The last two decades has witnessed significant improvements in the life expectancy of people living with HIV, largely due to the discovery of potent anti-retroviral drugs. Recent advances which have shown that risk of HIV transmission can be drastically reduced through ARV-based pre-exposure prophylaxis, early initiation of anti-retroviral therapy in the infected partner of HIV sero-discordant couples, and through medical male circumcision, have kindled hopes that the end of the epidemic might be in site. However, despite these advances, it is unlikely that we can end AIDS without an effective vaccine because of challenges associated with the universal adoption of these technologies. For example, it is unlikely that many African countries can effectively adopt universal PrEP because of cost. The health systems in many African countries are inefficient and poorly funded, performance monitoring is poor and the sustenance of services is still heavily donor dependent. Most importantly, most of traditional and new HIV prevention technologies are heavily behavior dependent. All these, combined with logistic issues associated with universal roll out of these great interventions make it very unlikely that they can bring us to the end of AIDS. Hence, the continued need for an effective vaccine. Africa, with the largest concentration of HIV in the world stands to benefit more from an effective HIV vaccine than any other region. This paper explores the opportunities and challenges for the effective engagement of Africa in the global HIV research and development agenda, and proffers recommendations on possible way forward.

Biography

Chidi Victor Nweneka is a Paediatrician, Epidemiologist, and Clinical Scientist with research interests in HIV, reproductive health and malaria. He has a PhD degree in Child Health and Human Nutrition from the University of Glasgow, UK. He is currently a Deputy Director at the Policy and Strategy Department of the National Agency for the Control of AIDS (NACA), Nigeria, and heads the Strategy and Planning Division of that Department. He has served previously in many national and international committees and panels, including the Civil Society Working Group for the Microbicide Development Strategy, and a member of the team that designed the first Rivers State (Nigeria) Action Plan against HIV/AIDS in 2002. He has also been involved in National and International vaginal microbicides and HIV vaccine advocacy; and served as a member of the Scientific Review Committee- HIV Microbicides for the European and Developing Countries Clinical Trials Partnership (EDCTP).

chidele@hotmail.com