly make a difference.”

Dr. Gayle believes it is urgent to continue promising AIDS-related research, such as vaccines and vaginal microbicide products, which women can use to protect themselves from infection. Care is another very crucial issue. “With at least 40 million people worldwide currently infected the need for care is going to be critical. We must devise better ways of providing care and support to people who are already HIV-infected, in addition to continuing to focus on stemming the wave of new infections.”

In the United States, the future of the AIDS epidemic is uncertain. The number of AIDS cases and deaths, which were dropping with the use of efficacious pharmacotherapy, leveled off in 1998. We now have 793,026 AIDS cases in

the United States since reporting began in 1981.³ Case numbers may now be on the rise. “All the signs that we’ve been seeing for the last year or so suggest that there may in fact be resurgence in risk behavior leading to the potential for increase in HIV and AIDS in this country,” says Dr. Gayle.



What is our greatest weapon in the war against AIDS? Dr. Gayle insists there is no one answer. Combating HIV and AIDS, she says, requires a comprehensive approach comprised of education, prevention, treatment, outreach and research.

“Clearly, government cannot go it alone,” says Dr. Gayle. “One reason is that its resources will never be great enough. Another is that there

are things that government, by definition, will have a harder time doing than private groups because private groups often have greater flexibility.” Dr. Gayle is currently working at one such private entity, the Bill and Melinda Gates Foundation in Seattle, Washington. She is responsible there for research, policy and program issues on HIV, STDs and tuberculosis, the portfolio she had at the CDC. Part of her job is to determine the “comparative advantage” of the foundation. In other words, what should this organization be doing differently than other organizations? Where can it have the biggest impact? Dr. Gayle decides, from a grant-making perspective, who and which projects should be funded and how the Gates Foundation can form better coalitions with other foundations or with the public sector.

Limitless opportunities

According to Dr. Gayle, extraordinary opportunities abound for public health professionals who want to get involved in the field of HIV/AIDS, both domestically and globally. “Not only is this fascinating work, but here one can truly make a difference.” People who are interested generally participate and specialize in one of three public health tracks: *research*, *programming* or *policy*. Research continues to be paramount in the fight against this disease, and there is always room in the field for people with a background in statistics, laboratory science, clinical care or epidemiology. Globally, a major focus of research is on vaccines, microbicides and drug development.



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Did you know?

Today, 40 million people are estimated to be living with HIV/AIDS. Of these, 37.2 million are adults, 17.6 million are women, and 2.7 million are children under 15.⁴

Public health students wishing to become involved in HIV/AIDS programs on a global scale can participate in a large number of arenas. Several years ago the CDC initiated a major HIV prevention and care program called the Global AIDS Program, which operates in over 20 countries in Africa, Asia and the Americas. Public health students can become involved in one of these CDC programs, or they can secure internships in ongoing research projects currently underway at different universities. Also, Dr. Gayle says, most schools of public health have programs that deliver services in the context of research and training in multiple countries throughout the world.

Public health professionals who prefer to work in the prevention arena might participate in different types of programs designed to treat and prevent the spread of HIV. These can include outreach programs to groups at high risk, media campaigns, education in school and the workplace, condom distribution, voluntary counseling and testing and partner notification.

Partner notification programs seek out sexual or needle-sharing partners of someone infected with HIV to inform them of their potential exposure and urge them to undergo testing, counseling and possibly treatment. Such programs identify at least some partners of most people seeking testing. The two main approaches of partner notification are patient referral, in which health officials counsel the individual on how to notify and refer partners to counseling, and testing and provider referral, in which health department personnel notify partners. In testing and provider referral, the health department preserves the anonymity of the source.

Numerous studies suggest that good counseling assists people to make informed decisions, cope better with their health conditions, and lead more positive lives, and prevents further transmission of HIV. Trained counselors sometimes provide HIV/AIDS counseling, though nurses and caregivers are often in the ideal position to offer effective advice and support.

An opportunity for counseling and treatment also exists with mother-to-child HIV transmission, the cause of the largest percentage of infections worldwide in infants and children, and thought to occur in pregnancy, during birth or through breastfeeding. Counselors advise HIV-infected women about the risks and benefits of breastfeeding to enable mothers to make informed decisions. Antiviral treatment, which reduces the transmission of HIV from

a mother to her child, has been tremendously successful and is more likely to be the choice of women who receive effective counseling.

Additional opportunities exist to work in health and scientifically oriented governmental agencies and non-profit organizations, or international foundations. Some of the larger public sector settings include the CDC, the U.S.



Agency for International Development (USAID), the National Institutes of Health (NIH), the World Health Organization (WHO) and the World Bank, as well as the U.N. AIDS program — all of which are either technical resources or major funders. Major funders assist non-governmental organizations such as the Cooperative for Assistance and Relief Everywhere (CARE), Save the Children, AfriCare and national and grass roots organizations that are products of the countries themselves. For example, the CDC works with governmental and non-governmental agencies through its Global

AIDS Program (GAP), which helps prevent HIV infection, improves care and provides necessary support to address the global HIV/AIDS pandemic in underdeveloped countries.

In the private sector, philanthropic agencies such as the Bill and Melinda Gates Foundation play important roles in the fight against HIV/AIDS and offer opportunities for involvement at every level. Employing “global grants,” scholarships, and red tape-cutting coordination, the Gates Foundation promotes and accelerates promising medical research toward effective vaccines against HIV and other diseases and other technologies that primarily affect people in poor countries. Simultaneously, the Foundation contributes funding and supports efforts to facilitate greater availability and access to extant vaccines and treatments.



career at a glance

Helene Gayle, MD, MPH

- 2001–Present **Director** HIV/AIDS and TB, Bill and Melinda Gates Foundation, Seattle, WA
- 1995–2001 **Director** National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention
- 1995–1996 **Acting Director Division of HIV/AIDS Prevention** National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention
- 1994–1995 **Associate Director/Washington** Centers for Disease Control and Prevention
- 1992–1994 **Agency AIDS Coordinator and Chief** HIV/AIDS Division, United States Agency for International Development (USAID)
- 1990–1992 **Chief** International Activity Branch, Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention
- 1989–1990 **Assistant Chief for Science International Activity** Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention
- 1988–1989 **Acting Special Assistant for Minority HIV Policy Coordination** Office of the Deputy Director (HIV), Centers for Disease Control and Prevention
- 1987–1989 **Medical Epidemiologist** Pediatric and Family Studies Section, AIDS Program, Centers for Disease Control and Prevention
- 1986–1987 **Medical Epidemiologist** (Preventive Medicine Resident), Division of Evaluation and Research, International Health Program Office (IHPO), Centers for Disease Control and Prevention
- 1984–1986 **Epidemic Intelligence Service Officer** Epidemiology Branch, Division of Nutrition, Centers for Disease Control and Prevention

1 <http://wwics.si.edu/NEWS/speeches/gayle.htm>
2 <http://wwics.si.edu/NEWS/speeches/gayle.htm>
3 <http://www.cdc.gov/hiv/stats.htm>
4 www.cdc.gov/hiv/stats.htm