# From Challenges to Solutions: Groundbreaking HIV Prevention Innovations in Africa

\*Emmanuel Ifeanyi Obeagu<sup>1</sup> and Getrude Uzoma Obeagu<sup>2</sup>

#### **Abstract**

HIV/AIDS remains a pressing public health challenge in Africa, with the continent bearing a disproportionate burden of the global epidemic. Despite efforts to curb transmission, traditional prevention strategies encounter barriers in effectively reaching key populations. This review explores groundbreaking innovations in HIV prevention in Africa, from biomedical interventions to community-driven initiatives and digital technologies. These innovations offer promising solutions to longstanding challenges, revolutionizing the HIV prevention landscape on the continent. By harnessing the power of innovation and community engagement, Africa has the potential to lead the way in pioneering solutions that will shape the future of HIV prevention and contribute to epidemic control.

**Keywords:** HIV prevention, Africa, groundbreaking innovations, challenges, solutions

### Introduction

HIV/AIDS remains a significant public health challenge in Africa, where the epidemic has left an indelible mark on communities across the continent. With approximately two-thirds of the global burden of HIV infection residing in Africa, the region faces immense challenges in curbing transmission and achieving epidemic control. Traditional HIV prevention strategies, while effective to some extent, have encountered barriers in reaching key populations and addressing the complex socio-cultural, economic, and structural determinants of transmission. Consequently, there is a pressing need for innovative approaches that can adapt to the evolving landscape of the epidemic and effectively mitigate the spread of HIV. In response to these challenges, a wave of

<sup>&</sup>lt;sup>1</sup>Department of Medical Laboratory Science, Kampala International University, Uganda

<sup>&</sup>lt;sup>3</sup>School of Nursing Science, Kampala International University, Uganda

<sup>\*</sup>Corresponding authour: Emmanuel Ifeanyi Obeagu, <u>Department of Medical Laboratory Science, Kampala International University, Uganda, emmanuelobeagu@yahoo.com, ORCID:</u> 0000-0002-4538-0161

groundbreaking innovations has emerged in HIV prevention, offering novel solutions to address longstanding barriers and accelerate progress towards epidemic control. These innovations span a diverse range of approaches, from biomedical interventions such as pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision (VMMC), to community-driven initiatives and digital technologies. By harnessing the power of innovation, creativity, and community engagement, these interventions hold the potential to transform the HIV prevention landscape in Africa and pave the way towards an AIDS-free generation.<sup>1-22</sup>

Biomedical innovations have played a central role in revolutionizing HIV prevention in Africa, offering new hope in the fight against the epidemic. Pre-exposure prophylaxis (PrEP), for example, has demonstrated efficacy in reducing HIV acquisition among high-risk populations and is increasingly being scaled up across the continent. Similarly, voluntary medical male circumcision (VMMC) has been shown to significantly reduce the risk of HIV transmission among men, offering a cost-effective and culturally acceptable prevention tool. These biomedical interventions, coupled with advances in long-acting injectable antiretroviral agents and novel delivery mechanisms, have the potential to dramatically reduce new infections and save countless lives in Africa. Community-driven approaches have also emerged as powerful tools in the HIV prevention arsenal, leveraging local knowledge, networks, and resources to reach underserved populations and address the root causes of transmission. Peer-led outreach programs, community-based testing and counseling services, and social mobilization campaigns have proven effective in raising awareness, reducing stigma, and increasing uptake of prevention and treatment services. Grassroots organizations and civil society groups have played a pivotal role in advocating for the rights and dignity of marginalized populations, driving policy change, and holding governments and stakeholders accountable for their commitments to HIV prevention and care. Moreover, the proliferation of digital technologies has opened up new avenues for HIV prevention innovation, enabling the development of user-friendly tools and platforms to engage and empower communities. Mobile health (mHealth) applications, interactive web platforms, and social media campaigns have been instrumental in disseminating accurate information, promoting behavior change, and facilitating access to prevention services. Innovation hubs and incubators have emerged across Africa, fostering collaboration, creativity, and entrepreneurship in the field of HIV prevention. These hubs serve as catalysts for developing and scaling up innovative solutions tailored to the unique needs and contexts of African communities. <sup>23-53</sup>

#### **Biomedical Innovations**

Biomedical innovations have significantly reshaped the landscape of HIV prevention in Africa, offering new hope in the fight against the epidemic. These innovative approaches encompass a range of strategies aimed at reducing the risk of HIV transmission and improving health outcomes for individuals at high risk of infection. Among the most notable biomedical innovations is pre-exposure prophylaxis (PrEP), a preventive approach that involves the use of antiretroviral medication by HIV-negative individuals to reduce their risk of acquiring the virus. PrEP has demonstrated remarkable efficacy in clinical trials and real-world settings, providing a powerful tool for HIV prevention, particularly among key populations with elevated risk, such as men who have sex with men, transgender individuals, and serodiscordant couples. In addition to PrEP, other

biomedical innovations have emerged to augment the HIV prevention toolkit in Africa. Voluntary medical male circumcision (VMMC) has been shown to significantly reduce the risk of HIV acquisition among heterosexual men, offering a cost-effective and scalable intervention for reducing transmission in high-prevalence settings. Furthermore, the development of long-acting injectable antiretroviral agents presents a promising avenue for enhancing adherence and expanding prevention options, particularly among individuals who face challenges with daily pill-taking. Novel delivery mechanisms, such as vaginal rings and implants, offer discreet and user-controlled methods of HIV prevention, empowering individuals to protect themselves against infection.<sup>54-73</sup>

The rollout of biomedical innovations in Africa has been accompanied by efforts to ensure equitable access and uptake, particularly among marginalized and underserved populations. National HIV programs and international organizations have prioritized the integration of innovative prevention approaches into existing healthcare systems, expanding access to services and promoting community engagement. However, challenges remain in scaling up biomedical interventions and addressing barriers to access, including cost, stigma, and limited awareness. Furthermore, ongoing research and development efforts are needed to advance the field of HIV prevention and overcome remaining obstacles to achieving epidemic control in Africa. Despite these challenges, biomedical innovations offer immense promise in the global fight against HIV/AIDS, with the potential to significantly reduce new infections and improve health outcomes for millions of people. By harnessing the power of science, technology, and collaboration, Africa has the opportunity to lead the way in pioneering innovative approaches to HIV prevention and achieving the ambitious goal of ending the epidemic within a generation. Continued investment in research, implementation, and community engagement will be crucial in realizing this vision and creating a future free from HIV/AIDS.<sup>74-83</sup>

## **Community-Led Initiatives**

Community-led initiatives have emerged as powerful drivers of change in the realm of HIV prevention in Africa, complementing biomedical interventions and addressing the unique social, cultural, and structural factors that influence transmission. These initiatives harness the knowledge, networks, and resources within local communities to deliver tailored prevention services, promote behavior change, and reduce stigma and discrimination associated with HIV/AIDS. Peer-led outreach programs, community-based testing and counseling services, and social mobilization campaigns have proven effective in reaching key populations, including adolescent girls and young women, men who have sex with men, sex workers, and people who inject drugs. One of the key strengths of community-led initiatives is their ability to engage and empower individuals most affected by HIV/AIDS, fostering ownership and agency in the response to the epidemic. Grassroots organizations and civil society groups play a pivotal role in advocating for the rights and dignity of marginalized populations, driving policy change, and holding governments and stakeholders accountable for their commitments to HIV prevention and care. By amplifying the voices of those directly impacted by the epidemic, community-led initiatives ensure that interventions are culturally relevant, responsive to local needs, and sustainable in the long term.84-94

Moreover, community-led initiatives foster trust, solidarity, and social cohesion within communities, creating supportive environments that facilitate behavior change and promote uptake of prevention and treatment services. Peer educators and community health workers serve as trusted sources of information and support, providing culturally sensitive counseling, referrals, and follow-up care to individuals at risk of or living with HIV/AIDS. These frontline workers bridge the gap between healthcare systems and communities, offering a continuum of care that extends beyond clinical settings and into the heart of neighborhoods and villages. In recent years, digital technologies have emerged as powerful tools for enhancing community-led HIV prevention efforts in Africa. Mobile health (mHealth) applications, interactive web platforms, and social media campaigns have been instrumental in disseminating accurate information, promoting behavior change, and facilitating access to prevention services. By leveraging digital platforms, communityled initiatives can reach larger audiences, engage diverse populations, and track outcomes in real time, thereby maximizing the impact and scalability of their interventions. Despite their many successes, community-led initiatives face numerous challenges, including limited funding, weak health systems, and entrenched social norms and inequalities. Addressing these challenges will require sustained investment, capacity-building, and partnership between communities, governments, and other stakeholders. By building on the strengths of community-led approaches and harnessing the potential of digital technologies, Africa can accelerate progress towards ending the HIV/AIDS epidemic and achieving health equity for all. 95-102

# **Digital Technologies and Innovation Hubs**

Digital technologies and innovation hubs have emerged as transformative forces in the realm of HIV prevention in Africa, offering novel solutions to address longstanding challenges and empower communities in the fight against the epidemic. 103 With the widespread adoption of mobile phones and internet connectivity across the continent, digital technologies have become increasingly accessible tools for disseminating information, promoting behavior change, and facilitating access to HIV prevention services. Mobile health (mHealth) applications represent a key component of digital HIV prevention efforts, leveraging the ubiquity of mobile phones to deliver targeted interventions to at-risk populations. These applications provide users with access to educational resources, risk assessment tools, and interactive messaging platforms, empowering individuals to make informed decisions about their sexual health and access prevention services. Furthermore, mHealth applications facilitate real-time communication between users and healthcare providers, enabling remote counseling, support, and linkage to care. Interactive web platforms and social media campaigns have also emerged as powerful tools for engaging and mobilizing communities in HIV prevention efforts. These platforms provide platforms for sharing information, raising awareness, and fostering peer support networks, particularly among marginalized and underserved populations. By harnessing the power of social media influencers, community organizations, and peer educators, digital campaigns can reach a wide audience and drive behavior change on a scale previously unattainable through traditional communication channels.

Innovation hubs and incubators have played a pivotal role in catalyzing digital innovation in HIV prevention, fostering collaboration, creativity, and entrepreneurship among diverse **Citation**: Obeagu EI, Igwe MC, Obeagu GU. From Challenges to Solutions: Groundbreaking HIV Prevention Innovations in Africa. Elite Journal of Public Health, 2024; 2 (3): 37-51

stakeholders.<sup>104</sup> These hubs provide a supportive environment for innovators to develop and test new ideas, technologies, and interventions aimed at addressing the unique challenges of HIV prevention in Africa. By bringing together researchers, developers, policymakers, and community members, innovation hubs facilitate cross-disciplinary collaboration and co-creation, driving the development and scale-up of impactful solutions. Despite the tremendous potential of digital technologies and innovation hubs in HIV prevention, challenges remain in ensuring equitable access and uptake, particularly among marginalized and underserved populations. Issues such as limited internet connectivity, digital literacy, and privacy concerns may pose barriers to adoption, exacerbating existing disparities in access to healthcare services. Furthermore, the rapid pace of technological change and the proliferation of digital interventions highlight the need for robust monitoring, evaluation, and regulation to ensure the safety, efficacy, and ethical use of digital tools in HIV prevention.

# **Challenges and Future Directions**

Despite the significant progress made in HIV prevention in Africa through groundbreaking innovations, several challenges persist, necessitating concerted efforts to address them and chart future directions for the field. 105 One of the foremost challenges is ensuring equitable access to innovative prevention strategies, particularly among marginalized and underserved populations. Structural barriers, including poverty, stigma, discrimination, and limited healthcare infrastructure, often hinder access to prevention services and impede efforts to reach those most in need. Additionally, the sustainability of innovative prevention interventions remains a critical concern. Many innovative approaches, such as PrEP and long-acting antiretroviral agents, require ongoing financial and logistical support to ensure their availability and effectiveness. Sustainable financing mechanisms, capacity-building initiatives, and partnerships between governments, civil society, and international donors are essential for sustaining progress in HIV prevention and ensuring the long-term success of innovative interventions. Furthermore, addressing social and cultural barriers to HIV prevention remains a formidable challenge. Deep-seated stigma, discrimination, and gender inequalities continue to fuel the epidemic, undermining efforts to promote behavior change and uptake of prevention services. Culturally sensitive approaches that engage communities, challenge harmful norms, and empower individuals to take control of their sexual health are crucial for overcoming these barriers and achieving meaningful progress in HIV prevention.

The rapidly evolving nature of the HIV epidemic and the emergence of new challenges, such as the impact of COVID-19 and the rise of drug-resistant strains of HIV, underscore the need for ongoing research, innovation, and adaptation. Future directions for HIV prevention in Africa should prioritize the development and implementation of scalable, evidence-based interventions that address the evolving needs of diverse populations. This includes investing in research to identify innovative prevention strategies, evaluating their effectiveness in real-world settings, and scaling up successful interventions to reach a broader audience. Finally, strengthening health systems and building capacity at all levels are essential for achieving sustainable progress in HIV prevention. This includes investing in healthcare infrastructure, training healthcare providers, and integrating HIV prevention services into existing healthcare platforms. Additionally, promoting

community engagement, leadership, and ownership of prevention efforts is crucial for fostering resilience, sustainability, and accountability within local communities.

### **Conclusion**

Biomedical innovations, such as pre-exposure prophylaxis (PrEP), voluntary medical male circumcision (VMMC), and long-acting antiretroviral agents, have revolutionized HIV prevention, offering new hope in the quest to reduce new infections and improve health outcomes. Community-led initiatives have empowered individuals and communities to take control of their sexual health, challenge stigma, and drive behavior change. Digital technologies and innovation hubs have expanded access to information, services, and support, harnessing the power of technology to reach diverse populations. By harnessing the power of innovation, collaboration, and community engagement, Africa has the opportunity to lead the way in pioneering solutions that will shape the future of HIV prevention and contribute to global efforts to end the epidemic. Together, we can build on the progress made, overcome remaining challenges, and create a future where HIV/AIDS is no longer a threat to the health and well-being of individuals and communities across the continent.

## References

- 1. Mojola SA. AIDS in Africa. Current History. 2017;116(790):170-175.
- 2. Shu-Acquaye F. The Legal Implications of Living with HIV/AIDS in a Developing Country: The African Story. Syracuse J. Int'l L. & Com.. 2004; 32:51.
- 3. Obeagu EI, Okwuanaso CB, Edoho SH, Obeagu GU. Under-nutrition among HIV-exposed Uninfected Children: A Review of African Perspective. Madonna University journal of Medicine and Health Sciences. 2022;2(3):120-127.
- 4. 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. 2023;3(1):13-18. https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/93.
- 5. 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. https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/91.
- 6. 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. <a href="links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf">links/63e538ed64252375639dd0df/An-update-on-premalignant-cervical-lesions-and-cervical-cancer-screening-services-among-HIV-positive-women.pdf</a>.
- 7. 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):10-19.
- 8. 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
- 9. Obeagu EI, Obeagu GU, Musiimenta E, Bot YS, Hassan AO. Factors contributing to low utilization of HIV counseling and testing services. Int. J. Curr. Res. Med. Sci. 2023;9(2): 1-5.DOI: 10.22192/ijcrms.2023.09.02.001
- 10. Obeagu EI, Obeagu GU. An update on survival of people living with HIV in Nigeria. J Pub Health Nutri. 2022; 5 (6). 2022;129. <a href="links/645b4bfcf3512f1cc5885784/An-update-on-survival-of-people-living-with-HIV-in-Nigeria.pdf">links/645b4bfcf3512f1cc5885784/An-update-on-survival-of-people-living-with-HIV-in-Nigeria.pdf</a>.
- 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):10-19.
- 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):10-19.
- 13. 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):101-119.
- 14. 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; 5:464-471. <a href="links/592bb4990f7e9b9979a975cf/DETERMINATION-OF-HAEMATOCRIT-LEVEL-AND-IRON-PROFILE-STUDY-AMONG-PERSONS-LIVING-WITH-HIV-IN-UMUAHIA-ABIA-STATE-NIGERIA.pdf">IIVING-WITH-HIV-IN-UMUAHIA-ABIA-STATE-NIGERIA.pdf</a>.
- 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):911-916.
  - https://www.academia.edu/download/38320140/Obeagu Emmanuel Ifeanyi and Obeagu 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. 2016;3(10): 55-65.DOI; 10.22192/ijarbs.2016.03.10.009
- 17. 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 Short-course centres in Yenagoa, Nigeria. IOSR J Pharm Biol Sci. 2017;12(4):70-75. <a href="https://links/5988ab6d0f7e9b6c8539f73d/HIV-and-TB-co-infection-among-patients-who-used-Directly-Observed-Treatment-Short-course-centres-in-Yenagoa-Nigeria.pdf">https://links/5988ab6d0f7e9b6c8539f73d/HIV-and-TB-co-infection-among-patients-who-used-Directly-Observed-Treatment-Short-course-centres-in-Yenagoa-Nigeria.pdf</a>
- 18. 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. 2022;2(3):110-119.
- 19. 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/CHANGE-IN-LIPID-PEROXIDATION-MARKER-MDAAND-NON-ENZYMATIC-ANTIOXIDANTS-VIT-C-E-IN-HIV-SEROPOSITIVE-CHILDREN-IN-AN-URBAN-COMMUNITY-OF-ABIA-STATE-NIGERIA.pdf.
- 20. 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. <a href="links/645a166f5762c95ac3817d32/Clinical-characteristics-of-people-living-with-HIV-AIDS-on-ART-in-2014-at-tertiary-health-institutions-in-Enugu.pdf">links/645a166f5762c95ac3817d32/Clinical-characteristics-of-people-living-with-HIV-AIDS-on-ART-in-2014-at-tertiary-health-institutions-in-Enugu.pdf</a>.
- 21. 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 Res Aca Rev. 2015; 3:139-144. <a href="https://www.academia.edu/download/38320159/Obeagu\_Emmanuel\_Ifeanyi3\_et\_al.IJC">https://www.academia.edu/download/38320159/Obeagu\_Emmanuel\_Ifeanyi3\_et\_al.IJC</a> RAR.pdf.
- 22. 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. <a href="mailto:links/5aa2bb17a6fdccd544b7526e/Haematological-Indices-of-HIV-Seropositive-Subjects-at-Nnamdi-Azikiwe.pdf">links/5aa2bb17a6fdccd544b7526e/Haematological-Indices-of-HIV-Seropositive-Subjects-at-Nnamdi-Azikiwe.pdf</a>
- 23. Sidibe M, Becker S, Taykhman N. Getting to Zero new HIV infections: The prevention revolution. The Brown Journal of World Affairs. 2011;17(2):7-20.
- 24. 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
- 25. 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;6(8):e1450.
- 26. Obeagu EI, Amekpor F, Scott GY. An update of human immunodeficiency virus infection: Bleeding disorders. J Pub Health Nutri. 2023; 6 (1). 2023;139. <a href="links/645b4a6c2edb8e5f094d9bd9/An-update-of-human-immunodeficiency-virus-infection-Bleeding.pdf">links/645b4a6c2edb8e5f094d9bd9/An-update-of-human-immunodeficiency-virus-infection-Bleeding.pdf</a>.
- 27. 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):128-134.
  - https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/86.
- 28. Walter O, Anaebo QB, 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.
- 29. Odo M, Ochei KC, Obeagu EI, Barinaadaa A, Eteng EU, Ikpeme M, Bassey JO, Paul AO. Cascade variabilities in TB case finding 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.

- 30. 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. <a href="links/6317a6b1acd814437f0ad268/Seroprevalence-of-human-immunodeficiency-virus-based-on-demographic-and-risk-factors-among-pregnant-women-attending-clinics-in-Zaria-Metropolis-Nigeria.pdf">links/6317a6b1acd814437f0ad268/Seroprevalence-of-human-immunodeficiency-virus-based-on-demographic-and-risk-factors-among-pregnant-women-attending-clinics-in-Zaria-Metropolis-Nigeria.pdf</a>.
- 31. 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):135-142.DOI: 10.22192/ijarbs.2023.10.09.015 <a href="links/6516faa61e2386049de5e828/A-Review-of-knowledge-attitudes-and-socio-demographic-factors-associated-with-non-adherence-to-antiretroviral-therapy-among-people-living-with-HIV-AIDS.pdf">links/6516faa61e2386049de5e828/A-Review-of-knowledge-attitudes-and-socio-demographic-factors-associated-with-non-adherence-to-antiretroviral-therapy-among-people-living-with-HIV-AIDS.pdf</a>
- 32. Obeagu EI, Onuoha EC. Tuberculosis among HIV Patients: A review of Prevalence and Associated Factors. Int. J. Adv. Res. Biol. Sci. 2023;10(9):128-134.DOI: 10.22192/ijarbs.2023.10.09.014 <a href="links/6516f938b0df2f20a2f8b0e0/Tuberculosis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf">links/6516f938b0df2f20a2f8b0e0/Tuberculosis-among-HIV-Patients-A-review-of-Prevalence-and-Associated-Factors.pdf</a>.
- 33. 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):100-104.DOI: 10.22192/ijcrms.2017.03.05.014 <a href="https://www.academia.edu/download/54317126/Haematological\_indices\_of\_malaria\_patients\_coinfected\_with\_HIV.pdf">https://www.academia.edu/download/54317126/Haematological\_indices\_of\_malaria\_patients\_coinfected\_with\_HIV.pdf</a>
- 34. 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.
- 35. 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/view/39.
- 36. 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):180-183.DOI: DOI: 10.32474/JCCM.2020.02.000137 links/5f344530458515b7291bd95f/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.pdf.
- 37. 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.
- 38. 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 Jul 29;6(1):203-211. <a href="http://research.sdpublishers.net/id/eprint/2819/">http://research.sdpublishers.net/id/eprint/2819/</a>.
- 39. 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.
- 40. 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):360-368.
- 41. 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. <a href="https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/75">https://madonnauniversity.edu.ng/journals/index.php/medicine/article/view/75</a>.
- 42. 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
- 43. 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
- 44. 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 ANTIRETRQVIRAL THERAPY. World Journal of Pharmacy and Pharmaceutical Sciences, 2015; 4(3): 153-160. <a href="https://links/5a4fd0500f7e9bbc10526b38/BIOCHEMICAL-ALTERATIONS-IN-ADULT-HIV-PATIENTS-ON-ANTIRETRQVIRAL-THERAPY.pdf">https://links/5a4fd0500f7e9bbc10526b38/BIOCHEMICAL-ALTERATIONS-IN-ADULT-HIV-PATIENTS-ON-ANTIRETRQVIRAL-THERAPY.pdf</a>.
- 45. 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):45-49.
- 46. 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 <a href="https://links/650aba1582f01628f0335795/Adverse-drug-reactions-in-HIV-AIDS-patients-on-highly-active-antiretro-viral-therapy-a-review-of-prevalence.pdf">https://links/650aba1582f01628f0335795/Adverse-drug-reactions-in-HIV-AIDS-patients-on-highly-active-antiretro-viral-therapy-a-review-of-prevalence.pdf</a>.
- 47. 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 <a href="links/645a4a462edb8e5f094ad37c/Implications-of-CD4-CD8-ratios-in-Human-Immunodeficiency-Virus-infections.pdf">links/645a4a462edb8e5f094ad37c/Implications-of-CD4-CD8-ratios-in-Human-Immunodeficiency-Virus-infections.pdf</a>.
- 48. 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/Assessment-of-the-level-of-haemoglobin-and-erythropoietin-in-persons-living-with-HIV-in-Umuahia.pdf.</u>
- 49. 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):906-910. <a href="https://www.academia.edu/download/38320134/Obeagu\_Emmanuel\_Ifeanyi\_and\_Obeagu\_Getrude\_Uzoma.EMMA2.pdf">https://www.academia.edu/download/38320134/Obeagu\_Emmanuel\_Ifeanyi\_and\_Obeagu\_Getrude\_Uzoma.EMMA2.pdf</a>.
- 50. 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.
- 51. 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.
- 52. Obeagu EI, Obeagu GU, Paul-Chima UO. Stigma Associated With HIV. AIDS: A Review. Newport International Journal of Public Health and Pharmacy (NIJPP). 2023;3(2):64-67.
- 53. 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):95-99.
- 54. Simpson A, Bond V. Narratives of nationhood and HIV/AIDS: reflections on multidisciplinary research on the HIV/AIDS epidemic in Zambia over the last 30 years. Journal of Southern African Studies. 2014;40(5):1065-1089.
- 55. 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. <a href="https://www.ijmsdr.org/published%20paper/li1i2/A%20Retrospective%20Study%20on%20Human%20Immune%20Deficiency%20Virus%20among%20Pregnant%20Women%20Attending%20Antenatal%20Clinic%20in%20Imo%20State%20University%20Teaching%20Hospital.pdf">https://www.ijmsdr.org/published%20paper/li1i2/A%20Retrospective%20Study%20on%20Human%20Immune%20Deficiency%20Virus%20among%20Pregnant%20Women%20Attending%20Antenatal%20Clinic%20in%20Imo%20State%20University%20Teaching%20Hospital.pdf</a>.
- 56. 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; 5:825-830.
- 57. 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; 391:186-189.
- 58. 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.
- 59. Oloro OH, Obeagu EI. A Systematic Review on Some Coagulation Profile in HIV Infection. International Journal of Innovative and Applied Research. 2022;10(5):1-11.
- 60. 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):268-271.

- 61. 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):56-59.
- 62. 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):104-108.
- 63. 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):60-66.
- 64. 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).
- 65. 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 Short-course centres in Yenagoa, Nigeria. IOSR J Pharm Biol Sci. 2017;12(4):70-75.
- 66. 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):10-19.
- 67. Obeagu EI, Obeagu GU, Ede MO, Odo EO, Buhari HA. Translation of HIV/AIDS knowledge into behavior change among secondary school adolescents in Uganda: A review. Medicine (Baltimore). 2023;102(49): e36599. doi: 10.1097/MD.0000000000036599. PMID: 38065920; PMCID: PMC10713174.
- 68. Anyiam AF, Arinze-Anyiam OC, Irondi EA, Obeagu EI. Distribution of ABO and rhesus blood grouping with HIV infection among blood donors in Ekiti State Nigeria. Medicine (Baltimore). 2023;102(47): e36342. doi: 10.1097/MD.0000000000036342. PMID: 38013335; PMCID: PMC10681551.
- 69. Echefu SN, Udosen JE, Akwiwu EC, Akpotuzor JO, Obeagu EI. Effect of Dolutegravir regimen against other regimens on some hematological parameters, CD4 count and viral load of people living with HIV infection in South Eastern Nigeria. Medicine (Baltimore). 2023;102(47): e35910. doi: 10.1097/MD.0000000000035910. PMID: 38013350; PMCID: PMC10681510.
- 70. Opeyemi AA, Obeagu EI. Regulations of malaria in children with human immunodeficiency virus infection: A review. Medicine (Baltimore). 2023;102(46): e36166. doi: 10.1097/MD.0000000000036166. PMID: 37986340; PMCID: PMC10659731.
- 71. Alum EU, Obeagu EI, Ugwu OPC, Samson AO, Adepoju AO, Amusa MO. Inclusion of nutritional counseling and mental health services in HIV/AIDS management: A paradigm shift. Medicine (Baltimore). 2023;102(41): e35673. doi: 10.1097/MD.00000000000035673. PMID: 37832059; PMCID: PMC10578718.
- 72. Aizaz M, Abbas FA, Abbas A, Tabassum S, Obeagu EI. Alarming rise in HIV cases in Pakistan: Challenges and future recommendations at hand. Health Sci Rep. 2023;6(8): e1450. doi: 10.1002/hsr2.1450. PMID: 37520460; PMCID: PMC10375546.

- 73. Obeagu EI, Obeagu GU, Obiezu J, Ezeonwumelu C, Ogunnaya FU, Ngwoke AO, Emeka-Obi OR, Ugwu OP. Hematologic Support in HIV Patients: Blood Transfusion Strategies and Immunological Considerations. APPLIED SCIENCES (NIJBAS). 2023;3(3).
- 74. Obeagu EI, Ubosi NI, Uzoma G. Storms and Struggles: Managing HIV Amid Natural Disasters. Int. J. Curr. Res. Chem. Pharm. Sci. 2023;10(11):14-25.
- 75. Obeagu EI, Obeagu GU. Human Immunodeficiency Virus and tuberculosis infection: A review of prevalence of associated factors. Int. J. Adv. Multidiscip. Res. 2023;10(10):56-62.
- 76. 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.
- 77. Alum EU, Ugwu OP, Obeagu EI, Aja PM, Okon MB, Uti DE. Reducing HIV Infection Rate in Women: A Catalyst to reducing HIV Infection pervasiveness in Africa. International Journal of Innovative and Applied Research. 2023;11(10):01-6.
- 78. Obeagu EI, Obeagu GU. Unmasking the Truth: Addressing Stigma in the Fight Against HIV. Elite Journal of Public Health. 2024;2(1):8-22.
- 79. Obeagu EI, Obeagu GU, Okwuanaso CB. Optimizing Immune Health in HIV Patients through Nutrition: A Review. Elite Journal of Immunology. 2024;2(1):14-33.
- 80. Obeagu EI, Obeagu GU. Utilization of immunological ratios in HIV: Implications for monitoring and therapeutic strategies. Medicine. 2024;103(9):e37354.
- 81. Obeagu EI, Obeagu GU. CD8 Dynamics in HIV Infection: A Synoptic Review. Elite Journal of Immunology. 2024;2(1):1-3.
- 82. Obeagu EI, Obeagu GU. Implications of B Lymphocyte Dysfunction in HIV/AIDS. Elite Journal of Immunology. 2024;2(1):34-46.
- 83. Obeagu EI, Obeagu GU. Maternal Influence on Infant Immunological Responses to HIV: A Review. Elite Journal of Laboratory Medicine. 2024;2(1):46-58.
- 84. Kippax S, Stephenson N. Beyond the distinction between biomedical and social dimensions of HIV prevention through the lens of a social public health. American journal of public health. 2012;102(5):789-799.
- 85. Obeagu EI, Obeagu GU. Understanding B Lymphocyte Functions in HIV Infection: Implications for Immune Dysfunction and Therapeutic Strategies. Elite Journal of Medicine. 2024;2(1):35-46.
- 86. Obeagu EI, Obeagu GU. Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. Journal home page: http://www.journalijiar.com.;12(01).
- 87. Obeagu EI, Anyiam AF, Obeagu GU. Managing Hematological Complications in HIV: Erythropoietin Considerations. Elite Journal of HIV. 2024;2(1):65-78.
- 88. Obeagu EI, Obeagu GU, Hauwa BA, Umar AI. Hematocrit Variations in HIV Patients Co-infected with Malaria: A Comprehensive Review. Journal home page: http://www.journalijiar.com.;12(01).
- 89. ObeaguEI AA, Obeagu GU. Synergistic Effects of Blood Transfusion and HIV in Children Under 5 Years with Severe Malaria: A Review. Elite Journal of HIV. 2024;2(1):31-50.
- 90. Obeagu EI, Anyiam AF, Obeagu GU. Unveiling B Cell Mediated Immunity in HIV Infection: Insights, Challenges, and Potential Therapeutic Avenues. Elite Journal of HIV. 2024;2(1):1-5.

- 91. Obeagu EI, Obeagu GU. Hematocrit Fluctuations in HIV Patients Co-infected with Malaria Parasites: A Comprehensive Review. Int. J. Curr. Res. Med. Sci. 2024;10(1):25-36.
- 92. Obeagu EI, Obeagu GU. Transfusion Therapy in HIV: Risk Mitigation and Benefits for Improved Patient Outcomes. Sciences. 2024;4(1):32-7.
- 93. Obeagu EI, Obeagu GU. Mental Health and Psychosocial Effects of natural disaster on HIV Patients. Sciences. 2024;4(1):38-44.
- 94. Obeagu EI, Obeagu GU. Eosinophil-Associated Changes in Neonatal Thymic T Regulatory Cell Populations in HIV-Infected Pregnancies. Elite Journal of Health Science. 2024;2(1):33-42.
- 95. Obeagu EI, Obeagu GU. Advances in Understanding the Impact of Blood Transfusion on Anemia Resolution in HIV-Positive Children with Severe Malaria: A Comprehensive Review. Elite Journal of Haematology. 2024;2(1):26-41.
- 96. Obeagu EI, Ayogu EE, Obeagu GU. Interactions between Blood Transfusion and Antiretroviral Medications: Implications for Patient Care. Elite Journal of Medicine. 2024;2(2):104-15.
- 97. Obeagu EI, Obeagu GU. Maternal Eosinophilic Responses in HIV-Positive Pregnant Women: Unraveling Immunological Dynamics for Improved Maternal-Fetal Health. Elite Journal of Immunology. 2024;2(1):47-64.
- 98. Obeagu EI, Anyanwu CN, Obeagu GU. Challenges and Considerations in Managing Blood Transfusion for Individuals with HIV. Elite Journal of HIV. 2024;2(2):1-7.
- 99. Obeagu EI, Ubosi NI, Obeagu GU, Akram M. Early Infant Diagnosis: Key to Breaking the Chain of HIV Transmission. Elite Journal of Public Health. 2024;2(1):52-61.
- 100. Obeagu EI, Obeagu GU. Understanding Hematocrit Fluctuations in HIV-Malaria Coinfection for Improved Management. Elite Journal of Public Health. 2024;2(1):22-34.
- 101. Obeagu EI, Obeagu GU. The Impact of Erythropoietin on Preeclampsia in HIV-Positive Women: A Review. Elite Journal of Nursing and Health Science. 2024;2(1):21-31.
- 102. Obeagu EI, Obeagu GU. Platelet Distribution Width (PDW) as a Prognostic Marker for Anemia Severity in HIV Patients: A Comprehensive Review. Journal home page: http://www.journalijiar.com.;12(01).
- 103. Adediran FE, Okunade BA, Daraojimba RE, Adewusi OE, Bukola A, Igbokwe JC. Blockchain for social good: A review of applications in humanitarian aid and social initiatives. International Journal of Science and Research Archive. 2024;11(1):1203-16.
- 104. Chakma J, Masum H, Singer PA. Can incubators work in Africa? Acorn Technologies and the entrepreneur-centric model. BMC international health and human rights. 2010; 10:1-8.
- 105. World Health Organization. Global health sector response to HIV, 2000-2015: focus on innovations in Africa: progress report. World Health Organization; 2015.
- 106. Bekker LG, Beyrer C, Mgodi N, Lewin SR, Delany-Moretlwe S, Taiwo B, Masters MC, Lazarus JV. HIV infection. Nature Reviews Disease Primers. 2023;9(1):42.
- 107. Liebenberg D, Gordhan BG, Kana BD. Drug resistant tuberculosis: Implications for transmission, diagnosis, and disease management. Frontiers in Cellular and Infection Microbiology. 2022; 12:943545.

Public Health. Volume 2 issue Elite Journal of 37-51 3(2024), Pp. https://epjournals.com/journals/EJPH