AN ETHICAL ASSESSMENT OF THE ADOPTION OF PRE-EXPOSURE PROPHYLAXIS AS A POTENTIAL HIV PREVENTION METHOD IN ZAMBIA

By
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A Dissertation Submitted to the University of Zambia in Partial Fulfilment of the Requirement of the Degree of Master of Arts in Applied Ethics

The University of Zambia
2013
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(b) Has not previously been submitted for a degree at this or any other University; and
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APPROVAL

This dissertation of Martin Mwimba Chilukwa is approved as fulfilling the partial requirements for the award of the degree of Master of Arts in Applied Ethics by the University of Zambia.

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ABSTRACT

The aim of this dissertation is to evaluate, from an ethical point of view, whether Pre-exposure Prophylaxis a method used to prevent HIV infection by administering anti-retroviral drugs to HIV negative people should be implemented in Zambia. The current HIV prevention methods include condoms and Post-exposure Prophylaxis. The specific objectives of the study are to explain methods aimed at preventing HIV infections, to investigate the current situation in Zambia on Pre-exposure Prophylaxis, and to assess, from an ethical point of view, whether Pre-exposure Prophylaxis should be adopted in Zambia. Clinical trials have shown that the drug Truvada given to HIV negative people can reduce HIV infection by 73 percent. The study used empirical and ethical methods. The empirical methods, face to face interviews were conducted with a purposive sample of health workers and NGO representatives using a semi-structured interview schedule. The ethical method consisted in an application of the Precautionary Principle and Utilitarianism. The main empirical findings of this study are that a majority of 80 percent of the respondents have already heard of Pre-exposure Prophylaxis. The benefits of Pre-exposure Prophylaxis include reduction in the risk of HIV transmission. A majority of 85 percent mentioned kidney failure and 31 percent liver toxicity as side effects. The study has shown that 50 percent cited high cost of implementation as a concern. The study also shows that 60 percent preferred early adoption of Pre-exposure Prophylaxis. On the other hand 31 percent cited resistance, monitoring and high cost as the general harms. Compared to other options, most participants preferred Pre-exposure Prophylaxis for high risk groups with more emphasis on monitoring and adherence services so as to reduce new HIV infections. The result of the ethical evaluation is that according to both, the Precautionary Principle and Utilitarianism, implementing Pre-exposure Prophylaxis for high risk groups is morally better than the current policy of not adopting Pre-exposure Prophylaxis. This study shows therefore that implementing Pre-exposure Prophylaxis for high risk groups is ethically preferable to the current Zambian policy of not adopting Pre-exposure Prophylaxis.
DEDICATION

To my lord Jesus Christ. I also dedicate this piece of work to all my family members for their support. This work is also dedicated to all those who are making efforts to fight and conquer HIV/AIDS in Zambia.
ACKNOWLEDGEMENTS

I wish to thank my supervisor of this research work Prof. George Speilthenner for his wisdom, diligence, inspirational comments and advice. I also thank Prof. Clive Dillon-Malone and the Head of Philosophy Department Dr. Anthony Musonda. Thanks also to the University of Zambia for providing the necessary facilities that enabled me to accomplish this task. My thanks are also extended to the Ministry of Community Development Mother and Child Health, Department of Social Welfare in Luapula Province of Zambia and the Luapula Provincial Administration for their financial support and encouragement. I am grateful to all those who took part in this study as respondents. To all the members of my family no words can express my indebtedness to you for your support. Thank you all.
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<tr>
<th>ACRONYMS</th>
<th>Description</th>
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<tbody>
<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-Retroviral Drugs</td>
</tr>
<tr>
<td>AVAC</td>
<td>AIDS Vaccine Advocacy Coalition</td>
</tr>
<tr>
<td>CAPRISA</td>
<td>Centre for the AIDS Programme of Research in South Africa</td>
</tr>
<tr>
<td>CDC</td>
<td>U.S. Centers for Disease Control</td>
</tr>
<tr>
<td>COMEST</td>
<td>Commission on Ethics Science and Technology</td>
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<tr>
<td>EFV</td>
<td>Efavirenz</td>
</tr>
<tr>
<td>FACT</td>
<td>Foundation for the Accreditation of Cellular Therapy</td>
</tr>
<tr>
<td>FDA</td>
<td>U.S. Food and Drug Administration</td>
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<tr>
<td>FTC</td>
<td>Emtricitabine</td>
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<tr>
<td>HAART</td>
<td>Highly Active Anti-Retroviral Therapy</td>
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<tr>
<td>HBV</td>
<td>Hepatitis B Virus</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
</tr>
<tr>
<td>iPrEx</td>
<td>Pre-exposure Prophylaxis Initiative</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Council</td>
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<td>PEP</td>
<td>Post-exposure Prophylaxis</td>
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<tr>
<td>PreEP</td>
<td>Pre-exposure Prophylaxis</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TDF</td>
<td>Tenofovir Disoproxil Fumarate</td>
</tr>
<tr>
<td>UTH</td>
<td>University Teaching Hospital</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization</td>
</tr>
<tr>
<td>VOICE</td>
<td>Vaginal and Oral Interventions to Control the Epidemic</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>ZARAN</td>
<td>Zambia AIDS Law Research and Advocacy Network</td>
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