Editorial

Need to Intensify Research on HIV/AIDS in Africa

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Over the last ten years, considerable programmatic efforts have been put in place in many sub-Saharan African countries in attempts to combat the high burden of HIV/AIDS in the continent. However, to date, very little has been achieved in terms of actual reduction in the momentum with which the epidemic is spreading in many of these countries. Although some countries such as Uganda, Senegal and Ghana have experienced some reduction in the rate of the epidemic, many countries, especially South Africa, Botswana, Zimbabwe and Nigeria, continue to show rising and increasing incidence and prevalence of the virus in many high risk groups in their populations. Although strong political leadership and an improved economy have been put forward to explain the decline in HIV/AIDS prevalence in Uganda, Ghana and Senegal, it can be argued that South Africa and Botswana equally have strong economies and stable leaderships. Why then does HIV prevalence and incidence continue to increase in these countries that are also known to have some of the best social infrastructure in Africa?
This paradoxical situation calls for increasing research to better understand the face of the epidemic and to identify the best approaches and practices for reducing the rate of spread of the virus in the continent. The paper by Christine Panchaud and her co-authors in this issue of the journal illustrate the difficulties associated with measuring HIV prevalence and trends in Africa. HIV prevalence and trend monitoring currently rely on sentinel studies, which have limitations in the sense that they do not adequately reflect the population being surveyed. Other related information such as AIDS case surveillance, based on national reporting of AIDS, death registration and STD or TB surveillance data are also severely restrictive as many of these events often go unreported in many African countries. Thus, the true burden of the epidemic in Africa is still not known, which suggests the need for new and innovative research methods to accurately measure the disease prevalence and incidence.

Apart from the measurement of prevalence and trends, most research studies on HIV/AIDS in Africa have concentrated on determining the knowledge, attitudes and practices of HIV/AIDS among different categories of high-risk groups. Such studies have shown that knowledge of HIV/AIDS is high and continues to rise in many parts of the continent. Despite this, there is little evidence that the pattern of sexual behaviour has changed significantly in many parts of the continent. As reported in this review by Christine Panchaud and colleagues, attitudes towards condom use and the actual use of condoms for the prevention of HIV/AIDS among various categories of high-risk groups continue to be low in the continent. Indeed, in spite of the pervading high knowledge of HIV/AIDS in Africa, there are still raging controversies regarding the effectiveness of condoms for its prevention; and there are official, legislative, cultural, social and religious barriers limiting the use of condoms throughout the continent. The nature of these barriers needs to be researched and strategies for overcoming them identified. Also, we need to better understand why people continue to engage in high-risk sexual behaviour despite their knowledge of HIV/AIDS, and to identify innovative interventions for addressing the problems.

To date, there are few well-conducted intervention studies that specifically target the prevention and management of HIV/AIDS in the continent. Apart from the well known randomised community trials that demonstrate the effectiveness of treatment of STDs in reducing the incidence of HIV, there is almost complete lack of good intervention research relating to HIV/AIDS in Africa. Without such studies, it would be difficult to identify workable practices and methods for confronting the epidemic and determining the relative cost-effectiveness of the various methods currently in use. In our view, one intervention research that could potentially change official policies towards HIV/AIDS prevention in Africa is to evaluate the effectiveness of condoms in preventing HIV/AIDS, possibly in HIV discordant couples. Another is to evaluate the effectiveness and potential effectiveness of sexuality education in reducing HIV/AIDS prevalence, especially to answer the question as to whether sexuality education increases sexual activity and promiscuity among young people. These are some of the controversies that
currently plague HIV/AIDS advocacy and education in Africa and which can be resolved by providing proper scientific evidence based on well-conducted research. Although such research have been conducted in developed countries with findings that show that condoms are effective and that sexuality education does not increase promiscuity in young people, these have generally not been accepted by policymakers and the general public in many countries in Africa. Therefore, there is a need to repeat the studies using African populations and to widely disseminate the findings to key stakeholders in the continent.

Another area where research is needed in Africa is in the treatment of HIV/AIDS. Several indigenous treatment methods are currently being advocated for the treatment of HIV/AIDS in different parts of Africa, many of which have not been properly evaluated for their effectiveness and relative effectiveness. Despite the lack of evidence for their safety and effectiveness, many of these methods are being increasingly used in many parts of Africa, in preference to those that have been better tested. The ethical and human rights issues connected with the use of such untested methods are indeed very daunting. Clearly, there is a need to identify a framework for the regulation and use of drugs for HIV/AIDS, as the use of ineffective medications is one probable explanation for the currently high case fatality associated with HIV/AIDS in the continent.

In conclusion, there is tremendous opportunity for continuing research into HIV/AIDS in Africa. Such research needs to move from the domain of quantitative surveys and KAP studies into more rigorous in-depth studies based on qualitative experimentation and intervention-based research. This would lead to a better understanding of the reasons that current HIV programming efforts in Africa are not meeting the desired targets and would provide alternative pathways of action necessary to activate the process. In addition, we recommend that monitoring and evaluation should form an important part of every HIV/AIDS prevention initiative in Africa. Indeed, research needs to be targeted as an important part of every HIV/AIDS prevention and care initiative in Africa in the coming years.

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