

UPDATE ON APIN PLUS

At a recent conference, several leaders of Harvard PEPFAR programs in Nigeria—known as APIN Plus—offered updates on their work. Professor John Idoko, director of APIN and APIN Plus programs at Jos University Teaching Hospital (JUTH), mentioned that more than 2,000 patients have enrolled in the PEPFAR program to receive antiretroviral treatment, and many more have joined the waiting list.

In addition to antiretroviral treatment, the HIV response components at JUTH offer education and prevention initiatives; treatment literacy; community mobilization; prevention of mother-to-child transmission of HIV; adherence education, counseling, and support; and operational research.

The education and prevention component, Professor Idoko added, includes voluntary counseling and testing, social marketing of condoms, and assistance to a support group for people living with HIV/AIDS.

Dr. Oni Idigbe, director general of the Nigerian Institute of Medical Research (NIMR), in Yaba, Lagos, reported on progress of the program there. The first PEPFAR patient in Nigeria, he noted, was recruited to the NIMR

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PHOTO: DOMINIC CHAVEZ

Safeguarding the Future

NIGERIA HAS THE WORLD'S HIGHEST NUMBER of AIDS orphans, and already at least 270,000 Nigerian children are infected with HIV. APIN Plus, the Nigerian component of the Harvard PEPFAR program, recently hosted a conference in Abuja to explore strategies for both preventing mother-to-child transmission of HIV (PMTCT) and providing treatment to children living with the virus.

"As we scale-up PMTCT and begin implementing pediatric treatments within the Harvard PEPFAR program," says Professor Phyllis Kanki, principal investigator of the program and director of APIN, "it's important that we incorporate best practices into our work. With this multidisciplinary conference, we sought to sharpen our focus, update our knowledge, and define new protocols."

APIN staff are now poised to tackle several specific objectives: reviewing relevant clinical and pharmacological data on antiretroviral treatments for children; evaluating and strengthening

efforts to prevent mother-to-child transmission of HIV and to provide affected families with access to antiretroviral treatment and care; finalizing PMTCT and pediatric protocols; and articulating the social issues that affect the care of people living with HIV, with particular emphasis on families.

"We hope the participants left the conference with the knowledge and skills they need to care for pregnant HIV-infected women, prevent mother-to-child transmission of HIV, and treat children living with HIV," says Professor Kanki. "We also recognize the importance of including the whole family in this approach—in many cases we will be providing treatment and care for both parents and some of the children. If we initiate the proper interventions, we hope the need for pediatric treatment will diminish." ■

ABOVE: A mother cuddles her daughter at an APIN-sponsored clinic in Jos that specializes in preventing mother-to-child transmission of HIV.

FEELING THE URGENCY



Dr. Abdulsalami Nasidi, director of special projects in Nigeria's Ministry of Health, recently talked with National Public Radio in the United States about APIN Plus, the Nigerian component of the Harvard PEPFAR program, as well as other overseas aid programs. "The key," he said, "is all that is happening is excellent for Nigeria."

Of the 600,000 people in Nigeria who need antiretrovirals, about 20,000 are now getting them. Dr. Nasidi expects PEPFAR to double that number by the end of 2005. But he pointed out that much infrastructure building has to happen before hundreds of thousands of Nigerians can get the drugs.

At the end of the interview, Dr. Nasidi was running

late to an appointment when a young man desperate for antiretrovirals stopped him. Dr. Nasidi urged the man to wait for him at the clinic for just a short while.

"I see people like this every day," Dr. Nasidi said. "They say, 'Doctor, what do we do? How do we get the drugs? Where do we go?' It's sounds pathetic, but it's real. It's very real." ■

PIONEER IN THE FIELD: A virologist, Dr. Abdulsalami Nasidi identified the first case of HIV infection in Nigeria.

PHOTO: DOMINIC CHAVEZ

Harvard Initiative to Fund Research

HARVARD HAS ESTABLISHED A three-million-dollar fund to support research and learning in the critical fight against the HIV epidemic. Through the new Harvard University Fund for Innovative Research on AIDS in Botswana, Nigeria, South Africa, and Tanzania, the Harvard University Program on AIDS (HUPA) hopes to generate exceptional interdisciplinary work in HIV research.

The fund provides a locus of financial support for collaborative research, bringing together Harvard faculty and colleagues with outstanding researchers, clinicians, and practitioners in countries where HUPA has active partnerships. The fund is intended to engender interdisciplinary research proposals that address some of the tough challenges presented by HIV/AIDS in the Harvard PEPFAR field site countries. Projects supported by the

fund will enable the university to better address the global epidemic.

The fund recently brought together leading international AIDS experts for a "teach-in" to discuss strategies and areas in need of research for overcoming the many medical, social, and economic challenges the epidemic poses. The all-day forum enabled Harvard faculty members, investigators, and students to meet with renowned HIV/AIDS researchers and practitioners from Haiti, Nigeria, Rwanda, South Africa, and Tanzania.

During the session, the international guests shared their experiences and exchanged ideas for developing sustainable treatment plans. They also addressed expansion of antiretroviral therapy programs for people living with HIV and suggested ways to implement research projects in each country capable of harmonizing policy choices at the national and international levels.

Among the guests and presenters at the teach-in were Professor Isaac Adewole, provost of the University of Ibadan; Dr. Ernest Ekong, national clinical coordinator for the Harvard PEPFAR program; Dr. Oni Idigbe, director general of the Nigerian Institute of Medical Research; Dr. John Idoko, director of APIN and APIN Plus programs at Jos University Teaching Hospital and chairman of the Nigerian National ARV Guideline Committee; and Dr. Oluwole Odutolu, APIN's senior program manager in Abuja. ■

PHOTO: MARTHA STEWART



LEADING BY EXAMPLE: Among those speaking at the teach-in were Professor John Idoko, director of APIN and APIN Plus programs at Jos University Teaching Hospital; Dr. Oni Idigbe, director general of the Nigerian Institute of Medical Research; and Professor Paul Farmer, chair of the Harvard University Program on AIDS.

Epidemic Trends in Jos

DURING ITS RELATIVELY SHORT DURATION, the HIV epidemic has offered unexpected glimpses into societal vulnerabilities throughout the world, and Nigeria has proved no exception. An APIN-sponsored study recently discovered, for example, that the wives of men employed as bankers and accountants in Jos are at increased risk for HIV.

The study, which appears in the May 19, 2005, online issue of the *International Journal of Gynecology and Obstetrics*, found a relatively high prevalence of HIV among pregnant women in Jos—8.2 percent. “This rate,” says Dr. Atiene S. Sagay, the lead author of the study and dean of the College of Medicine at Jos University Teaching Hospital, “not only exceeds the national rate of 5 percent, but also reflects the rising trend of HIV infection in the general population of Jos.”

The study revealed that, among women younger than 30, the rate of HIV increased with age, with the highest HIV prevalence among women between 25 and 29 years of age. The increased risk of

HIV among relatively young women has been associated with a heightened biological susceptibility and a higher prevalence of asymptomatic and untreated sexually transmitted infections. In addition, the study authors noted, young women tend to have sexual relationships with relatively older men who have been exposed to the risk of HIV for many years.

The study confirmed previous findings that Muslim women carry a lower risk of HIV than Christian women. The Muslim women were less likely to be single, to report multiple sex partners, and to have contracted sexually transmitted infections—all behavioral and biological factors that help decrease their risk.

The finding of an increased risk of HIV among women whose husband or partner was a banker or accountant underscores the socioeconomic implications of the HIV epidemic in sub-Saharan Africa, where other studies have

reported similar findings. The banking sector, the study authors note, is the fastest growing subsector in the liberalized economy of Nigeria, and the relatively high socioeconomic status of men working in that sector provides them with a disposable income that may be used to acquire or support multiple sex partners, placing them and their partners at increased risk for contracting HIV. The elevated rate of HIV infection among men working as bankers and accountants points to the need for comprehensive workplace HIV prevention programs in the financial sector.

Few women in the study reported having multiple sex partners, perceived themselves as being at risk for HIV, or used condoms regularly.

Given the relatively high rates of infection, though, promotion of safer sexual practices remains an important strategy for HIV prevention in this population. As expected, the risk of HIV rose among women whose male partners had other sex partners. These results highlight the critical role of the male partner's

sexual behavior as a predictor of HIV infection among women.

“The HIV epidemic is evolving rapidly among women in Jos,” says Dr. Sagay, “and effective intervention programs are urgently needed. We must expand services aimed at preventing mother-to-child transmission of HIV. We must contain sexually transmitted infections that have a strong association with HIV, such as syphilis and genital ulcer disease. We must control candidiasis and bacterial vaginosis, which increase women's vulnerability to HIV transmission. And we absolutely must develop innovative strategies for involving men in the promotion of safer sexual practices and consistent condom use.” ■



ABOVE: In Jos, young mothers share a lighthearted moment at an APIN-sponsored clinic that specializes in preventing mother-to-child transmission of HIV.

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center in June 2004. The first 250 patients were those already enrolled in the national antiretroviral program; they continue to receive generic drugs, but now have the additional advantage of PEPFAR-sponsored laboratory tests. Nearly a thousand people are now enrolled.

Dr. Idigbe pointed out that the success of the program has translated into a tremendous increase in the workload of the laboratory, which now serves three PEPFAR sites in Lagos. To meet that challenge, the laboratory has employed additional staff members and now runs two shifts.

Professor Isaac Adewole, provost of the University of Ibadan, offered an update on the PEPFAR program at the University College Hospital (UCH). That program began in August 2004, he said, first with the enrollment of patients already on the national program, then with the enrollment of private patients. To date, more than 800 patients have been recruited.

The PEPFAR program at UCH provides antiretroviral treatment to HIV-infected people referred from many other APIN programs, including the sexually transmitted disease programs of UCH and the Network on Ethics, Law, HIV/AIDS Prevention, Support, and Care (NELA); the market agent project of the Association for Reproductive and Family Health; and Professor David Olaleye's high-risk cohort studies in Saki. ■

Three Scenarios for Africa's Future

BY 2025, AFRICA COULD FACE SEVERAL very different scenarios for AIDS, according to a recent UNAIDS report. *AIDS in Africa: Three Scenarios to 2025* presents possible case studies for how the HIV epidemic in Africa could evolve. Depending on policy decisions that leaders in Africa and the rest of the world make today, the report concludes, up to 43 million HIV infections could be averted on the continent over the next two decades.

"The scenarios are plausible stories about the future rather than predictions," says Dr. Peter Piot, executive director of UNAIDS. "They highlight the choices that African countries are likely to confront in the coming decades. Millions of new infections can be prevented if Africa and the rest of the world decide to tackle AIDS as an exceptional crisis with the potential to devastate entire societies and economies."

The "Traps and Legacies" scenario describes an Africa in which AIDS depletes resources and weakens infrastructures. As a result, the epidemic deepens the traps of poverty, underdevelopment, and inequality. In this scenario, by 2025 the HIV prevalence across the continent hovers at 5 percent of the adult population, with some

country variations. Life expectancy drops, and the number of Africans living with the virus soars. HIV prevention programs are not effectively scaled up. Efforts to roll out antiretroviral therapy continue (over 20 percent of people needing antiretroviral therapy have access to it), but huge obstacles remain, including escalating costs and a combination of underdeveloped and overwhelmed systems.

The "Tough Choices" scenario describes a future in which African leaders take tough measures to reduce the long-term spread of HIV. This scenario shows how, with scarce resources, governments and civil society are forced to confront difficult choices in improving Africa's future and tackling underdevelopment. Antiretroviral therapy is scaled up to just over one-third by 2025. The rollout of this therapy increases steadily, reflecting the continued investment in health systems and training, as well as Africa's drug manufacturing capacity. In this scenario, an estimated 24 million HIV infections are averted over the next 20 years.

In the "Times of Transition" scenario, AIDS is seen as an exceptional crisis requiring an exceptional response, and the epidemic is viewed in its broader development



AN ARTICLE OF FAITH: A dairy street vendor in Lagos passes an AIDS billboard urging monogamy.

context. Changes occur in the ways Africa and the rest of the world approach health, development, trade, and security. External aid increases considerably, and social and infrastructural investments are sustained. In this scenario, Africa's adult HIV prevalence rate drops considerably, external aid to Africa doubles, and antiretroviral coverage climbs to approximately 70 percent by 2025. In this scenario, an estimated 43 million HIV infections are averted by 2025.

"These scenarios highlight the driving forces that are influencing the evolution of the epidemic," says Nigerian President Olusegun Obasanjo. "They help to improve the ways we engage with the challenges that are posed, they stimulate debates, and they clarify policy and program decisions for the continent."

Visit www.unaids.org for the full text of the report. ■

PHOTO: PIUS UTOMI EKEJI/AFP

NIGERIA AIDS Outlook

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