An Endangered Nation

Nigeria confronts an escalating epidemic
They join the ranks of millions of Nigerians already infected. And this tragic rate of spread is only accelerating. Soon more people will be infected with HIV in Nigeria than in any other African nation.

Other African countries have found a 5 percent prevalence rate to be the critical threshold, catapulting rates to as high as nearly 40 percent of the population. At an estimated 5.8 percent, Nigeria’s HIV prevalence rate has already crossed this threshold, and the full magnitude of its epidemic will be determined by its response now.

In November 2000, the Bill & Melinda Gates Foundation awarded the Harvard School of Public Health with $25 million to create the AIDS Prevention Initiative in Nigeria. APIN strives to reduce the rate of growth of Nigeria’s HIV epidemic—and ultimately reverse its course.

“Every minute a Nigerian man, woman, or child becomes infected with HIV.”

“The solutions to the AIDS crisis in Africa must come primarily from Africa itself, with support from the wider international community.”

—KOFI ANNAN, SECRETARY-GENERAL OF THE UNITED NATIONS
While driving through the Ugandan countryside in the mid-1990s, Phyllis Kanki, the director of APIN, stopped near a small roadside shack, where a dozen men were building coffins for the many villagers dying of AIDS. Young children played nearby, while older children helped to stack the finished coffins up against the shack. As she watched coffins after coffin being lifted into the air, Professor Kanki thought about how Uganda, like many African nations, had been devastated by AIDS.

At the peak of Uganda’s epidemic, HIV prevalence rates had soared to 15 percent of the population. Yet by the time Professor Kanki witnessed the sad labor of the epidemic, the country had begun to experience a decline in new HIV infections. And since then, Uganda’s decreasing prevalence rates have offered compelling evidence that early intervention can prevent explosive increases in the epidemic—and save the lives of untold millions.

Nigeria has enormous challenges in confronting its own AIDS epidemic. An estimated 3.8 million Nigerians are living with HIV, often unwittingly passing it on to their loved ones. And yet with the proper support and mobilization, the country is well positioned to deploy the most advanced prevention strategies to replicate Uganda’s success.

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In the Tudun Wada district of Jos, the often-dilapidated homes are crammed together, and a single room can house an entire family. Some buildings combine residences with brothels and beer parlors, which serve burukutu, a local brew whose elevated alcohol content derives from highly fermented millet or guinea corn. Out-of-school adolescents and older men often shuttle between the beer parlors and the brothels, a routine that has helped HIV to thrive in their community.

In the summer of 2002, while offering voluntary counseling and testing, workers from the APIN-sponsored Halt AIDS Group discovered that about 15 of 100 residents of Tudun Wada were already infected with HIV. The workers were also alarmed to learn that fear of stigmatization had kept most of those tested from returning for their results. The workers found as well that fear of stigmatization had earlier led some locals to commit suicide when told they were infected with HIV; family members had deserted others or ascribed AIDS-related deaths to witchcraft.

The central region of the country, to which Plateau State belongs, has one of the highest rates of HIV in Nigeria. And the epidemic in the state capital, Jos, now estimated at just over 8 percent, reflects the national HIV epidemic in many ways, making it an ideal site to initiate HIV prevention programs as possible models for both the state and the nation.

For these intervention strategies to succeed, though, researchers must establish clear baseline HIV prevalence rates, identify important high-risk behaviors, and monitor programs. Only then will a clear picture of the epidemic emerge; only then will the virus be defeated.

The laboratory is just one of the more visible examples of APIN’s support. APIN also works with the Plateau State Specialist Hospital/Institute of Human Virology group, another laboratory team whose AIDS research had been limited only by a lack of resources. And APIN supports nongovernmental organizations as well, including the Halt AIDS Group, which promotes AIDS awareness among out-of-school youth, and the Society for Women Against AIDS in Nigeria, which educates sex workers about AIDS.

Providing Critical Resources

For nearly a decade, the yellow stucco building on the hospital campus had stood empty, the casualty of a funding crisis. When Jean-Louis Sankalé, an APIN researcher based at the Harvard School of Public Health, first entered the building in the summer of 2001, he found the bare floors coated with dust. Working closely with colleagues at Jos University Teaching Hospital, the virologist-turned-architect designed an updated AIDS laboratory, then took on the task of stocking it.

Soon, crate after crate arrived from Boston, filled with everything from microscopes, automatic pipettes, and graduated cylinders, to incubators, autoclaves, and centrifuges. An ultra-low-temperature freezer, a biosafety hood, and an ultraviolet transilluminator made the trip as well. Within a year of Dr. Sankalé’s first visit to the abandoned building, the laboratory opened at last, ready to handle the research so critical to unlocking the clues to the HIV epidemic in Plateau State—and throughout the nation.
On the day of her birth, the baby girl lay dying, abandoned and alone, in a major Ibadan hospital. It was December 2000, and hours earlier a young woman had arrived at the hospital in labor. The woman successfully delivered her infant—six weeks premature and with arms too thin—yet the hospital workers had already discovered that the woman was infected with HIV. Terrified, they refused to attend to either mother or child. The baby died of exposure 12 hours after her birth, the victim of neglect—and fear.

To prevent such tragedies, the Oyo State government has developed a plan of action aimed at ending the stigmatization of AIDS. In support of that effort, APIN has sponsored a number of workshops for health workers in the state. These programs have not only raised AIDS awareness, but have also taught the proper care of AIDS patients. APIN has also funded disposable equipment that allow universal precautions to be taken properly. The result has been a gradual shift in attitude from intolerance to tolerance, from fear to nurturing.

Oyo State: Making Education a Priority

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Forging Strategic Alliances

The mathematics class in this secondary school in the center of Ibadan resembles classrooms in the United States, with slightly distracted 15-year-olds struggling to understand complex formulas. Yet a key difference sets this classroom—and indeed classrooms throughout Nigeria—apart from its American counterparts, in that 40 percent of the Nigerian students are likely to die before their 50th birthdays, if the HIV epidemic is left unchecked. Even if all possible measures are taken, the rate of their early deaths is still likely to be a devastating 20 percent.

Through the Association for Reproductive and Family Health (ARFH), APIN funds several projects aimed at this important and vulnerable risk population. ARFH has established youth-friendly sexually transmitted disease (STD) clinics, for example, to provide the students with diagnostic and treatment services. Another project provides extensive counseling and training to sexual health counselors in 130 secondary schools.

A third ARFH project links HIV prevention with family planning, which has been well accepted in Nigeria. These “dual protection concept” interventions are delivered to the general population through regional health clinics and to young men through the market agent network.

To complement these efforts, APIN has also established a collaboration with University College Hospital in Ibadan to bolster an existing STD laboratory whose well-trained workers had been severely hampered by a lack of resources. With APIN’s help, this laboratory is now poised to provide crucial support for second-generation surveillance efforts and to reinforce the STD services of local public health clinics.

The University College Hospital’s virology department is critical to Oyo State’s struggle against HIV as well. Through active technology transfer, in-country training, and operational research, APIN has worked to strengthen the infrastructure and capacity of this important resource. With its leading institutions mobilized, Oyo State is increasing the odds for its 15-year-old citizens.

One of my greatest fears is that it may take a very long time and terribly high death tolls for people in a country with as huge a population as Nigeria’s to admit the reality of AIDS.”

—DR. GEORGINA ODAIBO, A VIROLOGIST AT UNIVERSITY COLLEGE HOSPITAL IN IBADAN
When she became pregnant in 1995, Georgiana Ahamefule was a nurse in a state hospital in Lagos. During a clinical examination, her boss—the chief medical director—secretly had her tested for HIV. The test came back positive, and she was summarily fired. Later, the presiding judge threw out her lawsuit against the doctor and the hospital, but refused to allow her inside his courtroom, as he considered her a health risk.

The long incubation of HIV has allowed it to travel mostly unchecked in Nigeria, accompanied by several treacherous companions: denial, ignorance, and stigmatization. The virus has been slowly weaving itself into the DNA of millions of people, weakening the threads of community and challenging the very fabric of society. A significant goal of Lagos State’s action committee on AIDS has been to educate people, not only to protect themselves against HIV, but also to avoid this kind of unraveling.

The epidemic is multifaceted, and its solutions must be multipronged. Nowhere is this truer than in Nigeria, whose size and diversity create special challenges. With a population of more than 120 million and hundreds of distinct ethnic groups, Nigeria differs from other African countries culturally, politically, and economically. And because cultures and traditions vary widely within the country, AIDS researchers must gather data from many segments of the population to ensure that their interventions are effectively targeted.

Lagos State reflects the nation in both the immensity and diversity of its population. Lagos State must help lead the way nationally in finding creative solutions to this deadly epidemic, not only to prevent further spread of the virus, but also to ensure that people with HIV are treated with the compassion and dignity they need—and deserve.

As the woman threads her way through the teeming market, a circular tin tray of plantains balanced on her head, she stops suddenly to watch a young man walk by. She’s not the only one staring. White paint covers his skin, from shaved head to bare toe. He wears sunglasses, latex gloves, and a grim expression. The words on his bare chest, emblazoned in red and green, are simple and stark: “AIDS is real. Try to hold back. Use condoms. Ensure a better tomorrow.”

Finding People Before the Virus Does

The young man’s startling stroll is just one feature of a multimedia HIV prevention campaign run by the APIN-supported Lagos State HIV/AIDS Foundation. This campaign features daily radio messages and jingles promoting HIV prevention, articles in major newspapers, and the airing of HIV prevention messages by various celebrities on national television. The foundation also sponsors a program that incorporates AIDS education messages into secondary school curricula throughout Lagos State.

Another innovative program that APIN supports in Lagos State is StopAIDS, one of the oldest AIDS-related nongovernmental organizations in the country. StopAIDS seeks to improve the quality of HIV prevention and care services provided at motor parks, where truck, bus, and taxi drivers congregate—and where the commercial sex industry thrives. StopAIDS also trains community-based distribution agents in social marketing and condom distribution. StopAIDS further enlists the help of traditional healers and chemists, by teaching them AIDS education and counseling techniques.
The AIDS epidemic does far more than cause immeasurable suffering; it also strains social, economic, and political systems throughout the world. The impact has been the most devastating in countries whose economies were overwhelmed before the advent of HIV.

Their ongoing AIDS collaborations with Senegal, Tanzania, and Botswana have taught APIN researchers that significant training efforts are key to the success of AIDS research and prevention efforts in African countries. APIN organizes several workshops a year, in such strategic areas as ethical issues in health research, data management, cost-effectiveness analyses of prevention initiatives, testing and surveillance, molecular virology, and management of sexually transmitted diseases, and antiretroviral therapies. These workshops enable participants not only to learn about the most urgent AIDS-related issues, but also to develop innovative strategies for confronting the epidemic.

In addition, APIN sponsors a training program that prepares the next generation of leaders in Nigeria’s AIDS epidemic. Upon earning advanced degrees at the Harvard School of Public Health, these fellows are encouraged to become actively involved in AIDS projects in Nigeria. Already, two APIN physician fellows have joined HIV surveillance and intervention efforts in Plateau and Oyo states after earning their master of public health degrees from Harvard.

APIN also focuses on using economic data to inform HIV prevention policies. In 2001, APIN entered into a collaboration with the Nigerian Institute of Social and Economic Research (NISER), the country’s major institution for policy analysis and program development on social development and poverty reduction. The main objectives of this venture are to develop and cost a comprehensive national program that includes prevention, care, and impact mitigation; to encourage local leadership for AIDS control; and to put AIDS control on the official development agenda.

Since its inception, APIN has initiated dozens of projects, addressing program objectives of promoting AIDS awareness, second-generation surveillance for HIV and other sexually transmitted infections, intervention in high-risk populations, and prevention of mother-to-child transmission of HIV. Dr. Olawole Odutolu coordinates APIN’s project offices in Ibadan and Abuja, which provide daily contact with its partner institutions.

APIN remains committed to offering its Nigerian collaborators the most advanced thinking and technologies to help them discover real-world solutions to the HIV epidemic in Nigeria. It is only with the leaders of all segments of society mobilized that Nigeria will be able to defeat AIDS.
The AIDS epidemic tests both science and society, and its defeat will require leadership and vision on an unprecedented scale. Nigeria’s already significant HIV prevalence rates, coupled with its population size, portend an epidemic several magnitudes higher than the most affected regions of Southern Africa. The country’s response now may determine whether AIDS becomes the most serious affliction in its history.

Nigeria must act quickly to stem the spread of infection and at the same time build its capacity for the long struggle ahead. Yet the nation cannot act alone. The enormity and urgency of this crisis require an unprecedented response as well from countries with greater resources and more extensive experience with the epidemic.

“The solutions to the AIDS crisis in Africa must come primarily from Africa itself, with support from the wider international community,” Kofi Annan, secretary-general of the United Nations, has stated. Nigeria is focused on finding those solutions, and APIN is committed to partnering with Nigeria to strengthen both the leadership and scientific capacity needed to defeat the epidemic. With the country and the world mobilized, Nigeria will be able to reclaim its future.
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