

1ST BIOMEDICAL 'HIV' PREVENTION CONFERENCE/FORUM

Theme: Getting to Zero the Biomedical Way

HIGHLIGHTS

By

Dr. Uzodinma Adirieje

Conference Coordinator, 1st BHPF

Opening Ceremony - 1

Chair: Maj. Gen. (Dr.) O.S. Njoku

Special Guests of Honour: Benue State Governor and HMH were represented

Speakers:

Dr. Okey Nwanyanwu, Dr. Morenike Ukpong, Ms. Olayide Akanni, Professor Salim S. Abdool Karim

The Glaring Facts about HIV/AIDS in Nigeria

- Second Largest Population of People Living with HIV/AIDS
- 32% of all HIV Positive Babies Globally are Born in Nigeria
- Key Populations Account For 32% Of New Infections
- 2 out of 17 Million OVCs caused by HIV/AIDS
- Fourth Largest Population Of People With TB In Africa

Zero New Infections & AIDS-Related Deaths (in Nigeria) through:

- Bold Leadership
- Test, test, test,
- Treat , treat, treat!

Opening Ceremony - 2

Chair: Maj. Gen. (Dr.) O.S. Njoku

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Speakers:

Dr. Okey Nwanyanwu, Ms. Olayide Akanni, Professor Salim S. Abdool Karim

Call to Action

- Test 80m people or more; Treat 1.4Mn people or more (3.4 million HIV+)
- PrEP
- Massive financial support
- Treatment As Prevention (TasP)–Test and Treat
- ARV for eMTCT/PMTCT, Option B+ (Not A, not B)
- Voluntary Male Medical Circumcision (VMMC)
- Use of microbicides
- Condom availability
- Eliminate inter-disciplinary politics: task shifting/sharing policy

Opening Ceremony - 3

Chair: Maj. Gen. (Dr.) O.S. Njoku

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Speakers:

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- **Civil Society position** calling on African governments to accelerate the realization of Health MDGs and achievement of an AIDS-free generation by exhibiting the required political will and commitment through the allocation, approval, release and diligent utilization of human and (especially) financial resources required for getting to zero
- Profile of a great man – Distinguished Professor **Salim S Abdool Karim of AFRICA**
 - Director: CAPRISA
 - Chair: UNAIDS Scientific Expert Panel
 - President, Medical Research Council of South Africa
 - Professor in Clinical Epidemiology, Columbia University
 - Pro Vice-Chancellor (Research): University of KwaZulu-Natal
 - Associate Member, Ragon Institute of MGH, MIT and Harvard
 - Adjunct Professor of Medicine, Cornell University

Opening Ceremony - 4

Chair: Maj. Gen. (Dr.) O.S. Njoku

Special Guests of Honour: Benue State Governor and HMH were represented

Speakers:

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- **The Global AIDS Response – pre-2010**
- **....dearth of new prevention technologies; failures and successes**
- Clinical trial evidence for preventing sexual HIV transmission – July 2010
- Clinical trial evidence for preventing sexual HIV transmission – July 2011
- Clinical trial evidence for preventing sexual HIV transmission – July 2013
- New hope for HIV prevention...including ARV prophylaxis
 - **zero** new HIV infections - **zero** discrimination - **zero** AIDS-related deaths
- Total annual resources available for AIDS, 2000–2010: **int'l > local input**
- Antiretroviral Therapy coverage globally and by region: **increases in all regions**
- Annual number of voluntary medical male circumcisions in Africa, 2009–2012: **no data for Nigeria**
- Estimated global number of new HIV infections and deaths due to AIDS 1990–2000: **relatively fewer new HIV infections, but more/increasing AIDS-related death**

Opening Ceremony - 5

Chair: Maj. Gen. (Dr.) O.S. Njoku

Special Guests of Honour: Benue State Governor and HMH were represented

Speakers:

Dr. Okey Nwanyanwu, Ms. Olayide Akanni, Professor Salim S. Abdool Karim

- Estimated global number of new HIV infections and deaths due to AIDS 1990–2010: **declining infection rates and declining AIDS-related death during the year 2000s**
- Number of people newly infected with HIV globally, 2001–2012: **on steady decline**
- High rates of HIV among key populations: young women in Africa; HIV in 15–24 year men and women (2008–2011); Young women have up to 8 times more HIV than men
- HIV prevalence among MSM in Africa – ranges from 6.2% in Egypt - 30.9% in Cape Town
- **A microbicide is a chemical product that is applied in the vagina or rectum with the intention of preventing the transmission of sexually transmitted infections including HIV**
- History of microbicide effectiveness trials [Suffactants, Viral entry blockers and buffers, Antiretrovirals: temporary failures and enduring success
- Current microbicide effectiveness trials [Dapivirine vaginal ring, Tenofovir gel (coital)]

Opening Ceremony - 6

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Speakers:

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Key Lessons:

1: Persistence amidst obstacles: [CAPRISA 004 took 8 years]

2: Partnering for success

3: Adherence is essential

- Effectiveness by adherence in PrEP trials

4: Correlate of HIV risk - Genital inflammation increases risk of **HIV**

5: Correlate of protection - Genital concentrations of drug

6: Serendipity in science - Discovering how antibody kills HIV

- “ Researchers at the CAPRISA consortium, discovered broad neutralising antibodies against HIV....” - *State of the Nation Address by President Jacob Zuma on 14 February 2013*
- *Honoured:* Quarraisha & Salim Abdool Karim received the inaugural Olusegun Obasanjo Prize for Scientific Discovery and Technological Innovation from the African Academy of Sciences

Opening Ceremony - 7

Chair: Maj. Gen. (Dr.) O.S. Njoku

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Speakers:

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Microbicide product pipeline

- Intravaginal rings (IVRs)
- Microbicide film
- Long acting injectables

Multi-purpose Prevention Technologies

- A single product, configured for at least two SRH prevention indications including Contraception, Protection against

GAPS

- Options to reduce HIV infection in adolescent women especially school boys and girls

CONCLUSIONS:

1. Concept of microbicides now proven
2. Results of FACTS 001 eagerly awaited - next step towards licensure of tenofovir gel
3. ARV-based microbicides (women-initiated technology) can alter the course of HIV epidemic
4. New formulations (eg dapivirine ring) & multipurpose technology improve adherence
5. Several new products are coming, while effort to get tenofovir gel to women is in progress

Plenary One – 1.1

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Simon Agwale, Dr. Elizabeth Bukusi, Dr. Bridget Haire, Ms. Manju Chatani-Gada

HIV/AIDS Response: defining the Nigerian experience – Dr. Simon Agwale

- Introduction and national prevalence

Nigeria is currently experiencing an HIV/AIDS epidemic that is currently estimated to be 4.1 % , this is however a decline from 2001 and 2008 data

- Access, Coverage and Quality of Service
- Comprehensive HIV Prevention
- Imagine a full spectrum of interventions – prior to exposure, at point of transmission and after infection; including PMTCT, PrEP, Vaccines and vaccine trials, Network of Excellence for Clinical Trials

GAPS

- Lack of comprehensive treatment programme (weak monitoring, and surveillance capacity e.g. viral load and drug resistance).
- Weak research infrastructure: lack of local R & D innovation.
- Weak clinical trials capacity.
- lack of established GLP, GCP, GMP standards and training.
- Lack of reliable health and supply systems.
- Lack of clear sustainability plan.
- current programme dominated by donor agencies.
- Lack of enforcement of Intellectual Property Protection & Other Laws.
- Underdeveloped Manufacturing Capabilities - Lack of suppliers/raw materials to support R&D/clinical trials/manufacturing.
- makes access to health products difficult and challenging.

Plenary One – 1.2

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Simon Agwale, Dr. Elizabeth Bukusi, Dr. Bridget Haire, Ms. Manju Chatani-Gada

HIV/AIDS Response: defining the Nigerian experience – Dr. Simon Agwale

How do we get there?

- Government Strategic Commitment to Knowledge Based Economy
- Government Investment in R&D
 - Infusion of funds to academic and industrial R&D – IT, Biotechnology
 - Development of Innovation Clusters
 - State of the Art Core Labs
 - Incentives to attract local and international investment
 - Free / subsidized land / rentals
 - Tax breaks and incentives
 - Salary supplementation for foreign workers
 - Salary subsidies for local talent hired and trained
- A highly developed HealthCare / Pharmaceutical Sector offers the following:
 - A healthy citizenry with longer life expectancy who can contribute to the economic , social and geopolitical growth of Nigeria
 - Access to high quality pharmaceutical products
 - Faster access to new innovative therapies
 - Highly skilled, highly paid R&D & Managerial jobs - Hope, inspiration and life meaning for next generation
 - Increased direct foreign investment

Plenary One - 2

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Simon Agwale, Dr. Elizabeth Bukusi, Dr. Bridget Haire, Ms. Manju Chatani-Gada

Medicalization of HIV and the Africa Response – Dr. Elizabeth Bukusi

- Started with A Freedom song'
- Existence of regional and gender disparities in HIV prevalence
- HIV is both a social and biomedical condition
- Family model of HIV care & treatment
- HIV Care and treatment enrolment - Mentorship/Technical support, Task shifting, use of Clinicians' HIV Hotline
- Prevention of Parent-to-Child-Transmission (PPCT)
- Peer educator program for HIV+ youth
- Integration of HIV care with existing health services including FP-HIV integration study
- Voluntary Medical Male Circumcision
- Community Linkage
- Peer volunteers for HIV care support
- Economic approaches
- Putting the response to HIV in context

Plenary One - 3

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Simon Agwale, Dr. Elizabeth Bukusi, Dr. Bridget Haire, Ms. Manju Chatani-Gada

Standards, standards, standards: Who defines standards? - Bridget Haire

- General ethical issues in research
- How the concept of standards underpins many of these issues
- The particular issues facing HIV research ethics in the era of partially protective prevention interventions
- How the definition of particular standards impacts on decision making in HIV prevention research

Advocates need research literacy

Conclusion: On the one hand, we want the highest possible protections for research participants. On the other hand, we do need to recognise the very real issues of feasibility involved, and the questions about the willingness of particular national governments to make available newly validated interventions

Plenary One - 4

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Simon Agwale, Dr. Elizabeth Bukusi, Dr. Bridget Haire, Ms. Manju Chatani-Gada

Advocacy for action - the critical role of community partnership in HIV Prevention research - Ms. Manju Chatani-Gada

- Advocacy in HIV prevention research has been led by citizen scientists and activist researchers
- Build transparent, meaningful, collaborative, & mutually beneficial relationships among stakeholders with ultimate goal of shaping research collectively.
- Advocacy in the era of mixed evidence: Refine vocabulary for describing trial results and process
- Build stronger partnerships and conversations with diverse stakeholders; broadening the coalition
- Develop a coherent advocacy agenda across biomedical prevention research
- Broader community partnership vs trials community engagement
- Changing advocacy tactics and strategies
- The charge ahead - Prevention Paradigm 2013 and beyond: Behaviour, Barrier Methods, Gels, Rings, Oral pill, Injectables, Implants, Surgical procedures, Treatment

Plenary Two - 1

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Kwasi Torpey, Prof Solomon Sagay, Dr. Priscilla Ibekwe

Current State of AIDS Epidemic in Nigeria: Role of ARVs on PMTCT - Prof Solomon Sagay

- Introduction
 - basic national HIV data and Nigerian PMTCT program started in 6 Tertiary Hospitals in 2002
 - Number of facilities offering PMTCT services nationally tripled within 5 years (2007-12)
 - Paediatric HIV Epidemic now in Nigeria
- Nigeria has adopted and launched the Global e-MTCT Plan in 2011 to:
 - i. Reduce new HIV infections among children by 90%
 - ii. Reduce number of AIDS related Maternal deaths by 50%with a 4-point plan to Frame it, Advocate for it, Do it, Account for it
- What Nigeria planned to do - **2011-2015 e-MTCT Targets/Projections**
 - Reduce HIV incidence among women of reproductive age by **50%** between 2011 and 2015
 - Reduce unmet need for family planning by **100%** between 2011 and 2015
 - Reach **90%** of HIV-positive women and infants with ART or ARV prophylaxis according to National PMTCT guidelines
- Comparative analysis of Nigeria and South Africa's achievements by end of 2012 showed the former's performance is incredibly poor despite her rich financial and human resources

Plenary Two - 2

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers:

Dr. Kwasi Torpey, Prof Solomon Sagay, Dr. Priscilla Ibekwe

Current State of AIDS Epidemic in Nigeria: Role of ARVs on PMTCT - Prof Solomon Sagay

- **E-MTCT in Nigeria: Why worry?**
 - Progress in Nigeria is critical to eliminating new HIV infections among children globally.
 - Nearly all indicators assessed show stagnation and suggest that Nigeria is facing significant hurdles.
 - Meeting the 2015 targets requires massive effort.
- **On-going efforts and the way further forward for Nigeria**
 - GoN has taken a bold step to focus on the 12+1 states with the highest burden of HIV, which account for about 70% of new HIV infections.
 - GoN is rapidly scaling up service delivery to stop new HIV infections among children; and
 - Has embarked on an intensive state-focused data-driven decentralization initiative.
- **Conclusion**
 - i. eMTCT of HIV requires a solid foundation in community partnership
 - ii. Without ARVs, there will be very little movement
 - iii. The key is to address all strategies concurrently

Plenary Two - 3

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers: Dr. Kwasi Torpey, Prof Solomon Sagay, Dr. Priscilla Ibekwe

Clinical HIV treatment and its impact on community level incidence – Dr. Kwasi Torpey

- Introduction
- Does HIV treatment impact community level incidence? - Ecological studies, Clinical trials including HPTN 052, Ongoing studies
 - Ecological studies from British Columbia, San Francisco, France, Australia and SA
 - HIV incidence decline associated with increased ART coverage
 - Communities with 30-40% ART coverage had 38% lower HIV incidence than communities with <10% ART coverage
 - Early ART reduces the sexual transmission of HIV
- **HIV Prevention Tipping Point** - When the number of HIV infected people starting ART is greater than the number of new HIV infections?
- **Conclusions:** Increased HIV treatment coverage may be associated with decreased new infections
- Provision of ART reduces sexual transmission of HIV
- Increased ART coverage associated with transmitted drug resistance
- Socio-behavioral and health system factors may have an effect on community level incidence

Plenary Two - 4

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers: Dr. Kwasi Torpey, Prof Solomon Sagay, Dr. Priscilla Ibekwe

Leadership on Finance: Pace of Scale Up Needed to Realize Full Potential of Treatment as Prevention – **Dr. Priscilla Ibekwe**

- Current HIV situation
 - 3.5 million PLHIV in Nigeria; the second highest burden in Africa
 - deaths in 2012 is 240,000
 - new infection in 2011 was 388,864
 - 1.5 million require ART based on CD4 count of 350 cells/mm³
- Treatment as prevention and access to treatment
- Funding HIV response in Nigeria
 - HIV spending by Nigerian Government in 2010 increased by 58% compared to 2007. (\$ 73 million in 2007 to \$126 million in 2010)
 - Domestic financing less than 25% of expenditure in 2010
 - Out of pocket expenditure for HIV/AIDS services consists of about 14.5% of household income
 - Nigeria is yet to meet the Abuja Declaration target of 15% of National budget to health
 - Inadequate ownership of the HIV response at sub-national levels; limited involvement of states and local governments in resourcing, planning and coordination of the response
 - Financial decision making for the HIV response correlates with source of funding

Plenary Two - 5

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers: Dr. Kwasi Torpey, Prof Solomon Sagay, Dr. Priscilla Ibekwe

Leadership on Finance: Pace of Scale Up Needed to Realize Full Potential of Treatment as Prevention – **Dr. Priscillia Ibekwe**

- Funding HIV response in Nigeria [contd]
 - Financial decision making for the HIV response correlates with source of funding
 - Programmatic decisions on what HIV goods and services purchased, provider of goods and services and beneficiary population were largely determined by international organizations
- PCRPF as a funding tool
 - Goal of PCRPF- increase domestic funding through active involvement of Fed., state and local governments and the private sectors to bridge the gap for the NSP
 - Objectives include to improve HIV response financing by attaining 50% domestic funding of the HIV as stipulated in the Nigeria-U.S. Partnership Framework on HIV/AIDS (2010-2015)
- Way Forward
 - Develop and implement resource mobilization strategy including HIV and AIDS tax
 - Improve service delivery efficiencies and reset resource allocation across programme areas
 - Institutionalize funding arrangements to ensure allocation of dedicated budget lines by public sector to HIV and AIDS funding
 - Redefine and strengthen public-private partnership as sustainability option
 - Expand private sector contributions of financial, skills, competencies and other resources to national HIV/AIDS

Plenary Two - 6

Co-chairs: Prof. Oni Idigbe and HE Amb. Thomas Amolo

Speakers: Dr. Kwasi Torpey, Prof Solomon Sagay, Dr. Priscilla Ibekwe

Leadership on Finance: Pace of Scale Up Needed to Realize Full Potential of Treatment as Prevention – **Dr. Priscillia Ibekwe**

- **Way Forward**

- Develop and implement resource mobilization strategy including HIV and AIDS tax
- Improve service delivery efficiencies and reset resource allocation across programme areas
- Institutionalize funding arrangements to ensure allocation of dedicated budget lines by public sector to HIV and AIDS funding
- Redefine and strengthen public-private partnership as sustainability option
- Expand private sector contributions of financial, skills, competencies and other resources to national HIV/AIDS
- Institutionalize arrangements that strengthen community ownership and contribution to care and support through local institutions and state ownership of HIV/AIDS response
- Professional associations and groups including the media should continue to draw attention to the various treaties and commitments made by the government to fund health and HIV

- **Conclusion:**

- Taking leadership entails accepting responsibility for providing and managing resources needed to combat HIV /AIDS and related diseases

Roundtable [Ethical consideration in HIV Prevention Research] – 1

Co-chairs: Prof. O. Ladipo and Dr. Joy Ugwuegede

Speakers: Dr. Kola Oyedeji, Dr. Brandon Brown, Dr. Bridget Haire, Dr. Godwin Emmanuel, Prof Adesegun Fatusi

Sustaining ethical practices in HIV prevention research in Africa – Dr. Kola Oyedeji

- Investigators appreciate the various stakeholders and the roles they play in making HIV preventive research happen
- Researchers should not view ethics, as a regulatory requirement but as a duty to participants, communities and countries.
- Every stakeholders in research-Investigators/research team members, institutions, sponsors/funders realize the fact that they bear the ultimate ethical responsibility for their work with human participants.
- Role of African governments
- Ethical practices in HIV prevention research involves
 - Promoting fair benefit arrangement; Ensuring sound informed consent; Role of Research watchdogs; Role of institutions; Role of funders/Sponsors

Approaches/Methods

- ✓ Advocacy
- ✓ Community mobilization- through research literacy trainings
- ✓ National and institutional guidance on ethical practices

Roundtable – 2

Co-chairs: Prof. O. Ladipo and Dr. Joy Ugwuegede

Speakers: Dr. Kola Oyedeji, Dr. Brandon Brown, Dr. Bridget Haire, Dr. Godwin Emmanuel, Prof Adesegun Fatusi

The challenges of child and adolescent engagement in SRH research – Dr. Godwin Emmanuel

- Why research adolescent: Growing realization of the need to invest more on 2nd decade of life, and sustain the gains of investments in 1st decade
- When to research: Knowledge gained will be relevant for advocacy, policy, direct service provision etc. for adolescents, and provide opportunity for participation and empowerment
- Ethical challenges: - Informed consent/assent – How, written, oral? Privacy and Confidentiality, Incentives – benefits
- Addressing gaps; including Legal framework should be amended to create opportunities for parental consent waivers for adolescents below the age of 15years in situations such as-pregnancy, members of key target populations, adolescent accessing friendly SRH services irrespective of age, etc. to participate in beneficial SRH researches
- Conclusion: Institutional review boards and researchers should adopt localized context-dependent strategies that attend to the unique vulnerabilities of adolescents. Ongoing, open, and honest, dialogue and debate throughout the research process on potential harms and benefits can mean that sometimes protocols need to be adapted and changed. This attention to flexibility, vulnerability, and community-specific needs is key to ensuring that we continue to attend to the health and well-being of adolescent through the conduct of evidence-based

Roundtable – 3

Co-chairs: Prof. O. Ladipo and Dr. Joy Ugwuegede

Speakers: Dr. Kola Oyedeji, Dr. Brandon Brown, Dr. Bridget Haire, Dr. Godwin Emmanuel, Prof Adesegun Fatusi

Ethical Considerations in HIV Research: Supporting role of Research & Academic Institutions – Professor Adesegun Fatusi

- Introduction: Efforts to addressing the continuing/existing gap in health & HIV research ethics in SSA countries and other low & middle income countries (LMIC) must draw on the strength & potentials of various stakeholders to be more effective & achieve optimal results
- Scholarship that counts: Focus of Research & Academic Institutions (RAIs) - Scholarship of discovery; Scholarship of Teaching (Human Capacity Development); Scholarship of Application: Movements within and beyond the “Ivory Tower”; and Scholarship of Integration
- Roles of RAIs in advancing ethical issues in HIV: Research and Academic Institutions (RAIs) have key roles to play thro their direct activities & in partnership with others
- A case study/institutional reflection: An institutional reflection: “The Power of One”
- Conclusion: Existing gaps in health & HIV research ethics & practice need to be vigorously addressed, while A new vision of “Scholarship for Impact” is critical to enabling RAIs fulfill their roles

Roundtable – 4

Co-chairs: Prof. O. Ladipo and Dr. Joy Ugwuegede

Speakers: Dr. Kola Oyedeji, Dr. Brandon Brown, Dr. Bridget Haire, Dr. Godwin Emmanuel, Prof Adesegun Fatusi

What is the role of community advocates? – Bridget Haire

- Key roles- Make the research better by: Providing a community-centred critique of research plans at both big picture (macro) level and specific community (micro) level; Facilitate communication between the broader community and researchers/ sponsors to promote understanding and debate about research; Work with communities to increase research literacy and improve capacity to provide critical feedback on specific research projects
- The effective community advocate: Works at building networks (in communities and with researchers; Asks questions; Listens respectfully; Is committed to learning across a range of subject areas; Argues points; Challenges fixed notions of the way research 'has to be'; Has a commitment to research, and a commitment to research meeting community needs; Talks with her or his networks about research processes and designs, to tease out issues and learn for others' wisdom and experience
- Areas of work
 - Mobilising communities around HIV biomedical prevention
 - Protecting and promoting human rights, including those of sex workers, young people, and men who have sex with me
 - Advocating with government to strengthen health systems and invest in prevention

Plenary 3 - 1

Co-chair: Dr. Abdulsalami Nasidi and Amb. Lulu Mnguni

Speakers:

Dr. Abigail Harrison; Prof. John Idoko; Sir Bright Ekwerenmadu; Dr. Brandon Brown

Adolescents, Women and HIV Prevention - Abigail Harrison, PhD, MPH

Overview

- Social Context of HIV/AIDS in Women
- Age and Gender: Adolescents and Young Adult Women constitute a High-risk Population from Social, Behavioral and Biological perspectives; Gender, relationships and inequality
- Women are disproportionately affected by HIV and AIDS; with Younger women have higher rates of HIV infection than older women, and than men
- Biomedical HIV Prevention Methods for Women: Advent of 'treatment as prevention' era has major implications for women; Microbicides - vaginal or rectal products applied topically to prevent sexual transmission of HIV; Newer ART-based products, eg. tenofovir gel, have shown promising results; PrEP
- Multipurpose Prevention Technologies: Simultaneous protection for HIV/STIs and pregnancy; Products under development including Vaginal gels, Long-acting intravaginal rings/dapivirine ring, New and improved barrier devices, Vaginal tablets, and Films

Plenary 3 - 2

Co-chair: Dr. Abdulsalami Nasidi and Amb. Lulu Mnguni

Speakers:

Dr. Abigail Harrison; Prof. John Idoko; Sir Bright Ekwerenmadu; Dr. Brandon Brown

Feasibility of Implementing Biomedical Prevention Program in Africa: The case study of Nigeria

- **John Idoko MD**

Outline:

- The need Biomedical Prevention Technologies
- Reason for long wait for studies on use of ART to prevention HIV transmission in the general population
- Who needs Biomedical Prevention?
- Nigeria: the case for PrEP and TasP
- Conclusions

Plenary 3 - 3

Co-chair: Dr. Abdulsalami Nasidi and Amb. Lulu Mnguni

Speakers:

Dr. Abigail Harrison; Prof. John Idoko; Sir Bright Ekwerenmadu; Dr. Brandon Brown

Expanding Prevention Options & Shrinking Global Financing: Making Balanced Choices

– Sir Bright Ekweremadu

- HIV & AIDS in Nigeria – Quick overview
- Scientific Advances: Policy Implications
- Timely ART: initiating treatment at an early stage of the disease (CD4 <350 or higher), in order to help prevent opportunistic infections
- Treatment as Prevention: early initiation of treatment for HIV-positive people with HIV negative partners (“treatment as prevention” for sero-discordant couples, regardless of CD4 count), as well as all HIV+ pregnant and breastfeeding mothers.
- PMTCT Option B+: immediate initiation of life-long treatment for HIV-positive pregnant and breastfeeding mothers, regardless of CD4 count, which provides increased protection for mothers and babies.
- TB ART: immediate initiation of treatment for HIV-positive patients with active TB
- HIV & AIDS spending in Nigeria – 12.45% for prevention
- Nigeria is the 2nd top recipients of donor funding for global health
- Need for increased government spending for HIV & AIDS interventions in Nigeria

Plenary 3 - 4

Co-chair: Dr. Abdulsalami Nasidi and Amb. Lulu Mnguni

Speakers:

Dr. Abigail Harrison; Prof. John Idoko; Sir Bright Ekwerenmadu; Dr. Brandon Brown

Ethical considerations in handling HIV prevention research protocols - Brandon Brown

Overview

- Issues in engaging participants in HIV prevention research
- Considerations in managing multisite HIV prevention research protocols
- Engaging participants-barriers: refusal of consent; withholding of information
- Engaging Participants-Mistrust and Benefits in HIV prevention research: 'you are just testing on me'; Researchers collect data and just take away;
- Council for International Organizations of Medical Sciences [CIOMS] Guideline 7: *"Payment in money or in kind to research subjects should not be so large as to persuade them to take undue risks or volunteer against their better judgment. Payments or rewards that undermine a person's capacity to exercise free choice invalidate consent."*

Plenary 4 - 1

Co-chair: Dr. Babatunde Ahonsi and Sir Bright Ekweremadu

Speakers:

Dr. Taiwo Akindipe; Dr. Sylvia Adebajo; Dr. Jennifer Sylvertsen; Dr. Andrew Scheibe

From Addiction to Infection: Drug users in the world of HIV - Dr. Taiwo Akindipe

- Africa...evolving drug-using continent: Africa is geographically located between 2 large drug-producing continents – Asia and Latin America.
- 68% of people living with HIV in the world are on the African continent, a region with only 12% of the global population (UNAIDS)
- HIV most at risk populations (MARPs): Men who have sex with men (MSM); Injecting drug users (IDUs); Sex workers & their clients; Prisoners
- There are approx. 16 million injecting drug users world wide, with about 3 million being infected with HIV (UNAIDS)
- Relation between drug addiction and HIV transmission
- Continuum of care for addiction
- HIV Prevention strategies for drug users: Education about HIV transmission; HIV counseling and testing; Access to sterile injections, condoms and PEPs; Drug treatment; HIV treatment
-

Plenary 4 - 2

Co-chair: Dr. Babatunde Ahonsi and Sir Bright Ekweremadu

Speakers:

Dr. Taiwo Akindipe; Dr. Sylvia Adebajo; Dr. Jennifer Sylvertsen; Dr. Andrew Scheibe

HIV prevention among female sex workers: Global lessons - Jennifer Syvertsen, PhD, MPH

- Global epidemiology of sex work & HIV risk
- Social context of adherence to biomedical interventions:
 - Parejas study in Mexico
 - Contexts of sex work in Sub-Saharan Africa
- Summarize & ask questions on the horizon

ISSUES RAISED:

- Globally, female sex workers are 13x more likely to be HIV-infected than general population of women
- Types of relationships and social contexts in which SW occurs → implications for HIV prevention methods
- Promising interventions? - STI diagnosis & treatment; HIV testing & counseling, care & treatment; Vaccine development?; Vaginal microbicides; PreP
- Implications: Female-controlled methods should involve male partners; Require different approaches: Improved risk communication & negotiation skills; Counseling & anger management
- Nigeria (Eluwa, et al. 2013): Decrease in HIV prevalence, but still 20% among FSWs; Significant decline in condom use with boyfriends; Need for further biomedical interventions & account for intimate relationships

Plenary 4 - 3

Co-chair: Dr. Babatunde Ahonsi and Sir Bright Ekweremadu

Speakers:

Dr. Taiwo Akindipe; Dr. Sylvia Adebajo; Dr. Jennifer Sylvertsen; Dr. Andrew Scheibe

Anal Sexual Behaviours of Nigerians and The Public Health Implications – Dr. Sylvia Adebajo

- Outline : Background/Introduction; Public health implications; Interventions; Comprehensive Combination Prevention; Biomedical interventions; Recommendations/Conclusion; Acknowledgements

ISSUES RAISED/CONCLUSIONS

- Despite the role of AI in driving the HIV epidemic among MSM and its potential contribution to heterosexual spread -
- AI remains an under-reported, neglected and poorly understood predictor of HIV and STIs in Nigeria.
- Homosexual and heterosexual AI are more prevalent than traditionally believed.
- Emphasis on sexual behavior and not orientation
- Could it be that majority of transmission not accounted for by the known factors could be accounted for by unreported penile-anal intercourse?
- This stigmatized and hidden sexual practice must be given greater attention in the HIV response, women's care and other health promotion programs.
- REASONS FOR 'AI': To prevent unwanted pregnancies; Preserve virginity; Prevent HIV and STIs; Alternative form of sex during menstruation; Peer pressure; It is a more money yielding practice for men and women who sell sex; It is a pleasurable sexual practice for some people

Plenary 4 - 4

Co-chair: Dr. Babatunde Ahonsi and Sir Bright Ekweremadu

Speakers:

Dr. Taiwo Akindipe; Dr. Sylvia Adebajo; Dr. Jennifer Sylvertsen; Dr. Andrew Scheibe

Money, Power and HIV - Dr. Andrew Scheibe, MBChB

OUTLINE: Burden of HIV among MSM, SWs and PWID; Factors contributing to HIV burden; Evidence based interventions ; Global commitments; Money, money, money - relative HIV spending; Networks and links; Consequences; Next steps

- Key economic & biomedical elements included in WHO/UNAIDS/UNFPA/UNODC guidelines: Empowerment; Condoms; STI services; HIV Counselling & testing (HCT); Antiretroviral therapy (ART); Comprehensive package of services for PWID SWs (NSP, OST); Hepatitis testing, vaccination

NEXT STEPS:

- Biomedical interventions alone unlikely to have required impact
- Address social factors: stigma & discrimination within the health system and society
- Scale-up of evidence based interventions
- Ensuring structural reform: policies
- Human rights
- Public health
- Socio-economic development (long term)

Plenary 5 - 1

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

Role of Defence reference Laboratory (DRL) in Prevention Research in Nigeria – Brig Gen O.R. Ayemoba

ISSUES RAISED:

- Highly skilled, committed and motivated manpower currently available but not in quantity for projected workload
- National, regional and international lab accreditation is being vigorously pursued

ROLES:

Provide specialized diagnostic services to patients and referring health facilities

Quality control of lab results generated from military medical facilities

Design, implement and coordinate EQA programmes for military health facilities

Support clinical research and infectious disease surveillance

Provide technical support and assistance during military recruitment and pre/post-induction exercises

Provide appropriate training for MOD lab personnel in current and emerging diagnostic technology

Assist in determination of national lab reference ranges

Collaborate with relevant agencies in the evaluation and validation of laboratory diagnostic devices

Plenary 5 - 2

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

HIV Vaccine Field Advance and Reverses and a Way Forward – Dr. Merlin Robb

ISSUES RAISED:

- We still need an HIV vaccine:
 - There is an urgent need for new HIV prevention options, including an AIDS vaccine
 - An AIDS vaccine is possible
 - An AIDS vaccine should be the simplest and most cost effective prevention strategy
 - It will take broad-based partnerships to develop and deliver HIV vaccines to the populations that need them the most.
- Planned studies are interdependent and will amplify global impact and regional relevance
- HIV Vaccines are One Tool of Prevention Efforts

Plenary 5 - 2

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

HIV Vaccine Field Advance and Reverses and a Way Forward – Dr. Merlin Robb

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- HIV Vaccines are One Tool of Prevention Efforts

Plenary 5 - 3

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

Acute HIV Infection and Opportunities for Early Intervention – Dr. Merlin Robb

ISSUES RAISED:

- Almost all subjects treated during acute HIV had undetectable integrated HIV DNA after 1 year of ART
- Is early ART alone sufficient to cure in patients treated during Fiebig I?
- Will therapeutic HIV vaccine + early ART result in better viremic control vs. early ART alone?
- Will HDACi + early ART result in depletion of reservoir/cure vs. early ART alone?
- Will anti-inflammatory drugs or broadly neutralizing mAb + early ART = less activation and reservoir vs. early ART alone?

Plenary 5 - 4

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

Implementing the 2012 Nigeria HIV Vaccines Plan – Dr. Chidi Nweneka

OUTLINE:

- HIV vaccine plan in Africa
- Challenges to developing a National HIV Vaccine Plan
- Implementation of National HIV Vaccine Plans
- The 2012 Nigerian HIV Vaccine Plan – an overview
- Implementing the 2012 National HIV Vaccine Plan

ISSUES ADDRESSED/RAISED:

- ❖ **Why African countries need National HIV Vaccine Plans**
- ❖ **Challenges to developing a National HIV Vaccine Plan**
- ❖ **Implementation of National HIV Vaccine Plans**
- ❖ **Why African countries don't implement their NHVPs**
- ❖ **Goals and Objectives of the 2012 Nigeria HIV Vaccine Plan**

MOVING AHEAD

- **Oversight by relevant committees at the National Assembly**
- **Sustained advocacy for the implementation of the Plan by the Civil Society**

Plenary 6 - 1

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

Role of Defence reference Laboratory (DRL) in Prevention Research in Nigeria – Brig Gen O.R. Ayemoba

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Plenary 6 - 2

Co-chair: Professor Tekena Harry and General Umar Tahir

Speakers:

Dr. Merlin Robb; Dr. Chidi Nweneka; Brig Gen O.R. Ayemoba

Role of Defence reference Laboratory (DRL) in Prevention Research in Nigeria – Brig Gen O.R. Ayemoba

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Closing Ceremony and Departures

The next BHPF is scheduled to hold during

17 – 19 November 2015, and

Venue will be communicated

- Till then,

KEEP TESTING, TESTING, TESTING;

KEEP TREATING, TREATING, TREATING

PREVENTION IS STILL THE BEST TREATMENT