

## APIN PLUS HAS BEEN LAUNCHED

The Harvard School of Public Health's AIDS Treatment Care and Prevention Initiative in Africa has received \$17 million in first-year funding from a five-year, \$107 million grant as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to help eradicate HIV in the world's hardest-hit regions. With Professor Phyllis Kanki, director of APIN, serving as principal investigator, the grant will be used to expand antiretroviral therapy programs for HIV-infected people in Nigeria, Botswana, and Tanzania.

"Treatment and care is a critical part of HIV/AIDS prevention," Professor Kanki says. "This grant will enable us to build on existing programs where the AIDS pandemic has taken a huge toll. This grant will not only help provide the necessary drugs and care for tens of thousands of people, but it will also allow us to work with our African colleagues in developing the capacity to keep AIDS treatment programs sustained in the long-term future. We're optimistic that this type of large-scale effort will have a real impact on the HIV epidemic that we are now witnessing in Africa."

The Harvard School of Public Health has developed many long-term partnerships with universities, hospitals, and research institutions in Africa. Its HIV/AIDS collaboration

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PHOTO: DOMINIC CHAVEZ

## A Nation Responds

**T**HE BAD NEWS CARRIED GOOD NEWS AS WELL: an estimated 5,000 people showed up for the 4th National Conference on HIV/AIDS in Nigeria—3,000 more than had been expected. Although their attendance created a logistical nightmare, their swelled numbers also revealed the seriousness with which the country is responding to the epidemic.

"Nigeria has the world's third largest burden of HIV and AIDS, right behind South Africa and India," stated Professor John Idoko, chair of the conference and director of the APIN Laboratory at Jos University Teaching Hospital. "It is also one of the most populous nations to cross the 5 percent prevalence threshold, which usually signals that a country is entering the explosive phase of the epidemic. Despite the recognized impact of the epidemic on Nigeria, the opportunities for stakeholders to share experiences and scientific knowledge have been few. This conference was designed to fill that gap."

Held in Abuja in early May, the four-day conference focused on the nation's HIV research achievements and future challenges. A range of stakeholders—including researchers, physicians, people living with HIV/AIDS, political leaders, public health experts, and community workers—gathered to share experiences and renew their commitment to ending the epidemic.

In opening the conference, Professor Eytayo Lambo, the minister of health, read a statement by President Olusegun Obasanjo, in which the president announced that the pilot program for the mass provision of antiretrovirals to Nigerians living with HIV/AIDS would soon be expanded. Negotiations for the local production of antiretrovirals have been

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ABOVE: Women and children seek services at an APIN-sponsored clinic for preventing mother-to-child transmission of HIV in Jos.

## APIN PLUS

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rative programs have a twelve-year history in Tanzania, an eight-year history in Botswana, and—through APIN—a three-year history in Nigeria.

In the first year of this new initiative, Professor Kanki and her team hope to start treatment for 8,000 people in Nigeria, 4,000 in Botswana, and 3,000 in Tanzania. Over the course of the grant, the team hopes to treat 75,000 people and build laboratories to diagnose and treat HIV, tuberculosis, and other opportunistic infections. People with HIV who do not meet the criteria for AIDS will be followed clinically until they need treatment and will receive care through community support groups. Community organizations will also be involved in efforts aimed at encouraging people to seek HIV testing and to learn more about antiretroviral treatment.

Dubbed “APIN Plus,” the Nigerian portion of the program will bolster the national antiretroviral program, and new sites may be added to existing ones to assist in treatment efforts.

“PEPFAR will provide a wonderful opportunity for many people with HIV who now have only limited access to antiretrovirals—some of whom either are on the waiting lists at the ARV centers or are getting poorer by the day as they struggle to buy the drugs at the market rate of nearly \$100 a month,” says Dr. Oluwole Odutolu, APIN’s senior program manager. “The program will also improve Nigeria’s human and institutional capacity to provide treatment, care, and support for people with HIV. It’s a welcome development.” ■

## Celebrating a New Laboratory

**D**ANCERS CLAD IN RED CLOTH HEADDRESSSES and musicians strumming traditional instruments joined a host of dignitaries in celebrating the commissioning of the Plateau State Human Virology Research Centre in March.

Until recently, the West African International Collaboration for Scientific Culture–World Laboratory had been the only laboratory providing HIV confirmatory tests in the country’s north-central region. With infection rates skyrocketing, though, the need to improve the laboratory’s capabilities had grown critical. So APIN teamed up with the Institute of Human Virology (IHV) at the University of Maryland and the Plateau State Government to establish the new center, based at Plateau State Specialist Hospital.

Known as PLASVIREC, the center now conducts HIV epidemiology and surveillance, monitors HIV subtypes in Plateau State and the rest of the country, treats people living with HIV/AIDS, supports those affected by the epidemic, and offers intervention and treatment programs to reduce the disease burden and disrupt the chain of transmission of HIV.

“PLASVIREC is a real success story,” says Dr. Prosper Okonkwo, project manager of APIN’s field office in Ibadan. “It represents foresight, resourcefulness, political commitment, and a sustainable partnership among govern-

ment agencies, nongovernmental organizations, and the academic community.”

The commissioning program opened with a well-attended symposium, whose key speakers included Professor William Blattner, director of the IHV Division of Epidemiology and Prevention; Professor Robert Redfield, director of the IHV Clinical Research and Care Division; and Dr. Alash’le Abimiku, an assistant professor at IHV.

The governor of Plateau State, Chief Joshua Dariye, performed the commissioning ceremony. Attendees including the deputy governor; state commissioners, including the health commissioner, Dr. Patrick Dakum, who served as chief host; and permanent secretaries. Dr. Abdulsalami Nasidi represented the minister of health, Professor Eytayo Lambo. Other dignitaries included Dr. Daniel Iya, the chief medical director of Jos University Teaching Hospital; a representative of the chief of Army staff; General Alexander Ogomudia, the commander of the Air Force base in Jos; the delegation from IHV; and several APIN representatives, Drs. Okonkwo, Jean-Louis Sankalé, and Oluwole Odutolu. Traditional and religious leaders, as well as people living with HIV/AIDS, were also well represented.

“The commissioning ceremony was a dynamic beginning,” says Dr. Okonkwo, “and we hope that PLASVIREC will play a central role in helping to stem the epidemic in Plateau State in particular and Nigeria in general.” ■



ABOVE: Musicians playing traditional instruments lent a cultural richness to the commissioning ceremony of the Plateau State Human Virology Research Centre in Ibadan.

PHOTO: JEAN-LOUIS SANKALE

## GRADUATING TO NEW CHALLENGES

PHOTOS THIS PAGE: DOMINIC CHAVEZ



*Dr. Chinedu Chugbo, who recently earned a master's degree in international health with the support of APIN, reflects on his experiences.*

I had worked in a rural medical center in northern Nigeria, run a polio vaccination campaign, and

served as a health program manager with an international non-profit organization. But I wanted to take my public health career to a new level. My dreams became real when I learned that I had been awarded a two-year fellowship with APIN to pursue a master's degree in internation-

al health at the Harvard School of Public Health.

Outside the lecture rooms, I had ample opportunity to apply the concepts I was learning in class. As part of one course, for instance, I helped the U.S. Centers for Disease Control and Prevention develop a framework for evaluating a lead poisoning prevention project targeting poor, minority children in Connecticut. I spent spring break at Oxford University, where I interacted with people working on issues ranging from fighting HIV infection among Nigerian women to providing poor people in India with low-cost eyeglasses. And after earning my MPH, I spent a month at Massachusetts General Hospital learning about the clinical management of HIV disease.

For the second half of my fellowship, I am back in Nigeria, where I am now helping to expand antiretroviral treatment programs in six tertiary health centers across the country—an initiative we call “APIN Plus,” which is part of the Harvard School of Public Health’s three-country PEPFAR-funded program.

I provide support to these treatment centers in the areas of research ethics, data management, and monitoring in what is turning out to be a complex and challenging endeavor. In one year alone, we hope to provide treatment to up to 8,000 patients. Knowing that I am playing a role in reducing stigma and bringing hope to thousands of people living with AIDS in my country gives me true fulfillment. ■

## Preventing Mother-to-Child Transmission

**A**T THE OUTPATIENT CLINIC OF THE OBSTETRICS DEPARTMENT, Dr. Olubukola Adesina has been holding court all day. As she emerges for some fresh air she sees two more patients awaiting their antenatal visits.

“*A ma ri yin*,” she says to one of the women, meaning, “You are here and have been here for quite some time, but we will still attend to you.” This personalized attention is important, as Dr. Adesina, manager of the Prevention of Mother-to-Child Transmission of HIV (PMTCT) Project at University College Hospital in Ibadan, has become the women’s confidant and guide into motherhood.

Preventing mother-to-child transmission of HIV poses numerous challenges, ones that clinic staff had rarely encountered, Dr. Adesina notes. So in 2001 the APIN-funded project began with several workshops designed to educate health workers about tackling the many complex issues involved in caring for HIV-infected women.

One early hurdle in HIV prevention is testing, whose costs have been prohibitive in Ibadan. Since APIN began offering free HIV testing in 2002, though, more than 2,000 pregnant women have taken advantage of the opportunity to learn their status.

For those who test positive, Dr. Adesina and her colleagues provide emotional support and counseling. “It can be traumatic when the women find out they are infected,” she says, “so they

need a lot of emotional support. We also have to convince them about the need to protect the baby and make other decisions, but they still fear stigmatization.”

To encourage women to seek care—Dr. Adesina notes that “some run off when they discover that they’re infected”—APIN provides transportation costs for those who cannot afford them. Staff members also help the women gain access to drugs through the federal antiretroviral program and offer counseling about the ways in which their families could be affected, especially their husbands. The program has already enrolled several hundred HIV-infected women.



A Nigerian mother cradling her infant

Dr. Adesina counts her clinic fortunate to be able to offer a range of services to its patients, noting that in 2003, only one in ten pregnant women in resource-scarce countries around the world were offered services for preventing mother-to-child transmission of HIV.

“We are interested in networking with other local hospitals,” Dr. Adesina adds. “We have started to collaborate with Adeoyo Hospital, for example. Eventually we’re hoping that the Oyo State Government will take up the program, as this epidemic will be with us for a long, long time.” ■

*Article contributed by Mr. Akin Jimoh of Devcoms, a science communication and health promotion organization coordinated by Nigerian journalists.*

# A Nation Responds

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concluded, with the aim of increasing program enrollment beyond the current level of more than 13,000 people.

The President added that the federal government has substantially raised its budgetary allocations to HIV/AIDS control and decreased import duties on antiretrovirals. He also noted that the government is seeking to implement strategies aimed at reducing the national HIV prevalence rate to below 2 percent.

Professor Lambo added his own ministerial message to the conference. After referring to a decline in the national seroprevalence rate from 5.8 percent in 2001 to 5 percent in 2003, he noted that the apparent reduction—a decline not considered statistically significant—conceals disturbing trends in some zones and states.

“To check the spread of the virus and mitigate the impact of this epidemic,” Professor Lambo stated, “we have to continue with our intensive prevention, care, and support programs.” The minister emphasized that a number of African nations that have made research an important component of their HIV control strategies have succeeded in



PHOTO: DOMINIC CHAVEZ

ABOVE: Professor John Idoko (right) served as chair of the 4th National Conference on HIV/AIDS in Nigeria. “This meeting,” he says, “should be seen as a full-scale dress rehearsal for the next International Conference on AIDS in Africa, which will be held in Abuja in 2005.”

bringing down the rate of spread while expending fewer resources.

In the spirit of a multisectoral involvement, the conference was organized into three “villages” to represent science, community, and youth. As part of the scientific village, researchers offered more than 200 oral and poster presentations on basic, clinical, and behavioral science issues. Plenary sessions, invited lectures,

roundtable discussions, and satellite meetings provided participants with additional opportunities to learn from national and international experts.

The community village provided an interface between science and community efforts, highlighting various initiatives by women, youth, people living with HIV/AIDS, members of faith-based groups, female sex workers, men who have sex with men, traditional leaders, legislators, media representatives, and military leaders. The youth village focused on the special vulnerability of young people to HIV infection and strategies for expanding their participation in the national response.

“The need for stakeholders to come together and share experiences cannot be overemphasized,” says Dr. Oluwole Oduolu, senior program manager of APIN, which cosponsored the conference. “This conference provided stakeholders with an important opportunity to expand their knowledge, share best practices, learn lessons from other regions and nations, and forge key partnerships.” ■

## NIGERIA AIDS Outlook

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