

AWARDS, HONOURS AND ACHIEVEMENTS

- Member of the Academy of Science of South Africa (ASSAf) (2000)
- Foreign Commonwealth Office Scholarship Award, British Council (1988)
- Overseas Research Students Award (Committee of Vice Chancellors, UK), (1989)
- Wellcome Trust Clinical Fellowship, (1992)
- Fellow of the Royal College of Physicians of London (2008)
- Drafting and implementing South Africa's human immunodeficiency virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) treatment guidelines – the country's antiretroviral plan grew to be the largest of its kind in the world (2003)

DEFINING MOMENT

His career was defined by his posting as a young medical doctor to Kano state's (Northern Nigeria) challenging Infectious Diseases Hospital, where he first became fascinated by pathogens and immunology. "When I heard I would be serving there, I broke down in tears in my car. My mother told me to give it a try and believed it was part of God's plan for me ... In the end, she was right."

WHAT PEOPLE MIGHT NOT KNOW

He is a voracious reader outside of his field of expertise. He is also a passionate wildlife and portrait photographer.

REWARDING TO SAVE LIVES

Philip Onyebujoh has spent his career on the clinical frontline of the war against some of the world's most infectious and feared illnesses. He has helped to save countless lives, shape world policy and deepen medical understanding of the dreaded pathogens that cause diseases like Tuberculosis (TB), HIV/AIDS, Ebola, Marburg, O'nyong'nyong and Rift Valley fever. Onyebujoh has received several awards and fellowships in recognition of his impact on medical sciences and public health. A prolific writer, he has authored and co-authored several peer-reviewed publications, including World Health Organization guidelines and policy documents.

EARLY LIFE AND CAREER

Onyebujoh was born in Lagos in 1956 and attended school and university in Nigeria, graduating as a medical doctor in 1982. He joined the Ministry of Health

in Kano, Nigeria as a medical officer but when he heard he'd be serving at Kano State's notoriously demanding infectious diseases hospital, he was appalled: "It was a horrendous appointment. I was being posted to a hospital that catered for highly infectious diseases and from where doctors would give their left arms to escape. I felt I was being sentenced to work there, not employed." With some encouragement from his mother, Onyebujoh embraced the challenge. In a hospital where many doctors refused to set foot in some wards for fear of infection, he was defiantly hands-on: "I simply did my work as a doctor," he says.

When he stayed late at work one night, treating a gravely ill 6-year-old girl with measles, Onyebujoh had no idea that those few hours would profoundly change his career trajectory. The following day he was told that his patient was the granddaughter of one of Kano State's richest men, who wanted to thank Onyebujoh personally. "He said to me, 'Can I give you something? Money?'" Onyebujoh declined, but the man insisted. "So I said, if you need to spend money, why don't you build us a ward and some facilities at the hospital? He said, 'Done'." In the end, four new wards were donated to the hospital, plus a fully equipped laboratory.

Onyebujoh describes the case as the single most important moment of his career. He experienced for the first time how "fantastically rewarding and fulfilling" it could be to save the life of a dying patient and help them recover fully. The case also pushed him to focus on researching infectious diseases, which he could do in the fully equipped laboratory donated by the grateful grandfather.

PATHOGENS, PRESTIGE AND POLITICS

In 1986, Onyebujoh was appointed Senior Medical Officer and became the youngest ever person to lead the infectious diseases hospital. His quest to develop protocols around the care of infectious patients did not go unnoticed. In 1988, the young doctor was one of just five Nigerian physicians selected by the British Council for a postgraduate research fellowship in the United Kingdom. He attended University College London's School of Hygiene and Tropical Medicine and worked at Middlesex hospital, completing his master's degree in Clinical Tropical Medicine, diploma in public health (DTM&H) and PhD in Clinical Immunology. During that time, Onyebujoh also met and married





his South African wife. In 1993, with his PhD completed, the couple made a brave move: "Going back home to South Africa was an incredibly important thing for my wife, having grown up in exile," he remembers.

Onyebujoh set up the first-ever clinical trials programme for TB and HIV/AIDS at Durban's King George V Hospital under the auspices of the South African Medical Research Council (SAMRC). In 1996, he moved to Pretoria to continue his clinical research while still overseeing the unit in Durban. He was appointed as the SAMRC's first black Director for TB and HIV research and also worked with the Medicines Control Council as deputy chair of its clinical trials group. In 1998, Onyebujoh was asked to join the work being done by the government on HIV/AIDS treatment, as the Chairperson of the nevirapine sub-committee: "The question was whether the drug could be safely used to limit mother-to-child transmission." At the time, the government was under increasing pressure to roll out antiretroviral treatment. Because of insufficient data, and the fact that nevirapine had not been evaluated for use in South Africa, the Presidency and the Department of Health rescheduled the drug to a consultant-only prescription. The move sparked a legal and political battle. In 2001 the Treatment Action Campaign (TAC) took government to court to force it to roll out antiretrovirals nationwide. By that time, Onyebujoh had left South Africa to work for the World Health Organisation (WHO) in Geneva, Switzerland, but in 2002 he was recalled to give evidence in the High Court: "Here I was, a Nigerian who had now become a South African by virtue of the work I was doing," he recalls. "I was in a very tenuous position to say the least." The TAC eventually won its court battle and the Constitutional Court ordered government to begin the national roll-out.

In 2003, Onyebujoh was invited back to South Africa, this time to help implement the country's HIV/AIDS treatment guidelines. After a demanding three months, he "returned to his day-job" at the World Health Organisation WHO, coordinating its TB and HIV research, and watched with pride as South Africa's Antiretroviral programme grew to become the largest on the planet.

Onyebujoh worked for the WHO (in Geneva) for 13 years, coordinating several guideline-informing clinical trials in the African region, until he was posted to Harare in 2013 to head a laboratory-strengthening initiative in 47 member states on the continent for the next four years. He was then seconded to the African Union to help put into operation the new Africa Centre for Disease Control (CDC) as a Senior Technical and Strategy Advisor.

Onyebujoh takes immense pride in his work at the Africa CDC: "This is the first time in our history as Africans that we are implementing and initiating a health institution for our continent, run by our people, who will report to African heads of state. It's a momentous time and I'm happy it has happened in my lifetime."

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