Dateline Nigeria (Part 4):
When the Name of a Single Disease—HIV/AIDS—Becomes Shorthand for ‘Health Issues,’ Does that Language Indicate Health Policy Tunnel Vision?

By Andrew Holtz, MPH

Our topic today is the role of the media in combating HIV/AIDS and other health crises. That’s how Vision 92.1 FM radio host Chris Okpaengi opened his “Burgani” talk show the morning that I and fellow journalist Duncan Moore were guests.

We were wrapping up our two-week visit to Nigeria. We had come to help with workshops for health journalists. As Okpaengi quizzed us on behalf of his listeners in Abuja, Nigeria, I noticed a pattern. It was something we had been encountering again and again during our trip.

The questions he posed included:
- Are the media playing an effective role in combating HIV/AIDS?
- Why are columnists more interested in politics than HIV/AIDS?
- Are journalists adequately equipped to deal with HIV/AIDS?
- Are the media putting enough pressure on political leaders to treat HIV/AIDS as a priority issue?

We came to talk about reporting on health and medicine. Nigerians, individually and institutionally, seemed most often to talk about “HIV/AIDS.” The virus is indeed one of the leading killers in Africa. But it is not the only preventable cause of death and disease. Tuberculosis, malaria, maternal mortality, road crashes, and other threats also injure and kill too many.

The topic of this OT column is medicine in the media. This time I am talking about that most basic medium: language. The words we use both reveal—and shape—how we think about the world around us. And so, as I thought about the frequent use of “HIV/AIDS” as shorthand for health threats in general, I began to wonder: What’s in a name? Is this common idiom merely a trivial convenience, or does it point out an important underlying framework for the way Nigerians, and perhaps other Africans, think...and act?

In Nigeria, outsiders play a dominant role in health campaigns. There are the non-governmental organizations (NGOs), such as the Gates Foundation generosity, Los Angeles Times, 12/16/07.

I began to sense that for many Nigerians “HIV/AIDS” has indeed become synonymous with “health threats.” When they look at billboards with health education messages, they see HIV/AIDS slogans and advice. When they turn on their TVs, they see public service announcements and entertainment education highlighting HIV/AIDS. When they go to clinics, the subsidized services (often the only ones they can afford) tend to be connected to foreign-funded HIV/AIDS campaigns.

Is that focus on HIV/AIDS a problem? Since there is no vaccine or cure for Stage III colon cancer patients treated with FOLFOX4 when compared with those treated with standard chemotherapy alone at six months of follow-up.

Five-year disease-free survival data for patients treated with the regimen following surgery to remove the primary tumor also showed these patients were 22% less likely to have disease relapse.

FDA Approves Eloxatin Label Revision

The FDA has approved a revised label of Eloxatin (oxaliplatin for injection) to include six-year overall survival data for Stage III colon cancer patients. This is the first time that overall survival data for the drug, originally approved based on three-year disease-free survival data, will be included in the prescribing information.

Approval of the label followed updated results from MOSAIC (Multi-center International Study of Oxaliplatin/5-Fluorouracil/Leucovorin in the Adjuvant Treatment of Colon Cancer), which demonstrated a 20% reduction in the risk of dying for Stage III colon cancer patients treated with FOLFOX4 when compared with those treated with standard chemotherapy alone at six months of follow-up.

This is the last of a four-part series. Parts 1, 2, and 3 appeared in the April 25, May 10, and May 25 issues.