Getting to Zero the Biomedical Way

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State of the Global AIDS Epidemic - 2011

- Annual new HIV infections fell 21% between 1997 and 2010
- At the end of 2010, an estimated 34 million people were living with HIV worldwide, up 17% from 2001.
State of The Epidemic - Nigeria

The Glaring Facts

– Third Largest Population of People Living with HIV/AIDS
  • 10% of the Global HIV Burden
  • ~210,000 Nigerians Die from HIV/AIDS Every Year
  • ~310,000 New Infections Added Each Year

– 32% of all HIV Positive Babies Globally are Born in Nigeria

– Key Populations Account For 32% Of New Infections
  • Men Who Have Sex With Men And Commercial Sex Workers

– 17 Million Orphans and Vulnerable Children
  • 2 Million Children are Orphaned by HIV/AIDS

– Fourth Largest Population Of People With TB In Africa
HIV/AIDS Burden of New Infections

89% of the New Infections in 20 Countries

Angola, 20000
Thailand, 20000
Lesotho, 26000
Rwanda, 19000
Namibia, 23000
Botswana, 27000
Ghana, 28000
Burma, 28000
USA, 48000
Cameroon, 57000

South Africa, 380000
Uganda, 99000
Malawi, 100000
Zambia, 110000
Ethiopia, 130000
Kenya, 140000
Zimbabwe, 140000
Tanzania, 140000
Mozambique, 140000
Nigeria, 310000

Total New Infections: 3,832,000
Global Burden of the New Pediatric HIV/AIDS Infections (%)

- Nigeria, 23.6%
- South Africa, 8.8%
- Mozambique, 8.2%
- Tanzania, 6.6%
- Uganda, 6.2%
- Zambia, 2.9%
- Zimbabwe, 2.9%
- Cameroon, 2.1%
- India, 4.8%
- Malawi, 4.8%
- Ethiopia, 3.9%
- Kenya, 4.0%
- DRC, 5.5%
- Other Countries, 6.1%
- Angola, 1.6%
Getting To Zero – Biomedical Perspective in Nigeria

Zero New Infections & AIDS-Related Deaths Through:

• Bold Leadership
• Test, test, test,
• Treat , treat, treat!
Getting to Zero: Prevention

• Test, test, test, treat, treat, treat to decrease community viral load!
  – Test 80 million people or more; Treat 1.4 million people or more (3.4 million HIV+)
• HIV counseling and testing
• HIV prevention for pre-sexual youth
• Reducing sexual transmission with behavioral risk reduction interventions including correct and consistent use of condoms
• Implementing biomedical interventions including male circumcision
• Preventing transmission of HIV through unsafe blood and medical injections
• Condoms, both male and female (+ Lubricants)
• Pre-Exposure Prophy for high-risk Pops (e.g. FSW, MSM, Discordant Couples)
• Microbicides for prevention (potential preventive option that women can easily control and do not require the cooperation, consent or even knowledge of the partner)
Getting To Zero – Treatment

Zero New Infections & AIDS-Related Deaths Through:

• Bold leadership and massive financial support
• Treatment As Prevention (TasP)–Test and Treat
• ARV for eMTCT, Option B+ (Not A, not B)
• Voluntary Male Medical Circumcision (VMMC)
• Use of microbicides
• Condom availability
Getting to Zero: prevention of death and infections

- Preventing AIDS related death
- Preventing AIDS morbidity
- Preventing non AIDS mortality and morbidity
- Preventing HIV transmission
- Integration of treatment and prevention
Getting to Zero: ARV for PMTCT

- Decreased morbidity and mortality in HIV infected women
- Increased child survival – preventing HIV infection (HIV-free survival) and decreasing mortality and morbidity in HIV-exposed infants
- Use of ART/ARV for PMTCT has shown reduced transmission
Call To Action

Nigeria must actively take the lead in the national response by:

• Investing massively in the national HIV response (PCRP a good start, must be funded adequately)
• Making the necessary policy changes for the response to be effective –
  – Adopt Life-long ARV for positive pregnant women (Option B+)
  – Adopt Test and Treat approach for ART
  – Pre-Exposure Prophylaxis for high risk populations
  – Eliminate inter-disciplinary politics: task shifting/sharing policy
Thank You!