Nigeria: CRH Takes HIV Campaign to Okada Riders from allafrica.com

Worried by the silent but steady rises in number of people affected with HIV and AIDS in Nigeria, the Centre for the Right to Health (CRH) last week took its anti HIV/AIDS campaign to Mushin area of Lagos, where 1,500 commercial motor-cyclists were screened free of charge.

A total of 2,500 commercial motor-cyclists also received one-on-one HIV prevention messages including specific strategies to sustain HIV negative status or live positively with HIV.

The week-long outreach rally tagged, "Men's Health Project" conducted in collaboration with an international non-governmental organisation, the Population Council Nigeria, according to organisers of the programme was targeted at transport workers.

Programme Manager, Dr. Emeka Nwachukwu said: "We also want to work with the police and the community of men that have sex with men because we are concerned about their high profile of HIV."

He explained that Men's Health Network is a project of the Population Council Nigeria aimed at preventing new HIV infection among high risk men in Nigeria.

During the screening, persons who tested negative were counseled to remain negative with the ABC prevention of HIV strategy. A is for abstinence from sexual activities until marriage, B is to be faithful to one partner and C is consistently and correctly use a condom if an individual cannot abstain or stick to a partner. Use condom for every sexual act, "is a core message in the prevention of HIV."

In a chat with Good Health Weekly Programme Manager CRH, Lagos office, Mrs. Christy Udofia-Ekerete said the Men's Health Network targets the most at-risk persons with special focus on men, as bread winners, occupy an important aspect in every family life.

"Most times they don't acknowledge they have health risk. Hence often when they are ill, they buy paracetamol or herbal mixture.

She noted that programme was to enlighten on the need to access quality health care which readily available.

Udofia-Ekerete hinted that the starting point is the screening for their HIV Virus. Those whose HIV status is positive are promptly referred to the Nigerian Institute of Medical Research (NIMR), Yaba Lagos for confirmatory HIV test and follow up treatment if positive.

The CRH Programme Manager affirmed that men who have sex with men are on the increase in the Nigerian environment. A CRH intervention programme that screened 30 people in this group in Lagos Island two months ago revealed 15 were HIV positive.

"Our first intervention was with gays. Subsequently it would focus on taxi drivers, truck drivers and the long distance drivers all of whom are HIV high risk groups. Even for those who are found to be HIV positive, we also encouraged them to stay positive while practicing safe sex.

Mr Ramon Akinde Martins, Chairman Motorcycle operators in Mushin, said such programmes help educate and enlighten them on the right course to check HIV.

To access the article online, go to http://allafrica.com/stories/200908180697.html

Circumcision and HIV Risk from the Journal of the American Medical Association (JAMA)

Although observational studies have shown that male circumcision can reduce a man’s risk of acquiring HIV infection by 50% to 60%, it does not decrease HIV transmission from a man to female partners, report US and Ugandan researchers (Wawer MJ et al. Lancet. 2009;374 [9685]:229-237).

In the trial, which took place in the Rakai District of Uganda, the researchers enrolled 922 uncircumcised, HIV-infected, asymptomatic men aged 15 to 49 years with CD4 cell counts of at least 350/µL. The men were randomly assigned to undergo circumcision immediately (474 men) or 24 months later (448 men, who served as controls).
In addition, 163 uninfected female partners were also enrolled (93 in the intervention group and 70 in the control group) and were followed up at 6, 12, and 24 months. All participants received information on HIV prevention, including consistent condom use.

If you have access, you can download the article at http://jama.ama-assn.org/cgi/content/full/302/7/732-c or email REACH@northwestern.edu for a copy of the article.

**ETHIOPIA: Clinic shows way in preventing mother-to-child transmission**

*from plusnews.org*

ADDIS ABABA, 17 August 2009 (PlusNews) - When the father of Fasika Lemma's daughter died seven years ago, she decided to get tested for HIV; the results revealed she was indeed HIV-positive, but worse was to come.

"A year after, I learned it could be transmitted to my daughter through breastfeeding," Fasika told IRIN/PlusNews. "I decided to have her tested." Babies born to HIV-positive mothers and non-exclusively breastfed have a 25-40 percent chance of contracting the virus, according to the UN World Health Organization. Fasika's daughter was one of the unlucky ones. "I felt it so deep," she said.

Anti-retroviral treatment during pregnancy and after a baby's birth can lower the risk of mother-to-child transmission to below 5 percent, but in Ethiopia, one of Africa's poorest and least urbanized countries, fewer than one in 15 pregnant women with HIV has access to the treatment.

Fasika, now 30, is trying to help raise that figure. She has become a volunteer at a clinic run by the health department in the capital, Addis Ababa. The clinic, on the northern outskirts, in a neighbourhood known as Addis Ketema, or New City, is at the forefront of Ethiopia's HIV/AIDS epidemic, in part through funding from the UN Children's Fund.

Outside the mud track at the clinic's gates, donkeys carrying loads of firewood dodge overloaded minibus taxis carrying day-labourers to work in the nearby Mercato market. Men urinate into open gutters and small groups of homeless boys lie sleeping together at the roadside. With one doctor, two clinical officers and two dozen nurses, the clinic serves an area housing 150,000 people.

"This is a slum," says Biniyamin Woldeamlak, the director. "The city's biggest bus station is here and there is much prostitution because most of the women don't have jobs."

**Fighting stereotypes**

Fasika's job is perhaps the most difficult. About 4 percent of the pregnant women who come into the clinic test positive for HIV/AIDS; it's her job to inform them of their status and counsel them.

"I start by telling them about myself," she said. "They don't believe me because there is a stereotype that people with HIV are very skinny and their skin is spotted and they have light hair."

After revealing the test results, she counsels them to tell their partners and to enroll in her support group, which meets five times a week at the clinic; many fear their husbands or partners will leave them.

Boyfriends and husbands rarely show up to get tested, says Woinshet Gebremarkos, a nurse. The women at the clinic, however, almost always agree to take ARVs when they realize they can save their baby from contracting the virus.

When the women are seven months pregnant, they begin treatment. Just before they deliver, they are given another dose of ARVs. Each baby is then given ARV treatment for the first week of life, and the mother is counselled to feed them formula if she can afford it. If not, they receive information about exclusive breastfeeding, which can also reduce the risk of transmission, as mixing feeds with formula can compromise immunity.

Although they live in a slum, the HIV infected mothers-to-be of Addis Ketema are still luckier than most in Ethiopia. Even in Addis, just six of the 24 clinics run by the city offer the treatment to pregnant women. In rural areas, where almost all women give birth at home, it is virtually unknown.

Ethiopia had more than 75,000 HIV-positive pregnant women last year, according to government estimates. Only about 5,000 received treatment to prevent mother-to-child transmission.

This article continues on page 3 . . .
Six weeks after birth, mother and baby return to the clinic, and the mothers are encouraged to have the babies tested. Of the 124 HIV-positive women treated over the past year, 119 babies tested negative.

"The happiest moment for me is when a child comes back 45 days after delivery and tests negative," Fasika said.

To access the article online, go to http://www.plusnews.org/Report.aspx?ReportId=85743