

Diseases - HIV/AIDS

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Lessons from ICASA conference

At the just concluded conference on HIV/AIDS and Sexually Transmitted Infections, in Nairobi, Kenya, one of the lessons learnt was that providing care and support for people living with the virus was crucial in the war against the disease. AGAPTUS ANAELE who was at the conference reports.

TESTIMONIES from two persons, a retired Captain from Uganda, (name withheld) who has been living positively with HIV/AIDS for over 20 years, and a retired captain from Nigeria, Mr. Nsilak Ekpo, who also has lived with the virus for 10 years, left many astonished, at the just concluded international conference on HIV/AIDS and STIs, held in Nairobi.

The Ugandan PLWHA said, "The problem of PLWHAs is accessibility, availability and affordability of antiretroviral drugs. I have lived with HIV/AIDS for 20 years, because I take my drugs as prescribed. If I die today, I have nothing to regret because I do not know how long I want to stay on this earth."

His Nigerian counterpart, who is a member of the Nigerian AIDS Alliance, told our correspondent, "I was diagnosed as HIV positive in 1993, and till date I am hale and hearty. This is because I take my drugs regularly."

The experiences of the two did not only surprise the crowd of over 7,000 people, they also reinforced the relevance of the theme of the conference, which was "Access to care and challenges."

HIV/AIDS is the acronym for the Human Immune Virus, which leads to the Acquired Immuno-Deficiency Syndrome that has become a global burden.

The first case was reported in the United States in 1981 and since then, the number of cases has been on the increase.

Access to care for people living with HIV/AIDS entails making antiretroviral drugs available and affordable to all infected, at all times.

It also encompasses all forms of care for those infected, i.e. promulgation of laws that would guard against violation of their rights at the workplace; guard against all forms of discrimination against them, among other things.

ARVs are drugs used by people living with HIV/AIDS.

They help to reduce the viral load in the body, improve the CD4 count, and reduce incidence of opportunistic infections which account for the death of PLWHAs on many occasions, particularly in the developing countries.

Professor Femi Soyinka, who was the Acting president of the Society for AIDS in Africa, the body that organised the conference, told our correspondent that the theme of the conference was chosen from the knowledge that many PLWHAs in the African region who died prematurely, were due to non-accessibility to the ARVs.

At the 13th ICASA, which was a forum that brought stakeholders from different parts of the world, to discuss HIV/AIDS from an African perspective, the Executive Director of the Joint United Nations Programmes on AIDS, Dr. Peter Piot, said, "Out of the 4.1 million people who are eligible for treatment, only 50,000 of them were receiving treatment in the sub-Saharan Africa. The number, he said, roughly represented only one per cent of those eligible for treatment.

Piot described increased access to comprehensive HIV care and support, including antiretroviral medicines and treatment for HIV-related opportunistic infections, as a global priority.

He said, "AIDS-related care is a vital and powerful investment that directly benefits people living with HIV/AIDS. It reduces the social and economic impact of the disease and boosts prevention efforts."

Piot said it was important for countries to develop comprehensive care and support programmes. This must include a range of services such as voluntary HIV counselling and testing, so that people could know their HIV status and deal effectively with it.

"The comprehensive care must include psychological support to help people cope with the implications of having a life-threatening disease. It must also provide social support to help HIV-positive people, their families and their communities to cope with the economic and social conse-

quences of AIDS.

He said, "It is important to involve communities and community organisations, especially those involving people living with HIV/AIDS. Their work promotes social solidarity with HIV-infected individuals and their families. It provides them with emotional support; helps protect them against discrimination and violation of their rights. Most importantly, it helps governments to devote more resources to the AIDS response, including spurring companies to lower drug prices."

There was also the need to develop and disseminate information on sources and prices of medicines; to ensure proper prescription and monitoring of compliance with drug regimens. These, he said, were essential for the benefit of patients and for reducing the serious risk of drug resistance.

Piot's remarks tallied with WHO's recommendation that a uniform standard and simplified tools to track the progress and impact of ARV treatment programmes, including surveil-

lance of drug resistance, would help to capture the full impact of antiretroviral therapy.

WHO in the fact sheet released at the conference, revealed that "of the estimated five to six million people in developing countries in immediate need of AIDS treatment, less than 300,000 now have access to ARVs. In Africa, just one per cent of HIV positive people — 50,000 out of 4.1 million who need it, have access to treatment."

It said at current rates of delivery, less than one million people in the developing world would have access to ARV treatment by the end of 2005.

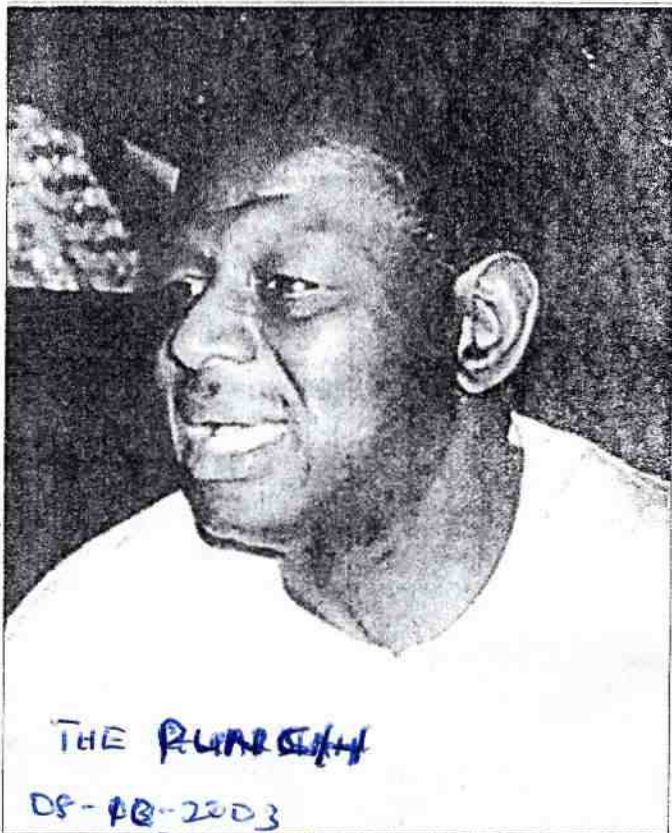
It stated that "by robbing communities and nations of their greatest asset — their people — AIDS drains the human and institutional capacities that drive sustainable development. This in turn, distorts labour markets and disrupts production. It erodes productive and public sectors and ultimately diminishes national health.

The Chairman of the National Action Committee on AIDS, Prof. Babatunde Osotimehin, told our correspondent that Nigeria's ARV programme was the largest in Africa.

The programme, which began in 2001, with 25 pilot sites, was tailored to provide ARVs to 15,000 Nigerians living with the condition.

The number consists of 10,000 adults, and 5,000 children.

The prices of the drugs were subsidised, i.e. beneficiaries only pay N1,000 monthly, but they are made to pay for the tests to determine their CD4 count, which serve as



•Osotimehin

condition preceded for being enlisted in the programme.

Osotimehin acknowledged that there were some criticisms about some aspects of the scheme, particularly with regards to the number of beneficiaries, but he said his agency was poised to increase the coverage of the scheme.

He said, "NACA is poised to upscale and expand the treatment scheme. We are going to expand the sites to at least 100. This would help more people to have access to the treatment.

"Already, we have begun geographical mapping of the sites that would be included in the second phase of the programme, we are also planning to increase the coverage of the sites used for the prevention of mother-to-child transmission," he said.

The centres, according to him, offer free voluntary counselling and testing to pregnant mothers.

They help them to identify their HIV-status, and those who are HIV-positive are given special care, and a Nevirapine, a few hours to delivery, a drug which reduces to the barest minimum, the risk of mother-to-child transmission of the virus.

Osotimehin said that NACA's desire to upscale treatment for PLWHAs informed its lobby to host the next edition ICASA conference, a gesture he described, as crucial towards raising consciousness on the enormity of the condition.

He expressed optimism that the Junction Town Activities being initiated by NACA, with the involvement of religious and traditional rulers and community organisations, would help bring many to terms with the enormity of the problem.