Special Issue for CURRENT HIV RESEARCH (CHIVR)

“Programmatic Evaluation of HIV prevention and treatment in Nigeria”

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Aims:
The unprecedented success of the international mobilization for HIV prevention and treatment has made a major impact on the course of the epidemic in Africa. With 3.3 million people living with HIV globally, Nigeria bears the second highest AIDS burden. As the country continues its efforts to scale up HIV services, it is critical to evaluate the outcome and impact of the programs that they have already initiated. An understanding of the patterns and risks for patient retention, adherence and response to treatment or Prevention of Mother to Child Transmission (PMTCT) will be important in optimizing their success and sustainability.

Proposed Authors:
The Harvard/AIDS Prevention Initiative in Nigeria (APIN) HIV prevention, care and treatment program began in 2004 with funding from the President’s Emergency Plan for AIDS Relief (PEPFAR). To date, in addition to the capacity building for clinical, laboratory and research capabilities, the program has provided treatment for over 115,000 AIDS patients. Our program in Nigeria has developed an extensive electronic medical record system that provides real time access to clinical, laboratory and pharmacy data for patients on antiretroviral treatment. These databases allow us to promote better clinical care and also to answer operational research questions dealing with the efficacy of ART and PMTCT interventions and modulators of this response. Our operational research deals with HIV co-infections, determinants of ART efficacy and evaluation of PMTCT interventions. Our collaborators in Nigeria included many major university teaching hospitals in Nigeria such as the Jos University Teaching Hospital and the Lagos University Teaching Hospital as proposed for articles on ART and PMTCT.

Keywords: HIV, Antiretroviral Therapy, Prevention of Mother to Child Transmission, protease inhibitors, patient retention, Africa, Nigeria

Proposed Articles:

"Pattern and Risk of Treatment Discontinuation in Adult HIV Infected Patients on First-Line Antiretroviral Therapy in Nigeria"
Agbaji OO, Abah IO, Ugoagwú P, Finangwai AI, Falang KD, Agaba PA, and Sagay AS – Jos University Teaching Hospital, University of Jos, Plateau State, Nigeria
Okonkwo P – AIDS Prevention Initiative Nigeria, LLC, Abuja, Nigeria
Kanki PJ– Harvard School of Public Health, Boston, MA, USA.

Abstract:
Global efforts at scaling up antiretroviral (ART) services have resulted in a dramatic increase in the number of people accessing treatment in Sub-Saharan Africa; with about 7.5 million people on treatment globally as at 2012. Continuing in HIV care is critical to the health outcomes of individuals diagnosed and living with HIV. The benefits of ART are well documented. Discontinuation of
treatment may constitute wastage of scarce treatment resources and negates much of the benefit sought by implementing treatment programs. This study evaluated the pattern and risk of treatment discontinuation in a large urban cohort of Nigerian patients on ART at the adult HIV clinic of Jos University Teaching Hospital (JUTH), Jos, Nigeria. The goal was to evaluate program HIV treatment discontinuation and to generate relevant information to improve the ART treatment scale-up in Nigeria.

"Immunological and Virological outcomes of Patients Switched from LPVr to ATVr Containing second line Regimens"
Akanmu AS, Adeyemo T, Lesi F, Bello F, Okwuegbuna K, Oloko K, Awolola A, Ogunsola FT – University of Lagos College of Medicine, University of Lagos, Lagos, Nigeria
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Abstract:
In 2010, international HIV antiretroviral therapy (ART) guidelines recommended the use of atazanavir boosted with low-dose ritonavir as the preferred PI-based second line ART for adults. This change in PI recommendations was based on the ATV's superior ease of dosing, virologic potency, minimal toxicity, high genetic barrier to resistance and lower effect on lipid and glucose metabolism. As a result, in 2011 at the Lagos University Teaching Hospital ART center, second line adult patients with virologic suppression on boosted lopinavir regimens (LPVr) were switched to ATVr regimens. We propose a programmatic evaluation of the clinical, immunologic and virologic outcomes of patients that underwent this switch in ART regimen as compared with patients that switched directly from first line ART to an ATRr based second line regimen.

“Patterns of Adherence and Retention in Pediatric Patients on ART in Nigeria”
Meloni S, Chaplin B, Chang C, Rawizza H, Kanki PJ - Harvard School of Public Health, Boston, MA, USA.
Okonkwo P - AIDS Prevention Initiative Nigeria, LLC, Abuja, Nigeria

Abstract:
It has been well documented that high levels of adherence to antiretroviral therapy (ART) are required for successful virologic suppression and treatment outcomes. Several ART adherence studies from different parts of the world revealed rates in adults ranging from 5.8% to 83.1%. There is evidence that adherence rates in youth are worse than adults. Unfortunately, the data from resource-limited settings (RLS), where the burden of pediatric HIV is highest, are limited. Furthermore, very little information exists on pediatric patients, including those transitioning to adult care and. This study seeks to characterize patterns of drug adherence and determine factors associated with adherence patterns in Nigerian children, including those that are transitioning between pediatric and adult care.

“Mother-to-Child Transmission Outcome after 18 months follow up of HIV-exposed infants in Jos Nigeria”
Sagay AS, Musa J, Meloni S, Oguche S, Ekwempu CC, Ejiologu E, Ebonyi A, Imade G - Jos University Teaching Hospital, University of Jos, Plateau State, Nigeria
Okonkwo P – AIDS Prevention Initiative Nigeria, LLC, Abuja, Nigeria
Abstract:
Human immunodeficiency virus (HIV) infection remains a major contributor to infant mortality in sub-Saharan Africa despite over a decade of sustained international support for prevention programs. Recently, many African countries recorded substantial declines in new HIV infections among children, but the situation in Nigeria was largely unchanged. In 2012, nearly 60,000 new HIV infections among children was estimated to have occurred in Nigeria, highest in a single country globally. Prevention of mother-to-child transmission (PMTCT) of HIV programs in Nigeria commenced since 2001 yet in a country where prolong breastfeeding is the norm, very little is known about the effectiveness of these interventions beyond the early postnatal period. The PMTCT program in Jos, North-central Nigeria has been providing services since 2002 to clients in Plateau and neighbouring States. This study examines the outcomes of HIV-exposed infants who were followed up for up to 18 months.

**“Loss to Follow-up within the Prevention of Mother-to-Child Transmission Care Cascade in a Large ART Program in Nigeria”**

Rawizza H, Meloni S, Kanki P - Harvard School of Public Health, Boston, MA, USA.
Tinuade Oyebode, Atiene Sagay - Jos University Teaching Hospital, University of Jos, Plateau State, Nigeria
Isaac Adewole – University College Hospital, University of Ibadan, Ibadan, Nigeria
PJ Kanki – Harvard School of Public Health, Boston, MA, USA.

Abstract:
Implementation of the 2013 WHO guidelines for the prevention of mother-to-child transmission (PMTCT) has the potential to reduce transmission to less than 2%. However the guidelines also recommend earlier and longer follow-up of mother-baby pairs, with the cascade often lasting two years and beyond. Nigeria keyed into the rapid global scale-up of PMTCT and ART services and made available critically needed medications. Efforts were however hampered by poor integration of services into Maternal, Neonatal and Child Health (MNCH) structures, weak health systems and community PMTCT services. The displacement of health providers and patients due to conflicts and other barriers to health seeking also challenge the PMTCT program. We aim to evaluate rates of loss-to-follow-up (LTFU) at each specific point within the PMTCT care cascade to inform better focus for future program implementation efforts that will reduce LTFU and improve retention of mothers and their infants.

PROPOSED DATE OF SUBMISSION OF THE ARTICLES

- Submission of manuscripts for review: October 31, 2014
- Peer review complete: December 15, 2014
- Final approval of the manuscripts for publication: January 01, 2014
- Submission deadline: January 15, 2015