Prof Anabwani: A beacon of hope for children

By Wanja Wene

Many of his patients refer to him as the children’s doctor, a title he readily accepts.

He has been treating children for more than 30 years.

He is considered a beacon of hope for many children in Africa. When HIV/AIDS started spreading fast in the continent, there was dilemma on how children would be treated.

However, the predicament did not last for long. While working in Botswana, where he was posted 14 years ago, he wrote the first ever trial-study on paediatric anti-retrovirals therapy (ARVs). His research was to establish whether ARV therapy was possible in Africa. To his relief, he established that the life saving drugs could be administered on children.

Now, he heads the continent’s first centre devoted to paediatric AIDS. The centre is extensively quoted as one of success story in the fight against HIV/AIDS.

Gabriel Anabwani, who a clinical professor, says children also deserve the best.

"This centre is a political statement that children also deserve the best," he says.

The sight of children jumping and playing happily makes his heart skip with joy.

Anabwani’s fascination with children health and wellbeing started 33 years ago when he was a medical student.

While growing up in Kilingili village in Bunyore, westen Kenya, he was not sure what he would become.

Father lost his job

Though his father was a teacher but later lost his job after marrying another wife, there was no guarantee for education for more than 20 children from two marriages.

When his father lost his job, Anabwani, the seventh born in his family, had to do menial jobs to raise his school fees.

"It is funny because at one time, I thought I would be an artists. I made nice mosaics with banana leaves and stalks. People loved my work," he says.
His office reflects his deep appreciation of art. He has various pieces from several parts of the world.

After his primary education, Anabwani got admission at Maragoli Secondary and later Kakamega High.

At this point he chuckles. He has just recalled how he became Gabriel.

"I was suspended from school because I did not have an English name. Because my people did not want to offend the white missionaries, they had a named picked from the Bible. They settled on Gabriel, probably because it was an angel’s name," he says.

Anabwani passed his secondary exams and joined the University of Nairobi’s Medical School.

After completion he won a scholarship to further his studies at McGill University in Canada.

While in Canada, he worked at Montreal Children Hospital.

**Make a difference in their lives**

"After working with children with various conditions, I was more convinced I could make a difference in their lives," he says.

And difference he has made, while working in Kenya and in southern Africa.

He was the founding professor, faculty of Paediatrics, Moi University, Eldoret. Prior to joining the university, he had served as a paediatrician at Kenyatta National Hospital and Machakos District Hospital.

He recalls how he mobilised individuals to walk and raise funds to buy equipment for Kenyatta National Hospital.

"Despite being the only hospital with a heart centre in the 70s, it did not have the facilities to encourage research," he says.

Dubbed ‘The Kenyatta Hospital Equipment Walk’, the initiative was a huge success, raising over Sh6 million. Notable personalities who participated included Dr Samuel Silverstein, Prof Julia Ojiambo, Dr Dan Gikonyo and Dr Betty Gikonyo — who were all his former classmates.

"It has taken a lot of work, networking, devotion and commitments from partners to get to where we are today," he says.

He says he does not think too much about his success.
"I approach everything I do single mindedly. I do not let anything distract me." He adds that he has learnt the value of networking because without a good team to work with and a good working environment, one can do nothing.

**Journey to Botswana**

After 21 years of service in Kenya, he moved to Botswana.

He was accompanied by his teenage daughter, Florence Aku and a paltry Sh200,000 as his terminal benefits after over two decades of work.

He joined Princess Marina Hospital, Botswana's largest hospital.

He became chair of pediatrics’ and led in paediatric HIV/AIDS care and treatment and clinical research in Africa.

But how did he end up in Botswana?

"I received a letter in 1993 from PS ministry of Health. He invited me in Gaborone to join a team of medical experts to help pioneer medical education," he says.

"The PS invited me to present the paper to a committee that had been set up to review the same issue."

Anabwani presented to the Cabinet a strategy on prevention of mother-to-child transmission of HIV. He even went to Parliament to defend it. His efforts culminated in the establishment of the most effective Prevention of Mother-To-Child Transmission (PMTCT) programme in Africa, for which Botswana has won accolades world over.

According to a report by Unicef, Botswana today enjoys the highest PMTCT implementation rate in all of sub-Saharan Africa, with a testing rate of 92 per cent and 73 per cent of all pregnant women have enrolled.

As a result, an increasingly high number of children born to HIV positive mothers who are enrolled in the programme are born free of the deadly virus.

Owing to his extensive experience in working with children and pioneering work in HIV/AIDS, Anabwani became the obvious choice for advisor of the new team of doctors.

Mark Kline, a professor of virology and who would become Anabwani’s guiding light in the war against HIV/AIDS among children and David Hillman, a former Astronaut and fighter pilot, brought joined him.

"It was while on a ward round in the children’s ward that an exchange programme between doctors in Marina and those from Meyers Squib and the Baylor Centre in Texas, where doctors from both sides met to share experiences and ideas began," he recalls.

As a result, he was invited to visit the Baylor Children’s Teaching Hospital in Texas
where for two months, he watched and learned ways through which the two teams could work together.

"Nobody thought it could be done in Africa," he said of the scepticism that clouded his study.

In spite of that, in 2002 they went ahead to launch the Bana trial. The study was, however, stopped because the standard of care in Botswana had changed because free ARVs were now available.

However, the collaboration yielded results due to the trust built between the two groups and Mark Kline of Baylor Centre (US) proposed that a similar centre be built in Botswana.

Botswana’s ministry of Health established a taskforce to look into the proposal and Anabwani once again was the obvious choice to chair it.

The taskforce approved the decision to build the first Baylor Children’s Centre of Excellence in Africa.

Work on the centre began in August of 2002 and was completed in 2003.

"The completion of the building coincided with the end of my contract with the Botswana Ministry of Health and this gave me the opportunity to do something else," he says.

He was trading one robe for another. No sooner had he left the ministry with the intention of going into private practice, than Baylor College of Medicine, through Mark Klein offered him a job as its first Director in Botswana with the mandate to run the Children’s Centre.

Like fish to water, Anabwani was at home in his new appointment.

"It was the most fulfilling moment of my life. A dream come true." He said the job was a direct answer to his prayer and a desire to do something that had a huge chance of becoming a success, especially for him, coming from Kenya where the system was collapsing, and decisions were dictated by other forces other than merit.

He was gratified that people in Botswana saw the potential in him.

"This amazing centre is a model in collaborative partnerships, supported at the highest level by the Government of Botswana," he says.

**Source of inspiration**

However, the magnitude of the task ahead was not lost to him. He realised that the centre, the first in Africa, was the benchmark by which others would be judged. He was determined to make it work.

Being the director of such an institution came with immense responsibility. So what
is a normal day like for Anabwani at the clinic?

"At the beginning, things were hectic because we were few. I did everything I could besides seeing patients. Now I do less of that."

Today, the centre runs as a purely outpatient clinic treating and counselling 100 or more children and their families daily. Some attend the infectious disease clinic and the intensive follow up clinic, where a team of doctors routinely go out to their homes and help them.

Besides that, the centre also runs an innovative adolescent care clinic — one of very few teen clubs — where children come together every month to socialise, play games and camp.

It has been so successful that plans are under way to replicate it in Kenya, Uganda and Swaziland to help millions of children cope with effects HIV/AIDS.

"We want to build a similar centre in Kisumu and if all goes well it may be complete by September next year," he says.

Anabwani does not hide the fact that he is extremely proud of what he has accomplished but refuses to take all the credit. Taking the writer through the centre during the interview, he goes from room to room pointing out murals and wall hangings that have been made by women and children from communities that have benefited from the centre.

And so, one might want to know what drives a man who has accomplished such a huge task and is still going strong at 59.

Praises his mother

He pays glowing tribute to his mother, who died this year at age of 97. His father died in 2003 aged 100.

"I inherited all these qualities from my mother. I don’t know anyone like her, maybe Mandela,"

Outside work, Anabwani is a family man, a father of six; George, Florence, Amimo, Donald and Menya from his first marriage and Setunya and Malaika from his second marriage.

When he is not in office, you will most likely find him at home in the Gaborone suburbs playing with his two youngest children or playing pool with friends at a local pub.

He is a deeply spiritual — but not a strictly religious — man who believes in the power of the mind.

"I believe the mind has a huge role to play in what we are able to do".

His last word: "Follow your dream. Do all you can to achieve what your heart
desires."

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