IAA Journal of Applied Sciences 11(1):1-12, 2024. ©IAAJOURNALS https://doi.org/10.59298/IAAJAS/2024/1.3.5288 www.iaajournals.org ISSN: 2636-7246 <u>IAAJAS:1.3.5288</u>

Revolutionizing HIV Prevention in Africa: Landmark Innovations that Transformed the Fight

*Emmanuel Ifeanyi Obeagu¹, Getrude Uzoma Obeagu², Edward Odogbu Odo³, Matthew Chibunna Igwe⁴, Okechukwu Paul-Chima Ugwu⁵, Esther U. Alum^{5,6} and Puche Racheal Okwaja⁷

¹Department of Medical Laboratory Science, Kampala International University, Uganda.

²School of Nursing Science, Kampala International University, Uganda.

^sSchool of General Studies (Physical and Health Education Unit) Michael Okpara University of Agriculture, Umudike, Nigeria.

*Department of Public Health, Kampala International University, Uganda.

⁵Department of Publication and Extensions, Kampala International University, Uganda.

⁶Department of Biochemistry, Ebonyi State University, Abakaliki, Ebonyi State, Nigeria.

⁷Department of Public Administration and Development Studies, Kampala International University, Uganda.

*Corresponding author: Emmanuel Ifeanyi Obeagu, Department of Medical Laboratory Science, Kampala International University, Uganda. <u>emmanuelobeagu@yahoo.com, obeagu.emmanuel@kiu.ac.ug</u> 0000-0002-4538-0161

ABSTRACT

The African continent has grappled with the profound impact of the HIV/AIDS epidemic for decades, necessitating an ongoing evolution in prevention strategies. This review examines the pivotal innovations that have reshaped the landscape of HIV prevention in Africa. Highlighting advancements in treatment, pioneering educational campaigns, and community-focused interventions, this article explores the transformative initiatives that have redefined the fight against HIV/AIDS. Despite significant progress, challenges persist, including socio-economic disparities and evolving healthcare landscapes. This review aims to provide insights into the journey of HIV prevention in Africa, emphasizing the critical role of innovation and adaptation in sustaining and advancing progress towards a future free from the burden of HIV/AIDS.

Keywords: HIV prevention, Africa, innovations, landmark, strategies, healthcare, epidemic, public health, treatment, education

INTRODUCTION

HIV/AIDS remains a global health challenge, particularly poignant in the context of Africa, where a substantial portion of the world's HIV-positive population resides. The continent has encountered multifaceted hurdles in combating the epidemic, necessitating innovative strategies and landmark initiatives to reshape the trajectory of HIV prevention efforts. Over the past decades, significant advancements have emerged, transforming the landscape of HIV prevention in Africa [1-7]. This paper delves into the pivotal role of groundbreaking innovations that have revolutionized HIV prevention strategies across the African continent. From

advancements in treatment modalities to innovative educational campaigns and community-centered interventions, these innovations have not only altered the course of the epidemic but have also reshaped the approaches to public health interventions. Advancements in treatment, particularly the and utilization widespread accessibility of antiretroviral therapy (ART), have contributed immensely to curbing HIV transmission rates. Moreover, the introduction and adoption of preventive measures like Pre-Exposure Prophylaxis (PrEP) have provided a proactive approach to reducing the risk of HIV acquisition, especially

1

among high-risk populations [8-17]. Harnessing multimedia tools, community engagement, and peerto-peer education, these campaigns have played a crucial role in raising awareness and promoting safer practices. Furthermore, community-centered interventions. emphasizing comprehensive healthcare services and community empowerment, have showcased promising outcomes. These initiatives, incorporating HIV testing, counseling, and linkage to care within community settings, have bridged gaps in healthcare access and strengthened preventive measures [18]. While substantial progress has been made, challenges persist. Socioeconomic factors, cultural disparities, and uneven access to healthcare continue to pose barriers

Central to the evolution of HIV prevention strategies in Africa has been the paradigm shift in treatment approaches and accessibility to life-saving medications. Over the past few decades, significant advancements in antiretroviral therapy (ART) have played a pivotal role in transforming the landscape of HIV/AIDS management across the continent [30-35]. Africa has witnessed a remarkable increase in the availability and accessibility of ART. Efforts such as the scale-up of treatment programs, supported by international organizations, national governments, and non-governmental organizations (NGOs), have contributed to a substantial rise in the number of individuals receiving treatment. Initiatives like the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund have been instrumental in expanding access to ART in resource-limited settings, significantly improving health outcomes and reducing transmission rates [36-41]. The adoption of guidelines recommending early initiation of ART, irrespective of CD4 count, has revolutionized HIV care. Early treatment initiation not only benefits the individual's health but also reduces the risk of transmission to uninfected partners. This 'treatment as prevention' strategy has proven effective in curbing the spread of the virus within communities and preventing new infections [42-47]. Pre-Exposure Prophylaxis (PrEP) has emerged as a groundbreaking preventive measure. By

Education stands as a cornerstone in the fight against HIV/AIDS in Africa. Innovative and culturally sensitive educational campaigns have been instrumental in disseminating information, eradicating stigma, and catalyzing behavioral changes. These campaigns leverage diverse strategies to reach varied populations, enhancing awareness and promoting safer practices $\lceil 64 \rceil$. Harnessing the power of multimedia, educational campaigns have utilized television, radio, social media, and other

www.iaajournals.org

to comprehensive HIV prevention efforts. Addressing these challenges and adapting strategies to evolving contexts remain imperative to sustain progress and ensure equitable healthcare for all populations at risk [19-29]. This paper aims to provide an in-depth exploration and critical analysis of the transformative innovations that have shaped the landscape of HIV prevention in Africa. It seeks to illuminate the pivotal role of these innovations in the ongoing fight against HIV/AIDS while acknowledging the persistent challenges and the evolving landscape of healthcare, paving the way for a more resilient, adaptive, and inclusive approach to HIV prevention on the African continent.

Advancements in Treatment

providing antiretroviral drugs to HIV-negative individuals at high risk of acquiring the virus, PrEP has demonstrated significant efficacy in reducing HIV transmission. Though access and implementation challenges exist, efforts to expand PrEP availability in Africa continue to show promise in preventing new infections among vulnerable populations, including serodiscordant couples, sex workers, and men who have sex with men [48-53]. Ongoing research and development have led to innovations in treatment modalities. Long-acting injectable antiretroviral formulations offer an alternative to daily pill regimens, potentially enhancing adherence among individuals receiving treatment. These innovations hold promise for improving treatment adherence, particularly among populations facing challenges with daily medication adherence [54-58]. Despite significant progress, challenges persist. Access barriers, medication adherence, and the emergence of drug resistance remain concerns in sustaining effective treatment programs. Additionally, socioeconomic factors, stigma, and healthcare infrastructure limitations continue to impede optimal treatment outcomes. Looking ahead, ensuring sustainable access to affordable medications, fostering medication adherence through innovative delivery models, and addressing social determinants of health will be crucial in enhancing the impact of treatment as a cornerstone of HIV prevention in Africa [59-63].

Innovative Educational Campaigns

digital platforms to disseminate key messages about HIV/AIDS prevention and treatment. Engaging storytelling, documentaries, and interactive content have proven effective in reaching diverse audiences, transcending geographical barriers and language differences [65-69]. Community-based educational initiatives, involving local leaders, community health workers, and peer educators, have been pivotal. These programs foster trust, enable culturally appropriate discussions, and encourage behavior change within

2

communities. Peer education models empower individuals to educate their peers on HIV prevention, treatment, and dispel myths and misconceptions surrounding the virus [70-73]. Recognizing the diversity of cultures and languages across Africa, successful campaigns have tailored messages to resonate with specific communities. Using local languages, culturally relevant symbols, and traditions, these campaigns ensure that the messaging is relatable, sensitive, and respectful of diverse cultural contexts. Given the disproportionate impact of HIV/AIDS on young people in Africa, educational campaigns have specifically targeted youth. Youth-friendly approaches, including schoolbased programs, youth clubs, and peer support networks, address issues like safer sex practices, HIV testing, and reproductive health, catering to the unique needs and challenges faced by young populations $\lceil 74 \rceil$. Educational campaigns play a vital role in addressing stigma and discrimination associated with HIV/AIDS. By fostering empathy, sharing personal stories of resilience, and challenging

Recognizing the pivotal role of communities in shaping health outcomes, community-centered interventions have emerged as crucial elements in the fight against HIV/AIDS in Africa. These initiatives prioritize community involvement, empowerment, and tailored healthcare delivery to address the multifaceted challenges associated with HIV prevention and care [76]. Community-based healthcare interventions bring essential services closer to the people. These initiatives integrate HIV testing, counseling, treatment initiation, adherence support, and other healthcare services within community settings. Mobile clinics, community health centers, and outreach programs play a vital role in reaching remote or marginalized populations who may face barriers accessing traditional healthcare facilities [77]. Collaboration with community leaders, religious institutions, traditional healers, and local NGOs fosters trust, cultural acceptance, and community ownership of HIV prevention efforts. Engaging these key stakeholders facilitates dialogue, reduces stigma, and encourages participation in prevention activities [76]. Peer support networks and mentorship programs have been instrumental in providing emotional support, sharing experiences, and improving treatment adherence. Peer educators, often individuals living with HIV/AIDS, offer guidance, encouragement, and practical advice, fostering a sense of solidarity and empowerment within the community $\lceil 78 \rceil$. Empowering communities through capacity-building

www.iaajournals.org

misconceptions, these campaigns aim to create supportive environments, encouraging individuals to seek testing, treatment, and support without fear of judgment [75]. Beyond providing information, effective campaigns aim to empower individuals to make informed choices and adopt preventive behaviors. Emphasizing self-efficacy, these initiatives promote condom use, regular HIV testing, and open dialogue about sexual health within families and communities [76]. Challenges persist, including funding limitations, sustainability of campaigns, and measuring their long-term impact. The rapidly evolving digital landscape also necessitates innovative strategies to keep educational campaigns relevant and engaging. Moving forward, sustaining funding for comprehensive educational campaigns, leveraging emerging technologies, and strengthening partnerships between governments, NGOs, and local communities will be essential in ensuring the continued success and impact of educational initiatives in the prevention of HIV/AIDS in Africa.

Community-Centered Interventions

initiatives equips individuals with knowledge, skills, and resources to take charge of their health. Training community health workers, providing education on HIV prevention, treatment literacy, and promoting self-care practices empower individuals to make informed decisions about their health. Addressing social determinants of health, such as poverty, gender inequality, and access to education, is integral to effective HIV prevention. Community-centered interventions often incorporate livelihood support, economic empowerment programs, and initiatives promoting gender equality to address underlying factors contributing to HIV vulnerability [76]. Rigorous monitoring and evaluation mechanisms assess the effectiveness and sustainability of community-centered interventions. Tracking key performance indicators, community feedback, and adaptability to evolving needs ensure that these programs remain responsive and impactful [79]. Sustainable funding, scaling up successful models, and maintaining community engagement pose ongoing challenges. Balancing local contexts while ensuring program standardization and effectiveness across diverse communities requires continuous adaptation and innovation. Looking ahead, strengthening health systems, fostering community leadership, and promoting sustainable, communitydriven interventions will be imperative in consolidating the gains made in HIV prevention and care across diverse communities in Africa.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Challenges and Future Directions

Despite significant advancements in HIV prevention strategies, Africa continues to face multifaceted challenges in the fight against the epidemic $\lceil 80 \rceil$. Addressing these challenges and charting future directions are crucial in sustaining progress and achieving lasting impact. Persistent socioeconomic disparities, including poverty, limited access to quality healthcare, and inequitable distribution of resources, hinder comprehensive HIV prevention efforts. Bridging these gaps requires targeted interventions addressing social determinants of health, promoting economic empowerment, and strengthening health systems to ensure universal access to healthcare services. Stigma associated with HIV/AIDS remains a significant obstacle, deterring individuals from seeking testing, treatment, and support. Cultural beliefs, societal prejudices, and discrimination against marginalized populations further exacerbate the challenges. Reducing stigma necessitates multifaceted approaches involving education, community engagement, and policy changes to create supportive environments that encourage openness and acceptance [81]. Strengthening healthcare infrastructure and workforce capacity is essential for effective HIV prevention and treatment. Investing in training healthcare professionals, expanding healthcare facilities, and improving supply chains for medications and diagnostics are critical to ensuring sustained access to quality care, especially in remote or underserved regions [82]. Integration of HIV prevention and care within broader healthcare services, including sexual and reproductive health,

The evolution of HIV prevention strategies in Africa has significant implications for clinical practice and health policy making, necessitating a multifaceted

Treatment as Prevention (TasP): The concept of TasP, advocating for early initiation of antiretroviral therapy (ART) regardless of CD4 count, has transformed clinical practices. Healthcare providers must prioritize early diagnosis, initiate timely treatment, and ensure adherence to suppress viral loads, reducing transmission rates within communities.

Pre-Exposure Prophylaxis (PrEP) Implementation: Clinical settings play a pivotal role

in providing access to PrEP, ensuring appropriate

Equitable Access to Healthcare: Policymakers should prioritize policies that ensure equitable access to healthcare services, focusing on vulnerable and marginalized populations. This includes policies

tuberculosis (TB) care, and primary healthcare, enhances efficiency and effectiveness. Embracing holistic approaches that address interconnected health issues fosters better outcomes and maximizes resources [76]. Addressing emerging challenges, such as the impact of pandemics like COVID-19, poses additional complexities in delivering HIV services. Disruptions in healthcare delivery, resource diversion, and increased vulnerabilities highlight the need for adaptive strategies to mitigate the impact on HIV prevention efforts [83]. Embracing innovative technologies, such as telemedicine, mobile health applications, and digital platforms, can enhance service delivery, improve access, and facilitate adherence to treatment regimens. Continued research into novel prevention methods, vaccines, and longacting therapies remains critical to advancing HIV prevention efforts. Securing sustainable funding and fostering strong partnerships among governments, international organizations, civil society, and the private sector are imperative. Sustainable financing mechanisms and collaborative efforts are essential for scaling up successful interventions and ensuring their long-term viability. Looking forward, a concerted effort to address these challenges through innovative, evidence-based approaches, sustained political commitment, and strengthened partnerships will be pivotal in advancing HIV prevention and achieving the ultimate goal of an AIDS-free generation in Africa.

Implications for Clinical Practice and Health Policy Making

approach to optimize healthcare delivery and policy formulation.

Clinical Practice Advancements

counseling, prescription, and monitoring for at-risk populations. Healthcare providers need to identify high-risk individuals and provide comprehensive information and support for PrEP adherence.

Integration of Comprehensive Services: Clinical facilities must embrace an integrated approach, offering comprehensive services that encompass HIV testing, treatment, sexual and reproductive health, mental health support, and addressing co-infections like tuberculosis.

Health Policy Implications

promoting universal healthcare coverage, removing financial barriers, and addressing social determinants of health.

4

Stigma Reduction Initiatives: Health policies must incorporate strategies to combat stigma and discrimination, promoting a supportive environment for HIV prevention and care. Policy interventions can include public awareness campaigns, legislation against discrimination, and ensuring confidentiality in healthcare settings.

Capacity Building and Workforce Development: aimed at strengthening healthcare Policies infrastructure, expanding training programs, and ensuring an adequate healthcare workforce are crucial. Investing in workforce development ensures

Flexibility and Adaptability: Health policies need to be adaptive to changing circumstances, such as pandemics or emerging challenges, ensuring resilience and continuity in HIV prevention efforts.

Health Systems Strengthening: Policies aimed at strengthening health systems, including

Multisectoral Collaboration: Policies should encourage multisectoral collaboration, fostering partnerships between healthcare, education, social services, and civil society organizations to address the broader determinants of health impacting HIV prevention.

The landscape of HIV prevention in Africa has undergone a transformative evolution, marked by landmark innovations and concerted efforts to reshape the trajectory of the epidemic. This review has explored the pivotal advancements in treatment, innovative educational campaigns, communitycentered interventions, persistent challenges, and future directions in the fight against HIV/AIDS on the continent. Advancements in treatment, notably the widespread accessibility and early initiation of antiretroviral therapy (ART), have not only improved health outcomes for individuals living with HIV but have also played a crucial role in reducing transmission rates. The introduction of preventive measures like Pre-Exposure Prophylaxis (PrEP) has offered a proactive approach, heralding a new era in HIV prevention among high-risk populations. Innovative educational campaigns have been disseminating instrumental in information, eradicating stigma, and fostering behavioral changes. Utilizing multimedia, community engagement, and culturally tailored approaches, these campaigns have effectively reached diverse populations, empowering individuals to make informed decisions about their health.

www.iaajournals.org

the availability of skilled professionals capable of delivering quality HIV prevention and treatment services.

Research and Innovation Support: Policymakers need to support research initiatives, fostering innovation, and facilitating the introduction of new technologies and prevention strategies. Policy frameworks should incentivize research collaborations, encourage clinical trials, and expedite the adoption of evidence-based practices into policy.

Adaptive Policies and Health Systems Strengthening

infrastructure development, supply chain management, and data collection systems, are fundamental for effective HIV prevention and treatment.

Advocacy and Collaboration

Advocacy for Sustainable Funding: Policymakers need to advocate for sustained funding commitments, both domestically and internationally, to ensure the continuity and scalability of successful HIV prevention interventions.

CONCLUSION

Community-centered interventions, leveraging comprehensive healthcare services, engagement of key stakeholders, peer support networks, and capacity-building initiatives, have bridged gaps in healthcare access and empowered communities to take charge of their health. However, persisting challenges such as socioeconomic disparities, stigma, healthcare infrastructure limitations, and emerging pandemics like COVID-19 necessitate adaptive and collaborative strategies. Looking ahead, sustaining funding commitments, fostering partnerships, embracing innovation, and ensuring inclusivity in healthcare delivery will be imperative in the continued fight against HIV/AIDS in Africa. Embracing a holistic approach that addresses social determinants of health, promotes resilience, and adapts to evolving challenges will pave the way for a future free from the burden of HIV/AIDS. The journey to revolutionize HIV prevention in Africa has seen remarkable innovations and progress, but the pursuit of an AIDS-free generation requires ongoing commitment, innovation, and collective action to overcome persistent challenges and ensure a healthier future for all.

REFERENCES

1. Gona PN, Gona CM, Ballout S, Rao SR, Kimokoti R, Mapoma CC, Mokdad AH. Burden and changes in HIV/AIDS morbidity and mortality in Southern Africa

5

Development Community Countries, 1990– 2017. BMC public health. 2020; 20:1-4.

- Obeagu EI, Okwuanaso CB, Edoho SH, Obeagu GU. Under-nutrition among HIVexposed Uninfected Children: A Review of African Perspective. Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035. 2022;2(3):120-7.
- Obeagu EI, Alum EU, Obeagu GU. Factors associated with prevalence of HIV among youths: A review of Africa perspective. Madonna University journal of Medicine and Health Sciences ISSN: 2023;3(1):13-8. <u>https://madonnauniversity.edu.ng/journals</u> /index.php/medicine/article/view/93.
- Obeagu EI. A Review of Challenges and Coping Strategies Faced by HIV/AIDS Discordant Couples. Madonna University journal of Medicine and Health Sciences. 2023 ;3(1):7-12. <u>https://madonnauniversity.edu.ng/journals</u> /index.php/medicine/article/view/91.
- Obeagu EI, Obeagu GU. An update on premalignant cervical lesions and cervical cancer screening services among HIV positive women. J Pub Health Nutri. 2023; 6 (2). 2023;141:1-2. links/63e538ed64252375639ddodf/Anupdate-on-premalignant-cervical-lesionsand-cervical-cancer-screening-servicesamong-HIV-positive-women.pdf.
- Ezeoru VC, Enweani IB, Ochiabuto O, Nwachukwu AC, Ogbonna US, Obeagu EI. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. Journal of Pharmaceutical Research International. 2021;33(4):10-9.
- Omo-Emmanuel UK, Chinedum OK, Obeagu EI. Evaluation of laboratory logistics management information system in HIV/AIDS comprehensive health facilities in Bayelsa State, Nigeria. Int J Curr Res Med Sci. 2017;3(1): 21-38.DOI: 10.22192/ijcrms.2017.03.01.004
- Montaner JS, Lima VD, Harrigan PR, Lourenço L, Yip B, Nosyk B, Wood E, Kerr T, Shannon K, Moore D, Hogg RS. Expansion of HAART coverage is associated with sustained decreases in HIV/AIDS morbidity, mortality and HIV transmission: the "HIV Treatment as Prevention" experience in a Canadian setting. PloS one. 2014;9(2): e87872.
- 9. Obeagu EI, Obeagu GU, Musiimenta E, Bot YS, Hassan AO. Factors contributing to low utilization of HIV counseling and testing

www.iaajournals.org

services. Int. J. Curr. Res. Med. Sci. 2023;9(2): 1-5.DOI: 10.22192/ijcrms.2023.09.02.001

- Obeagu EI, Obeagu GU. An update on survival of people living with HIV in Nigeria. J Pub Health Nutri. 2022; 5 (6). 2022;129. <u>links/645b4bfcf3512f1cc5885784/An-</u><u>update-on-survival-of-people-living-with-</u><u>HIV-in-Nigeria.pdf.</u>
- 11. Offie DC, Obeagu EI, Akueshi C, Njab JE, Ekanem EE, Dike PN, Oguh DN. Facilitators and barriers to retention in HIV care among HIV infected MSM attending Community Health Center Yaba, Lagos Nigeria. Journal of Pharmaceutical Research International. 2021;33(52B):10-9.
- 12. Obeagu EI, Ogbonna US, Nwachukwu AC, Ochiabuto O, Enweani IB, Ezeoru VC. Prevalence of Malaria with Anaemia and HIV status in women of reproductive age in Onitsha, Nigeria. Journal of Pharmaceutical Research International. 2021;33(4):10-9.
- Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng UE, Ikpeme M, Bassey JO, Paul AO. TB Infection Control in TB/HIV Settings in Cross River State, Nigeria: Policy Vs Practice. Journal of Pharmaceutical Research International. 2020;32(22):101-9.
- Obeagu EI, Eze VU, Alaeboh EA, Ochei KC. Determination of haematocrit level and iron profile study among persons living with HIV in Umuahia, Abia State, Nigeria. J BioInnovation. 2016;5:464-71. <u>links/592bb4990f7e9b9979a975cf/DETER</u> <u>MINATION-OF-HAEMATOCRIT-</u> <u>LEVEL-AND-IRON-PROFILE-STUDY-</u> <u>AMONG-PERSONS-LIVING-WITH-</u> <u>HIV-IN-UMUAHIA-ABIA-STATE-</u> <u>NIGERIA.pdf</u>.
- 15. Ifeanyi OE, Obeagu GU. The values of prothrombin time among HIV positive patients in FMC owerri. International Journal of Current Microbiology and Applied Sciences. 2015;4(4):911-6. <u>https://www.academia.edu/download/3832</u> 0140/Obeagu Emmanuel Ifeanyi and Obe agu Getrude Uzoma2.EMMA1.pdf.
- 16. Izuchukwu IF, Ozims SJ, Agu GC, Obeagu EI, Onu I, Amah H, Nwosu DC, Nwanjo HU, Edward A, Arunsi MO. Knowledge of preventive measures and management of HIV/AIDS victims among parents in Umuna Orlu community of Imo state Nigeria. Int. J. Adv. Res. Biol. Sci.

 $\mathbf{6}$

2016:3(10):

55**-**65.DOI;

10.22192/ijarbs.2016.03.10.009

- Chinedu K, Takim AE, Obeagu EI, Chinazor UD, Eloghosa O, Ojong OE, Odunze U. HIV and TB co-infection among patients who used Directly Observed Treatment Shortcourse centres in Yenagoa, Nigeria. IOSR J Pharm Biol Sci. 2017;12(4):70-5. <u>links/5988ab6d0f7e9b6c8539f73d/HIV-</u> <u>and-TB-co-infection-among-patients-whoused-Directly-Observed-Treatment-Shortcourse-centres-in-Yenagoa-Nigeria.pdf</u>
- Bardosh K. Global aspirations, local realities: the role of social science research in controlling neglected tropical diseases. Infectious diseases of poverty. 2014; 3:1-5.
- Robinson R, Moodie-Mills A. HIV/AIDS inequality: Structural barriers to prevention, treatment, and care in communities of color. Center for American Progress. 2012.
- Oloro OH, Oke TO, Obeagu EI. Evaluation of Coagulation Profile Patients with Pulmonary Tuberculosis and Human Immunodeficiency Virus in Owo, Ondo State, Nigeria. Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035. 2022;2(3):110-9.
- 21. Nwosu DC, Obeagu EI, Nkwocha BC, Nwanna CA, Nwanjo HU, Amadike JN, Elendu HN, Ofoedeme CN, Ozims SJ, Nwankpa P. Change in Lipid Peroxidation Marker (MDA) and Non enzymatic Antioxidants (VIT C & E) in HIV Seropositive Children in an Urban Community of Abia State. Nigeria. J. Bio. Innov. 2016;5(1):24-30. links/5ae735e9a6fdcc5b33eb8d6a/CHANG E-IN-LIPID-PEROXIDATION-MARKER-MDAAND-NON-ENZYMATIC-ANTIOXIDANTS-VIT-C-E-IN-HIV-SEROPOSITIVE-CHILDREN-IN-AN-URBAN-COMMUNITY-OF-ABIA-STATE-NIGERIA.pdf.
- 22. Igwe CM, Obeagu IE, Ogbuabor OA. Clinical characteristics of people living with HIV/AIDS on ART in 2014 at tertiary health institutions in Enugu, Nigeria. J Pub Health Nutri. 2022; 5 (6). 2022;130. links/645a166f5762c95ac3817d32/Clinicalcharacteristics-of-people-living-with-HIV-AIDS-on-ART-in-2014-at-tertiary-healthinstitutions-in-Enugu.pdf.
- 23. Ifeanyi OE, Obeagu GU, Ijeoma FO, Chioma UI. The values of activated partial thromboplastin time (APTT) among HIV positive patients in FMC Owerri. Int J Curr

www.iaajournals.org

Res Aca Rev. 2015;3:139-44. https://www.academia.edu/download/3832 0159/Obeagu Emmanuel Ifeanyi3 et al.I JCRAR.pdf.

- 24. Obiomah CF, Obeagu EI, Ochei KC, Swem CA, Amachukwu BO. Hematological indices o HIV seropositive subjects in Nnamdi Azikiwe University teaching hospital (NAUTH), Nnewi. Ann Clin Lab Res. 2018;6(1):1-4. links/5aa2bb17a6fdccd544b7526e/Haemato logical-Indices-of-HIV-Seropositive-Subjects-at-Nnamdi-Azikiwe.pdf
- 25. Omo-Emmanuel UK, Ochei KC, Osuala EO, Obeagu EI, Onwuasoanya UF. Impact of prevention of mother to child transmission (PMTCT) of HIV on positivity rate in Kafanchan, Nigeria. Int. J. Curr. Res. Med. Sci. 2017;3(2): 28-34.DOI: 10.22192/ijcrms.2017.03.02.005
- 26. Aizaz M, Abbas FA, Abbas A, Tabassum S, Obeagu EI. Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand. Health Science Reports. 2023 Aug;6(8):e1450.
- Obeagu EI, Amekpor F, Scott GY. An update of human immunodeficiency virus infection: Bleeding disorders. J Pub Health Nutri. 2023; 6 (1). 2023;139. <u>links/645b4a6c2edb8e5f094d9bd9/An-</u><u>update-of-human-immunodeficiency-virus-</u><u>infection-Bleeding.pdf</u>.
- 28. Obeagu EI, Scott GY, Amekpor F, Ofodile AC, Edoho SH, Ahamefula C. Prevention of New Cases of Human Immunodeficiency Virus: Pragmatic Approaches of Saving Life in Developing Countries. Madonna University journal of Medicine and Health Sciences. 2022;2(3):128-34. https://madonnauniversity.edu.ng/journals /index.php/medicine/article/view/86.
- 29. Walter O, Anaebo OB, Obeagu EI, Okoroiwu IL. Evaluation of Activated Partial Thromboplastin Time and Prothrombin Time in HIV and TB Patients in Owerri Metropolis. Journal of Pharmaceutical Research International. 2022:29-34.
- Atun R, Bataringaya J. Building a durable response to HIV/AIDS: implications for health systems. JAIDS Journal of Acquired Immune Deficiency Syndromes. 2011;57: S91-5.
- 31. Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng EU, Ikpeme M, Bassey JO, Paul AO. Cascade variabilities in TB case finding

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

7

among people living with HIV and the use of IPT: assessment in three levels of care in cross River State, Nigeria. Journal of Pharmaceutical Research International. 2020;32(24):9-18.

- Jakheng SP, Obeagu EI. Seroprevalence of human immunodeficiency virus based on demographic and risk factors among pregnant women attending clinics in Zaria Metropolis, Nigeria. J Pub Health Nutri. 2022; 5 (8). 2022;137. <u>links/6317a6b1acd814437f0ad268/Seropre valence-of-human-immunodeficiency-virusbased-on-demographic-and-risk-factorsamong-pregnant-women-attending-clinicsin-Zaria-Metropolis-Nigeria.pdf.
 </u>
- 33. Obeagu EI, Obeagu GU. A Review of knowledge, attitudes and socio-demographic factors associated with non-adherence to antiretroviral therapy among people living with HIV/AIDS. Int. J. Adv. Res. Biol. Sci. 2023;10(9):135-42.DOI:

10.22192/ijarbs.2023.10.09.015 links/6516faa61e2386049de5e828/A-Review-of-knowledge-attitudes-and-sociodemographic-factors-associated-with-nonadherence-to-antiretroviral-therapyamong-people-living-with-HIV-AIDS.pdf

- Obeagu EI, Onuoha EC. Tuberculosis among HIV Patients: A review of Prevalence and Associated Factors. Int. J. Adv. Res. Biol. Sci. 2023;10(9):128-34.DOI: 10.22192/ijarbs.2023.10.09.014 links/6516f938b0df2f20a2f8b0e0/Tubercul osis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf.
- 35. Obeagu EI, Ibeh NC, Nwobodo HA, Ochei KC, Iwegbulam CP. Haematological indices of malaria patients coinfected with HIV in Umuahia. Int. J. Curr. Res. Med. Sci. 2017;3(5):100-4.DOI: 10.22192/ijcrms.2017.03.05.014 https://www.academia.edu/download/5431 7126/Haematological indices of malaria p atients coinfected with HIV.pdf
- 36. Bunn C, Kalinga C, Mtema O, Abdulla S, Dillip A, Lwanda J, Mtenga SM, Sharp J, Strachan Z, Gray CM. Arts-based approaches to promoting health in sub-Saharan Africa: a scoping review. BMJ Global Health. 2020;5(5).
- 37. Jakheng SP, Obeagu EI, Abdullahi IO, Jakheng EW, Chukwueze CM, Eze GC, Essien UC, Madekwe CC, Madekwe CC, Vidya S, Kumar S. Distribution Rate of Chlamydial Infection According to

Demographic Factors among Pregnant Women Attending Clinics in Zaria Metropolis, Kaduna State, Nigeria. South Asian Journal of Research in Microbiology. 2022;13(2):26-31.

38. Viola N, Kimono E, Nuruh N, Obeagu EI. Factors Hindering Elimination of Mother to Child Transmission of HIV Service Uptake among HIV Positive Women at Comboni Hospital Kyamuhunga Bushenyi District. Asian Journal of Dental and Health Sciences. 2023;3(2):7-14. http://ajdhs.com/index.php/journal/article

<u>http://ajdhs.com/index.php/journal/article</u> /view/39.

- 39. Okorie HM, Obeagu Emmanuel I, Okpoli Henry CH, Chukwu Stella N. Comparative study of enzyme linked immunosorbent assay (Elisa) and rapid test screening methods on HIV, Hbsag, Hcv and Syphilis among voluntary donors in. Owerri, Nigeria. J Clin Commun Med. 2020;2(3):180-83.DOI: DOI: <u>10.32474/JCCM.2020.02.000137</u> links/5f344530458515b7291bd95f/Compar ative-Study-of-Enzyme-Linked-Immunosorbent-Assay-EIISA-and-Rapid-Test-Screening-Methods-on-HIV-HBsAg-HCV-and-Syphilis-among-Voluntary-Donors-in-Owerri-Nigeria.pdf.
- 40. Ezugwu UM, Onyenekwe CC, Ukibe NR, Ahaneku JE, Onah CE, Obeagu EI, Emeje PI, Awalu JC, Igbokwe GE. Use of ATP, GTP, ADP and AMP as an Index of Energy Utilization and Storage in HIV Infected Individuals at NAUTH, Nigeria: A Longitudinal, Prospective, Case-Controlled Study. Journal of Pharmaceutical Research International. 2021;33(47A):78-84.
- 41. Emannuel G, Martin O, Peter OS, Obeagu EI, Daniel K. Factors Influencing Early Neonatal Adverse Outcomes among Women with HIV with Post Dated Pregnancies Delivering at Kampala International University Teaching Hospital, Uganda. Asian Journal of Pregnancy and Childbirth. 2023;6(1):203-11.

http://research.sdpublishers.net/id/eprint/ 2819/.

42. Tymejczyk O, Brazier E, Yiannoutsos C, Wools-Kaloustian K, Althoff K, Crabtree-Ramírez B, Van Nguyen K, Zaniewski E, Dabis F, Sinayobye JD, Anderegg N. HIV treatment eligibility expansion and timely antiretroviral treatment initiation following enrollment in HIV care: a metaregression analysis of programmatic data from 22

8

countries. PLoS medicine. 2018 Mar 23;15(3): e1002534.

- 43. Igwe MC, Obeagu EI, Ogbuabor AO, Eze GC, Ikpenwa JN, Eze-Steven PE. Socio-Demographic Variables of People Living with HIV/AIDS Initiated on ART in 2014 at Tertiary Health Institution in Enugu State. Asian Journal of Research in Infectious Diseases. 2022;10(4):1-7.
- 44. Vincent CC, Obeagu EI, Agu IS, Ukeagu NC, Onyekachi-Chigbu AC. Adherence to Antiretroviral Therapy among HIV/AIDS in Federal Medical Centre, Owerri. Journal of Pharmaceutical Research International. 2021;33(57A):360-8.
- 45. Igwe MC, Obeagu EI, Ogbuabor AO. ANALYSIS OF THE FACTORS AND PREDICTORS OF ADHERENCE TO HEALTHCARE OF PEOPLE LIVING WITH HIV/AIDS IN TERTIARY HEALTH INSTITUTIONS IN ENUGU STATE. Madonna University journal of Medicine and Health Sciences. 2022;2(3):42-57.

https://madonnauniversity.edu.ng/journals /index.php/medicine/article/view/75.

46. Madekwe CC, Madekwe CC, Obeagu EI. Inequality of monitoring in Human Immunodeficiency Virus, Tuberculosis and Malaria: A Review. Madonna University journal of Medicine and Health Sciences. 2022;2(3):6-15.

https://madonnauniversity.edu.ng/journals/ /index.php/medicine/article/view/69

- 47. Echendu GE, Vincent CC, Ibebuike J, Asodike M, Naze N, Chinedu EP, Ohale B, Obeagu EI. WEIGHTS OF INFANTS BORN TO HIV INFECTED MOTHERS: A PROSPECTIVE COHORT STUDY IN FEDERAL MEDICAL CENTRE, OWERRI, IMO STATE. European Journal of Pharmaceutical and Medical Research, 2023; 10(8): 564-568
- Zablotska IB, O'Connor CC. Preexposure prophylaxis of HIV infection: The role of clinical practices in ending the HIV epidemic. Current HIV/AIDS Reports. 2017; 14:201-10.
- 49. Nwosu DC, Nwanjo HU, Okolie NJ, Ikeh K, Ajero CM, Dike J, Ojiegbe GC, Oze GO, Obeagu EI, Nnatunanya I, Azuonwu O. BIOCHEMICAL ALTERATIONS IN ADULT HIV PATIENTS ON ANTIRETROVIRAL THERAPY. World Journal of Pharmacy and Pharmaceutical Sciences, 2015; 4(3): 153-160.

www.iaajournals.org <u>links/5a4fd0500f7e9bbc10526b38/BIOCH</u> <u>EMICAL-ALTERATIONS-IN-ADULT-</u> <u>HIV-PATIENTS-ON-</u> <u>ANTIRETROVIRAL-THERAPY.pdf.</u>

- 50. Obeagu EI, Obeagu GU. Effect of CD4 Counts on Coagulation Parameters among HIV Positive Patients in Federal Medical Centre, Owerri, Nigeria. Int. J. Curr. Res. Biosci. Plant Biol. 2015;2(4):45-9.
- 51. Obeagu EI, Nwosu DC. Adverse drug reactions in HIV/AIDS patients on highly active antiretro viral therapy: a review of prevalence. Int. J. Curr. Res. Chem. Pharm. Sci. 2019;6(12):45-8.DOI: 10.22192/ijcrcps.2019.06.12.004 links/650aba1582f01628f0335795/Adverse -drug-reactions-in-HIV-AIDS-patients-on-highly-active-antiretro-viral-therapy-a-review-of-prevalence.pdf.
- 52. Obeagu EI, Scott GY, Amekpor F, Obeagu GU. Implications of CD4/CD8 ratios in Human Immunodeficiency Virus infections. Int. J. Curr. Res. Med. Sci. 2023;9(2):6-13.DOI: 10.22192/ijcrms.2023.09.02.002 links/645a4a462edb8e5f094ad37c/Implicati ons-of-CD4-CD8-ratios-in-Human-Immunodeficiency-Virus-infections.pdf.
- 53. Obeagu EI, Ochei KC, Okeke EI, Anode AC. Assessment of the level of haemoglobin and erythropoietin in persons living with HIV in Umuahia. Int. J. Curr. Res. Med. Sci. 2016;2(4):29-33.
 <u>links/5711c47508aeebe07c02496b/Assess</u> <u>ment-of-the-level-of-haemoglobin-anderythropoietin-in-persons-living-with-HIVin-Umuahia.pdf.</u>
- 54. Ifeanyi OE, Obeagu GU. The Values of CD4 Count, among HIV Positive Patients in FMC Owerri. Int. J. Curr. Microbiol. App. Sci. 2015;4(4):906-10. <u>https://www.academia.edu/download/3832</u> 0134/Obeagu Emmanuel Ifeanyi and Obe agu Getrude Uzoma.EMMA2.pdf.
- 55. Obeagu EI, Okeke EI, Anonde Andrew C. Evaluation of haemoglobin and iron profile study among persons living with HIV in Umuahia, Abia state, Nigeria. Int. J. Curr. Res. Biol. Med. 2016;1(2):1-5.
- Alum EU, Ugwu OP, Obeagu EI, Okon MB. Curtailing HIV/AIDS Spread: Impact of Religious Leaders. Newport International Journal of Research in Medical Sciences (NIJRMS). 2023;3(2):28-31.
- 57. Obeagu EI, Obeagu GU, Paul-Chima UO. Stigma Associated With HIV. AIDS: A Review. Newport International Journal of

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

9

Public Health and Pharmacy (Nijpp). 2023;3(2):64-7.

- Alum EU, Obeagu EI, Ugwu OP, Aja PM, Okon MB. HIV Infection and Cardiovascular diseases: The obnoxious Duos. Newport International Journal of Research in Medical Sciences (NIJRMS). 2023;3(2):95-9.
- 59. Ibebuike JE, Nwokike GI, Nwosu DC, Obeagu EI. A Retrospective Study on Human Immune Deficiency Virus among Pregnant Women Attending Antenatal Clinic in Imo State University Teaching Hospital. International Journal of Medical Science and Dental Research, 2018; 1 (2):08-14. <u>https://www.ijmsdr.org/published%20pape r/li1i2/A%20Retrospective%20Study%20o n%20Human%20Immune%20Deficiency%2 OVirus%20among%20Pregnant%20Women %20Attending%20Antenatal%20Clinic%20i n%20Imo%20State%20University%20Teac hing%20Hospital.pdf.</u>
- 60. Obeagu EI, Obarezi TN, Omeh YN, Okoro NK, Eze OB. Assessment of some haematological and biochemical parametrs in HIV patients before receiving treatment in Aba, Abia State, Nigeria. Res J Pharma Biol Chem Sci. 2014; 5:825-30.
- 61. Obeagu EI, Obarezi TN, Ogbuabor BN, Anaebo QB, Eze GC. Pattern of total white blood cell and differential count values in HIV positive patients receiving treatment in Federal Teaching Hospital Abakaliki, Ebonyi State, Nigeria. International Journal of Life Science, Biotechnology and Pharama Research. 2014; 391:186-9.
- 62. Obeagu EI. A Review of Challenges and Coping Strategies Faced by HIV/AIDS Discordant Couples. Madonna University journal of Medicine and Health Sciences ISSN: 2814-3035. 2023; 3 (1): 7-12.
- Oloro OH, Obeagu EI. A Systematic Review on Some Coagulation Profile in HIV Infection. International Journal of Innovative and Applied Research. 2022;10(5):1-1.
- 64. Dionisio D, Esperti F, Messeri D, Vivarelli A. Priority strategies for sustainable fight against HIV/AIDS in low-income countries. Current HIV Research. 2004;2(4):377-93.
- Singhal A, Wang H, Rogers EM, Rice RE, Atkin CK. The rising tide of entertainmenteducation in communication campaigns. Public communication campaigns. 2013; 4:321-33.

www.iaajournals.org

- 66. Nwosu DC, Obeagu EI, Nkwuocha BC, Nwanna CA, Nwanjo HU, Amadike JN, Ezemma MC, Okpomeshine EA, Ozims SJ, Agu GC. Alterations in superoxide dismutiase, vitamins C and E in HIV infected children in Umuahia, Abia state. International Journal of Advanced Research in Biological Sciences. 2015;2(11):268-71.
- 67. Obeagu EI, Malot S, Obeagu GU, Ugwu OP. HIV resistance in patients with Sickle Cell Anaemia. NEWPORT INTERNATIONAL JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES (NIJSES). 2023;3(2):56-9.
- Ifeanyi OE, Uzoma OG, Stella EI, Chinedum OK, Abum SC. Vitamin D and insulin resistance in HIV sero positive individuals in Umudike. Int. J. Curr. Res. Med. Sci. 2018;4(2):104-8.
- Ifeanyi OE, Leticia OI, Nwosu D, Chinedum OK. A Review on blood borne viral infections: universal precautions. Int. J. Adv. Res. Biol. Sci. 2018;5(6):60-6.
- Green TL. Community-based equity audits: A practical approach for educational leaders to support equitable community-school improvements. Educational Administration Quarterly. 2017;53(1):3-9.
- 71. Nwovu AI, Ifeanyi OE, Uzoma OG, Nwebonyi NS. Occurrence of Some Blood Borne Viral Infection and Adherence to Universal Precautions among Laboratory Staff in Federal Teaching Hospital Abakaliki Ebonyi State. Arch Blood Transfus Disord. 2018;1(2).
- 72. Chinedu K, Takim AE, Obeagu EI, Chinazor UD, Eloghosa O, Ojong OE, Odunze U. HIV and TB co-infection among patients who used Directly Observed Treatment Shortcourse centres in Yenagoa, Nigeria. IOSR J Pharm Biol Sci. 2017;12(4):70-5.
- 73. Offie DC, Obeagu EI, Akueshi C, Njab JE, Ekanem EE, Dike PN, Oguh DN. Facilitators and barriers to retention in HIV care among HIV infected MSM attending Community Health Center Yaba, Lagos Nigeria. Journal of Pharmaceutical Research International. 2021;33(52B):10-9.
- 74. Pettifor A, Bekker LG, Hosek S, DiClemente R, Rosenberg M, Bull SS, Allison S, Delany-Moretlwe S, Kapogiannis BG, Cowan F. Preventing HIV among young people: research priorities for the future. JAIDS Journal of Acquired Immune Deficiency Syndromes. 2013;63: S155-60.

10

- 75. Monjok E, Smesny A, Essien EJ. HIV/AIDS-related stigma and discrimination in Nigeria: review of research studies and future directions for prevention strategies. African journal of reproductive health. 2009;13(3):21-35.
- 76. Cordova D, Coleman-Minahan K, Romo T, Borrayo EA, Bull S. The Role of Social Capital, Sex Communication, and Sex Refusal Self-Efficacy in Sexual Risk Behaviors and HIV Testing among a Diverse Sample of Youth. Adolescents. 2022;2(1):30-42.
- 77. El Arifeen S, Christou A, Reichenbach L, Osman FA, Azad K, Islam KS, Ahmed F, Perry HB, Peters DH. Community-based approaches and partnerships: innovations in health-service delivery in Bangladesh. The Lancet. 2013;382(9909):2012-26.
- 78. Embuldeniya G, Veinot P, Bell E, Bell M, Nyhof-Young J, Sale JE, Britten N. The experience and impact of chronic disease peer support interventions: a qualitative synthesis. Patient education and counseling. 2013;92(1):3-12.
- 79. Erzurumlu SS, Erzurumlu YO. Sustainable mining development with community using design thinking and multi-criteria decision analysis. Resources Policy. 2015; 46:6-14.
- 80. Govender K, Masebo WG, Nyamaruze P, Cowden RG, Schunter BT, Bains A. HIV prevention in adolescents and young people in the Eastern and Southern African region: A review of key challenges impeding actions for an effective response. The Open AIDS Journal. 2018; 12:53.
- 81. Gwadz M, Leonard NR, Honig S, Freeman R, Kutnick A, Ritchie AS. Doing battle with "the monster": How high-risk heterosexuals experience and successfully manage HIV stigma as a barrier to HIV testing. International journal for equity in health. 2018; 17:1-8.
- 82. Rabkin M, de Pinho H, Michaels-Strasser S, Naitore D, Rawat A, Topp SM. Strengthening the health workforce to support integration of HIV and noncommunicable disease services in sub-Saharan Africa. Aids. 2018;32: S47-54.
- Waterfield KC, Shah GH, Etheredge GD, Ikhile O. Consequences of COVID-19 crisis for persons with HIV: the impact of social determinants of health. BMC Public Health. 2021; 21:1-7.

www.iaajournals.org

CITE AS: Emmanuel Ifeanyi Obeagu, Getrude Uzoma Obeagu, Edward Odogbu Odo, Matthew Chibunna Igwe, Okechukwu Paul-Chima Ugwu, Esther U. Alum and Puche Racheal Okwaja (2024). Revolutionizing HIV Prevention in Africa: Landmark Innovations that Transformed the Fight. IAA Journal of Applied Sciences11(1):1-12. https://doi.org/10.59298/IAAJAS/2024/1.3.5288

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.