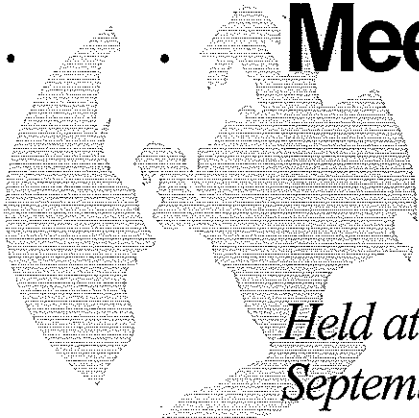


National AIDS/STD Control Programme.

Federal Ministry of Health, the National Action
Committee on AIDS in collaboration with the
Department For International Development.

Report of First Central Management Committee Meeting



*Held at Savannah Suite on the 28th
September, 2000*

REPORT OF THE CENTRAL MANAGEMENT COMMITTEE MEETING ON 28TH SEPTEMBER 2000 AT SAVANNAH SUITES, ABUJA

1. INTRODUCTION

HIV/Syphilis sero-prevalence sentinel surveillance survey among high-risk sub-population groups is an important component of the latest strategy to provide information for action through the second generation HIV surveillance system globally.

The monitoring of the HIV trend among these groups is absolutely important because current data available is outdated, invalid and HIV prevalence rate is increasing alarmingly. The data generated will be used to evaluate impact of interventions, plan appropriate control programmes and at the same time use data as advocacy tool for action.

The Federal Ministry of Health in collaboration with the Department for International Development is conducting a HIV/Syphilis sentinel sero-prevalence surveillance survey among patients with Sexual Transmitted Disease (STD) and Pulmonary Tuberculosis Bacterial (PTB) in two states per health zone. So far fieldworkers have been trained on the survey protocol (minimum of seven from each state), procurement of survey consumables and materials has been done and distributed to respective states. Blood sample collection has begun in all sites and also one supervisory visit had been carried out.

The main aim of the first Central Management Committee meeting was to assess the progress of the survey through the report submitted by the field supervisors.

2. OBJECTIVES

The objectives of the meeting were:

- To present the report of field supervisory visit on the survey
- Discuss and provide solutions to existing problems at the survey sites
- Update stakeholders and other development partners on the progress of the survey
- Plan the way forward for the rest of the survey

3. METHODOLOGY

The meeting was conducted through technical presentations of field report by supervisors, Report of Pilot study of filter paper at University College Hospital, Ibadan, and General Group discussions on key issues.

4. PARTICIPANTS

The meeting was well attended with participants drawn from Federal Ministry of Health

- NACA
- DFID
- UNAIDS
- FHI
- Policy Project
- DFID Blood Safety Project
- Six supervisors including the two consultants of the survey

5. OPENING REMARKS

The meeting was declared open by the Chairman of the National Action Committee on AIDS (NACA). The Chairman emphasized the importance of the survey and the need to update the data regularly and more frequently.

6. TECHNICAL SESSIONS

The technical aspect of the Central Management Committee (CMC) meeting covered the following:

- An overview of the training workshop on survey protocol organized at Kwara Hotels Ilorin,
- Presentation of Report on Pilot study,
- Key issues on first supervisory visit,
- Presentation of field report by field supervisors,
- General discussions on field report,
- Implications of central HIV screening at UCH and
- Review of survey work plan.

6.1 Over view of Kwara training workshop

The brief overview of the Kwara training workshop was presented by Dr. Gboun covering issues addressed and the resolutions taken with regards to the total number of fieldworkers trained, issues around the survey protocol developed in Makurdi, use of filter paper blots, development of data collection forms, developed Standard Operation Procedures, the practical demonstration sessions of TPHA kits, Syphilis kit, use of Vacutainer, and other consumables. The important role played by the CDC Consultant resulting in the successful conduct of the workshop was also emphasized.

The following comments ensued after the presentations:

- a. **Reduction of Sample Size to 250** / per site

It was agreed that the sample size of 250 was acceptable.

- b. **Duration of the Survey Period**

The survey period, which was reduced from 12 weeks to 8 weeks, was also agreed upon in order to minimize double counting, lethargy of field workers especially in the recruitment of STD patients.

c. Transportation of Filter paper

The change in methodology of transfer of filter paper was justified and accepted as this will reduce cost and money saved can be put to some other use. Samples are now to be retrieved and sent to UCH during supervisory visit. This was commended by all present.

6.2 Result of Pilot Study on Filter Paper.

This was presented by Prof.O.Olaleye.The Pilot study was carried out at the Department of virology, UCH, Ibadan by Prof. Olaleye, Dr. Odaibo and Mr. Augustine Barnaba the CDC Consultant. The aim of the study was to evaluate the use and practicability of filter paper sample blot, the suitability of ELISA kits procured for Filter paper blot and the field conditions of the transportation of filter paper over a long distance. Also the sensitivity of filter paper blots to the locally available HIV kit (Genescreen, cappilus, Genelavia and Genie (Rapid test device). The results of the study showed that filter paper blots had good absorbent capacity i.e. ability to retain 100ul of blood in a circle of 10 mm diameter. It had very high sensitivity and specificity profile with the available HIV kits. Based on the findings a technical protocol was also developed.

The following issues were resolved:

- i. There is need to include in the protocol the quality assurance system to be used in the UCH laboratory.
- ii. Need for the Federal Ministry of Health to organize training for all State Laboratory Scientist on the use of Filter paper blots in the country. This is to facilitate the decentralize HIV screening in all the sentinel sites in the country.
- iii. The consumables required to start the HIV screening at UCH was also discussed and agreed on for procurement.
- iv. It was also agreed that concordant results should be recorded including indeterminate. Also only results positive for first and second Elisa should be accepted as positive for both HIV and Syphilis.

6.3 Key Issues on First Supervisory Visit.

The presentation covered the preparatory activities of the first supervisory visit which included draft introductory letters of field supervisors, developed checklist, packaging of consumables required, objective of the supervisory visit, payment vouchers of fieldworkers, list of consumables and Report format of the of field trip by each supervisor.

The following concerns were raised and decisions taken:

a. Need for Zonal Officers to conduct independent state level supervision.

The suggestion was well applauded but that it was not logistically possible in the current survey. Another limitation was that most of the appointed zonal officers were also the SAPC making it impossible for them to leave their stations.

b. Involvement of the Private sector.

The need to also use private health facilities was also deliberated.

- Possibility of including certain private health institutions were necessary.... e.g. Alaiye.

7. Presentation Of Field Supervisory Visit.

The technical field supervisors presented their observations and findings in each of the selected states visited. The details of the individual report are attached. The summary of the blot samples retrieved from the field is as stated below:

ZONES/STATE	NUMBER OF STD SAMPLES	NUMBER OF PTB SAMPLES
NORTH EAST		
BAUCHI	27	68
BORNO	60	59
NORTH WEST		
KADUNA	39	105
KANO	16	100
NORTH CENTRAL		
BENUE	26	19
PLATEAU	5	69
SOUTHEAST		
ABIA	-	40
ENUGU	10	
SOUTH WEST		
LAGOS	-	-
OYO	-	-
SOUTHSOUTH		
AKWA IBOM	15	-
RIVERS	50	150
Total		

8. Implication Of Central HIV Screening

The implication of central HIV screening was extensively discussed and these include issues of state ownership of results; cost implications of consumables required; confidentiality and acceptability issues of the laboratory procedure on the state samples and the quality control mechanisms.

The decisions taken were:

- Consumables required for the central screening should be provided as soon as possible.
- The state laboratory scientist should be excluded in the HIV screening process at the central laboratory.
- Mr Idris Saliu and Mr Egbewunmi should be allowed to visit and report on the activities of the UCH laboratory. This is intended to build in more confidence and increase acceptability of the results. The experts were advised to submit the required checklist and the detailed itinerary for discussion
- The need to state clearly the quality assurances protocol to be used at UCH was also emphasized.

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- On the issue of data management it was agreed that it should commence immediately alongside with sample collection. This is to prevent the pile up of work at the end of the agreed time schedule and reduce error in data entering.

9 [Review of Survey work schedule

The work plan was reviewed and it was agreed that the second supervisory visit should be carried out from 15th –21st October 2000 while the second Central Management Committee meeting should be on Thursday 26th October 2000.

10 Resolutions

MAJOR ISSUE

The survey has commenced in all the states
 50% of the field allowances have been paid to all the staffs by the supervisors.
 The states insisted on having back-up filter paper samples, which has led to the acute shortage of the filter paper in all states.
 There is need to provide consumables for the UCH laboratory to enable them commence HIV testing from the already collected samples.
 Data management must commence immediately and gradually
 NASCP should make contacts with the Commissioner of Akwa Ibom state on the current implication of the existing technical problems of the on-going survey in the state
 There are technical lapses in handling of the survey by the Laboratory scientist in the Aba site, which require follow-up by Prof. D. Olaleye.
 The participation of St. Vincent Hospital in Benue state requires further follow-up also.

South East

1. Prof Olaleye to provide technical assistance to Aba and Uyo in order to resolve some of the issues raised.
2. To ensure that the use of Parklane Hospital for the STD patients recruitment does not lead to inclusion or enrolment of only pregnant women.

North Central

1. There is need to follow-up on identification of more sites for the STD patient's recruitment in Plateau state
2. Letter of participation should be sent to the matron of St Vincent Hospital, Aliade in Makurdi by NASCP. Prof. Olaleye to follow -up with Dr D.Clement on the observations.
3. The attitude of the SAPC of Benue state is not impressive in the handling of the survey. She was not part of those officers trained. The Assistant SAPC who represented her at the Ilorin training appears to show more concern and commitment to the survey and should therefore, be allowed to be the responsible officer for the Management of the survey in Benue.

North East

1. Several errors were found in the coding and inclusion criteria used for STD patients in Borno and Bauchi State. The supervisor, Dr Eloike, has corrected these observations during his visit. He still needs to follow -up with the observations through telephone contacts.

South South

1. The Medical Officer nominated for the STD patient recruitment was a House officer who had since left for NYSC. The nomination was unilaterally done by the SAPC without official approval by the Ministry of Health.
2. Infact, the SAPC is a staff of the Federal Medical Center and is too busy to concentrate on the survey, as he is the current secretary of the state branch of the Nigeria Medical Association and also runs his private Clinic during official working hours.
3. The SAPC also recruited more than necessary field staffs outside what was recommended by the survey protocol.
4. All these problems were highlighted to the Permanent secretary of the Ministry of Health and require follow-up.

Other zones were found satisfactory

b) Central screening of samples (State ownership of results and cost of consumables)

1. For the purpose of future surveys, NASCP in collaboration with UCH should organize state level training on the use of filter paper for all the State Medical laboratory Scientist in order to enable them conduct HIV testing of Filter paper blots at the state level.

2. After detailed review of the proposal from the UCH laboratory for the required consumables for the HIV testing of filter paper blot, it was agreed that the money meant for courier services be used to procure the consumables as it is an extra budgetary expenses.

3. The participation of state laboratory scientist at the central UCH HIV screening laboratory in Ibadan in order to build in more confidence in the state was not feasible and unnecessary.

5. As part of confidence building also, there is the need for Mr Idris Saliu and Mr S.A Egbewunmi to observe and report to the central management committee on the activities of the HIV central screening Laboratory at UCH. Both of them should be involved as the supervisors of the UCH Laboratory during the next field visits.

c) Consumables (Desiccants and Filter paper)

Filter paper shortage was found to be due to the arrangement for the states to have back-up blots. It was agreed that central procurement of seven HB filter paper booklets per state should be done and sent to the states in the next one week along with required desiccants. However if any state is in dire need, they could be allowed to procure a small quantity and later reimbursed.

d) Schedule of Survey

Next supervisory visit was fixed for week 15th – 21st October 2000. The third visit is to be fixed after the second supervisory visit. The second central management committee meeting was scheduled for Thursday, 26th October 2000 in Abuja. It was also agreed that the current supervisors should be maintained to visit the same states during the next supervisory visits for the purpose of continuity.

e) Data Management

Data entry should commence as soon as possible and should be done centrally. This is to allow all stakeholders to have access to the data all through the data management period. Policy project agreed to facilitate the process of packaging the results for effective advocacy.

i) Quality Control.

There is need to have an inbuilt quality control system at the central screening laboratory. The procedure should be clearly stated in the protocol to be used at the UCH Virology laboratory.

Appendix 1. List of Participants.

S/No	NAME	OFFICE ADDRESS
1	Prof.I.Akinsete	NACA Chairman
2	Prof.O. Olaleye	UCH,Ibadan.
3	Dr.E.E.Ekanem	LUTH
4	Dr.J.O.Mafeni	Policy Project
5	Dr (Mrs) G.N.Odaibo	UCH
6	Mr.Idris Saliu	DFID
7	Mrs Julie Victor -Ahuchogu	FHI
8	Dr.N.Sani-Gwarzo	NASCP/FMOH
9	Mr.S.A.Egbewunmi	NASCP/FMOH
10	Dr.Tony Eloike	Enugu State Ministry Of Health
11	<u>Dr.Liz.Taylor</u>	DFID
12	Dr.Brigette Imperial	UNAIDS
13	Dr.M.F.Gboun	NASCP/FMOH

Epidemiology / Biostats
Expert - from Abuja Ibadan

Met at NASCP.
housed.
Drew my CV

Met at PLWAs
meeting at IBRO Hotel.
Get in touch with
her

14	Mr.Sunday Simon	UNAIDS
15	Mr.G.Ikwulono	NASCP/FMOH
16	Mr. R .Akpan	“
17	Ms. Ijeoma Udokwu	“
18	Mr .L. Njoku	“
19	Mr .Ike Agunyia	“
