

Public Health Watch



A Quarterly Newsletter of AIDS Prevention Initiative in Nigeria

Improving Health, Changing Lives

APIN Holds IMAI/IMPAC Training for Plateau and Oyo PHC Workers

As the world moves towards universal access to HIV prevention and care services, Plateau and Oyo States in north-central and south-western Nigeria, respectively are not left behind. A total of One hundred and eighty-one (181) PHC workers from eighty-two (82) facilities in the two states were recently trained by respective APIN Teams to deliver HIV services, using the Integrated Management of Adolescent and Adult Illnesses (IMAI) and Integrated Management of Pregnancy and Childbirth (IMPAC) training curriculum.

The training is a component of the aggressive PMTCT scale up plan that APIN is pursuing in both states, in

collaboration with key state stakeholders in the spirit of ownership and sustainability.

A rapid HIV service availability mapping conducted by APIN and the state government agencies in both states had revealed yawning gaps in the availability of HIV services, especially PMTCT which is critical to achieving the nation's goal of elimination of mother-to-child transmission of HIV. Plateau State has a huge HIV burden and is unenviably one of the 12 plus 1 states with HIV prevalence above the national prevalence. With an HIV prevalence of 7.7%, it currently occupies the sixth position in the ranking of state preva-

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A cross-section of participants at the IMAI/IMPAC PMTCT training for Plateau PHC workers

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Editor's Note

Welcome to the third edition of Public HealthWatch, the first for the year 2013.

The last six months - and indeed the previous months - have been quite eventful for APIN as it braces up and positions itself for the Lead-IP role. The organization has taken giant strides and recorded tremendous achievements in the areas of advocacy and engagement of the governments of Lagos, Plateau and Oyo States as well as selected Primary Health Centres in the states, with a view to preparing and activating them for HIV/AIDS services.

This edition highlights some of the key program events and activities that have shaped current accomplishments and are defining APIN's success as the Lead-IP for the three states.

Happy reading.

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lence in the country.

The training programmes provided evidence-based information and skills on how to manage pregnancy, labour, childbirth and the post-natal period, within the context of



Dr. Tinuade Oyeboide facilitating a session during the IMAI/IMPAC PMTCT training

HIV infection in a participatory atmosphere. APIN provided job aids, Rapid Test Kits, Anti-Retroviral drugs for PMTCT, Early Infant Diagnosis test kits and Monitoring & Evaluation tools to the participants to enable them roll out PMTCT services at their facilities. These facilities were linked to secondary health facilities, using the hub-and-spoke model for CD4 sample logging and to ensure continuous supply of HIV commodities.

Going forward, APIN and the state teams are planning a number of technical assistance and supportive supervisory visits to these facilities, in order to ensure quality service delivery. A second batch of training involving more PHC workers in Lagos, Oyo and Plateau States is also scheduled for July 2013.

APIN is positive that the goal of universal access to HIV prevention and care will be achieved in its focus states as it continues to collaborate with key stakeholders for HIV service delivery.

- by Onyeka Ugwu and Chukwuemeka Ibilabor

APIN Touches Lives Through Community HCT Outreaches

Community HCT outreaches allow APIN and its partners to reach individuals and sub-populations who would normally not use healthcare facilities with prevention messaging and an opportunity to learn their HIV status.

The last outreach exercise, under the APIN CARES project, was implemented by seventeen (17) Community Based Organisations (CBOs) across the three (3) states of Lagos, Oyo and Plateau from March 18 to 31, 2013.

APIN experienced a high demand for the HIV Counselling and Testing (HCT) services in the communities visited and a total of where this exercise took place. One thousand and seventy-three (1,073) individuals including 76 pregnant women were found to be HIV positive during the outreach. All positive cases were referred to the nearest comprehensive

sites for care and treatment services.

The outreaches were a success as evidenced by some of the stories from the field:

Giving Life to a FSW in Alaba Rago Community, Lagos

Mary Akpan (not real name) is a female sex worker at Alaba Rago Market in Lagos. She is a mother of a three-year-old girl living with her partner (father of the three-year-old girl) as man and wife in a single room apartment. The APIN HCT Rapid Response Team came to her rescue during one of its visits to the community. The March 21 visit brought a turnaround in her life as Mary was among the clients that were counselled and tested during the HCT outreach held in the community. After counselling and testing, she was found to be reactive. During the post-test counselling, Mary informed the counsellor that she had tested positive previously and was placed on medication at the Badagry General Hospital but she had failed to adhere to treatment for the past two years.

Mary who has been living with her partner for two years failed to disclose her status to him. Unknown to her partner, she was HIV positive. She agreed to invite her partner and her daughter for HCT services. Both were counselled, tested and were found to be negative. Mary disclosed her status to her partner through the help of the counsellor and her partner expressed willingness to support her in starting her ART treatment again.

She was referred to Alimosho General Hospital, Igando to continue her treatment and was supported with transport

The Editorial Team

Editor-in-Chief - Prosper Okonkwo

Editor - Bidemi Oshebeyo

Technical Editors - Bolanle Banigbe &

Ifeyinwa Onwuatuolo

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Editorial Advisers

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Atiene Sagay, Prof. (University of Jos, Jos, Nigeria)

Sade Ogunshola, Prof. (University of Lagos, Lagos, Nigeria)

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fare. She was at the hospital on Thursday April 4, 2013 and was due for the next appointment the following Wednesday. She was thankful to APIN for “giving her life back to her”.

A Five Month Pregnant Mother of Two Children Assesses PMTCT Services

Amuwo Odofin community at

services. Owing to the seriousness of her condition and that of the baby, she was referred to Mushin General Hospital for treatment. She went to the hospital and was registered for PMTCT services.

Although she complained of several stressful procedures at the hospital, she was assured that those procedures would ease off with time. She was counselled to either take her two chil-

Sustain and Enhance the Prevention, Care and Treatment of HIV/AIDS in the Federal Republic of Nigeria”, under the US President’s Emergency Plan for AIDS Relief (PEPFAR). The grant was awarded to APIN as a 5-year cooperative agreement through the Centers for Disease Control and Prevention (CDC). The project name for the grant is titled “Capacitating Laboratories for Accreditation, Strengthening and Sustainability (C.L.A.S.S.)”. The purpose of this grant is to build and strengthen the institutional capacity of local and indigenous Nigerian organizations to develop, implement, monitor and manage HIV/AIDS laboratory services that adhere to Nigerian national policy. APIN is expected to progressively strengthen and institutionalize capacity within assigned local and indigenous organizations in a sustainable manner through strategic mentoring relationships.



Festac, Lagos State was mobilised for HCT services by the APIN Rapid Response Team on March 24, 2013. One of the many people counselled and tested at the HCT services was Mrs. Omotemi Razaq (not real name) who was five-month pregnant and a mother of two children. She was found positive and was referred to Mushin General Hospital, one of APIN-supported hospitals. She did not disclose why she chose the hospital, which is quite a distance from her area of residence.

During the post-counselling, she informed the counsellor that her two children were delivered at home by TBAs because of her preference for TBA over hospital

children for testing or let an outreach be arranged for them on a day her husband and the children would be around to take advantage of the HCT services.

She was full of appreciation and praises, and she asked the Team to express her thanks to those that sent them. “E se pupo”, she concluded in Yoruba.

- by Bunmi Amoo

APIN Undertakes Stakeholder Advocacy Visits on Lab Capacity Building

Introduction

APIN’s GH 1230 grant is a USG PEPFAR grant titled “Building Capacity of Local Indigenous Organizations Implementing Comprehensive Clinical and Laboratory Services to

APIN has planned a structured approach to achieving the goals of this project and to specifically strengthen laboratory systems for sustainable HIV/AIDS programs. The approach which is six-fold will include the following:

- ◆ Skills building
- ◆ Technical assistance
- ◆ Policy and tools development
- ◆ Fostering linkages
- ◆ Developing sustainability frameworks
- ◆ Monitoring and evaluation

The application of these strategies is tailored to the specific needs of health institutions.

Advocacy and Sensitization of Stakeholders

In order to effectively carry out the enormous tasks contained in the grant and to ensure that the objectives of

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the grant are achieved, APIN recognized the need to embark on advocacy and sensitization visits to relevant stakeholders whose institutional roles will impact on the successful implementation of the grant. The need for advocacy cannot be overemphasized



APIN's Mr. Femi Owolagba (in native attire) and Ms. Tolulope Ashi-Sulaiman (in white top) during the APIN-CLASS advocacy visit to Oyo State Ministry of Health and the Hospital Management Board

as most of the activities to be carried out under the grant require the commitment and resources of some stakeholders. The visits were essentially to discuss details of the grant, APIN's engagement and partnership modalities, as well as areas of collaboration and linkages with the relevant organizations as it impacts on their services.

The following agencies of government were visited:

Federal Ministry of Health, Laboratory unit of HIV/AIDS Division of National AIDS and STI Control Program (NASCP), Laboratory unit of Directorate of Hospital Services, Laboratory unit of the National Tuberculosis and Leprosy Control Program (NTBLCP), Medical Laboratory Science Council of Nigeria (MLSCN), State Ministries of Health: Meetings were also held with Directors of Laboratory Services and Health Management Boards of Lagos, Oyo and Plat-

eau states.

The advocacy visits to the state agencies were done with the full participation of the representatives of the Federal Ministry of Health HIV/AIDS division and the National TB and Leprosy Control Program. The participation of the officials of the Federal

Ministry of Health in the advocacy visits was seen by the state officials as a more convincing demonstration that the project was already enjoying the support of the Ministry at the Federal level.

The following PEPFAR Implementing Partners were visited:

- Management Sciences for Health (MSH),
- MSH and Center for Clinical Care and Research in Nigeria (CCCRN).
- Catholic Caritas Foundation (CCFN)
- Centre for Integrated Health Programs (CIHP)

Areas of Collaboration

At these meetings, APIN identified and agreed on key areas of collaboration relevant to the objectives of the grant which are as follows:

- ◆ Strengthening of laboratory's supervisory mechanisms
- ◆ Preparation of 25 laboratories towards accreditation
- ◆ Training of TB laboratory personnel on biosafety, quality management, TB laboratory diagnostic procedures (including microscopic, cultural and molecular diagnostic techniques)
- ◆ Selection of assessors NTBLCP network for training on accreditation (Bi-annual laboratory assessments will be conducted for each facility)
- ◆ Development of effective linkage of laboratories with the existing GeneXpert network in the country
- ◆ Development of a framework for supporting partners without Viral Load capabilities using an effective network to link laboratories with the existing Viral Load PCR laboratories in the country
- ◆ Supporting FMOH to set up the HIV DRM Technical Working Group
- ◆ Supporting the HIV DRM Technical Working Group to develop a DRM Guidelines
- ◆ Training of 25 Master trainers on the use of the DRM guidelines
- ◆ Working with the FMOH and other USG funded IPs to assess the laboratories to identify manpower, equipment and commodities needs
- ◆ Advocacy for the employment of more laboratory staff, supply of equipment and commodities based on the needs
- ◆ Constitution of Accreditation Planning committees for 25 target laboratories and development of work plan for each laboratory
- ◆ Identification and selection of accreditation assessors for training using SLMTA curriculum and tools
- ◆ Conduct mentoring and supervisory visits to selected laboratories using trained mentors and assessors to prepare labs for accreditation
- ◆ Baseline assessment of laborato-

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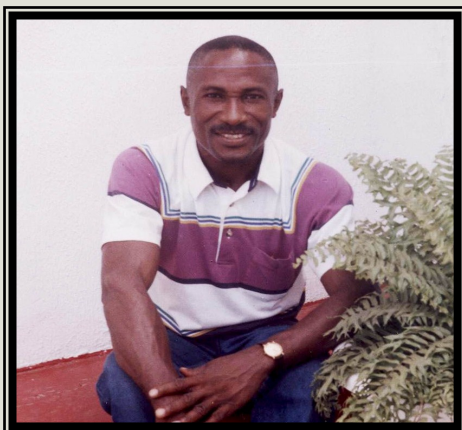
ries using the SLIPTA tools
Conclusion

APIN was well received by the agencies visited, all of which promised to effectively collaborate with the organization to ensure successful implementation of the grant and the realization of its objectives.

Ten Questions for Ittu Nseabasi

1. When is your birthday (day & month)?

I was born on November 15.



2. What is your favourite food?
Pounded yam with vegetable soup

3. What do you do for fun/pastime?

Music and reading

4. What do you do for APIN?

I serve as an Office Assistant in the Lagos programme office.

5. What do you like most about working in APIN?

It is a structured organization that provides humanitarian services, which allow me to contribute my quota as a member of staff to humanitarian efforts in my country.

6. What motivates you?

Giving; the idea of a nation providing donor funds to our programs has instilled in me the culture of giving - both in kind and in cash.

7. What is the one thing you would change or do if you were the President of Nigeria?

I would stop corruption and promote accountability.

8. What is your most memorable moment/experience in life so far?

Hmmm . . . the day I lost my father. Life has been so good and I give God the glory.

9. Which three adjectives best describe you?

Incorruptible, peaceful and accommodating

10. What would you have been if you were not engaged in your current profession?

A medical doctor

APIN Team Visits UCH and JUTH

In recognition of the pivotal role its partner facilities play in helping to achieve the organization's goals on the HIV care and treatment projects, the Management of APIN including the CEO, Director of Programmes and programme area team leads visited some partner sites for programme review and problem solving.

The objective of this initiative is to serve as a forum for the APIN Management to interact with the leaderships of both the health institutions and the program sites on a host of issues covering technical and administrative implementation of APIN's grants.

The first port of call was the University College Hospital, (UCH) Ibadan. The APIN team was led by the CEO, Dr. Prosper Okonkwo and also comprised the Associate Director - Pharmacy & SCM, Associate

APIN IN NUMBERS - Plateau State

41422 Number of HIV-positive patients receiving care in the state

65 Number of PHCs supported by APIN to provide PMTCT service in the scale-up plan for the state

23 Number of PHCs supported by APIN through the Muslim Health Initiative (MUHIN) to provide PMTCT service to the Muslim communities in the state

39 Number of LACA monitoring & evaluation officers trained on the Harmonized National tools in the state

4700 Number of vulnerable children receiving care on the APIN program in the state

Director - Laboratory Services, Associate Director - Care & Treatment and the Senior Program Specialist - Strategic Information. The team was received by the Vice Chancellor University of Ibadan, Prof. Isaac Adewole and the rest of the site program management team led by Prof. David Olaleye.

The second port of call was the Jos University Teaching Hospital (JUTH). The visiting APIN included the CEO, the Director - Programs, Associate Director - Laboratory Services, Associate Director - Care & Treatment and the Senior Program Specialist - Strategic Information. The team held discussions with the site program leadership. Presentations were also made and issues bothering on gaps, challenges, lesson

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learnt and the way forward were shared.

Thereafter, the team paid a courtesy call on the Chief Medical Director (CMD) of the hospital, Dr. Ishaya Pam, who was very happy to receive the team. The CMD praised the APIN team for the wonderful work it has done in the hospital and for putting JUTH on the world map as a center of excellence in HIV care and treatment. He reiterated his support for the program, which he had demonstrated by absorbing all 109 program staff into the JUTH workforce. He also informed the visiting team that all plans have been finalized to move the APIN JUTH Center to the permanent site where work was already ongoing. The whole group then visited the program site and was impressed with the pace and extent of work.

Overall, both parties were very happy with the opportunities the interaction presented and jointly agreed that it should be more frequent.

- by Jay Osi Samuels

APIN Deploys GeneXpert Machines in Nigeria

The global objective of the World Health Organization (WHO) Stop TB strategy is to dramatically reduce the burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets. The WHO has recommended implementa-

tion and roll-out of the GeneXpert MTB/RIF diagnostic to achieve universal access to high-quality care for all people with TB. In December 2010, it endorsed the GeneXpert MTB/RIF for use in TB-endemic countries, declaring it a major milestone for global TB diagnosis. It is a fully automated diagnostic molecular test with the potential to revolutionize and transform TB care and control.

The Xpert MTB/RIF detects DNA sequences specific for mycobacterium tuberculosis and rifampicin resistance by polymerase chain reaction. It is based on the Cepheid GeneXpert system, a platform for rapid and simple-to-use nucleic acid amplification tests (NAAT).

The Xpert MTB/Rif assay has the capacity to simultaneously detect MTB and rifampicin resistance directly from sputum; and it provides accurate results in less than two hours so that patients can be offered proper treatment on the same day. This is in contrast to the old technology where patients may have to wait for up to eight weeks for a culture result. It is therefore relevant in the detection of MDR-TB cases because the patients remain a source of infection.



GeneXpert installation and training at FMC, Makurdi

The Xpert MTB/RIF was rolled out in Nigeria in October 2011, anchored by the National Tuberculosis, Leprosy and Buruli Control Programme (NTBLCP). The NTBLCP, in collaboration with development partners is ensuring access to this new diagnostic tool across the country. It has been deployed in thirty-four (34) health facilities in Nigeria, covering twenty-three (23) states including the FCT.

As part of its continuous support to the NTBLCP, APIN has provided the Federal Medical Centre (FMC), Makurdi, Benue State and Jos University Hospital (JUTH), Jos, Plateau State with the GeneXpert technology. These machines have been installed and the sites activated as GeneXpert sites. A total of 28 health care workers including Clinicians, federal and state TB control officers, TB/HIV focal persons, DOTS programme staff and laboratory personnel were trained during the installation exercise.

- by Tolulope Ashi-Sulaiman

Fact Box

APIN has activated 127 primary health centers and 13 secondary health centers for PMTCT services in Lagos, Oyo and Plateau States from March 2013 to date.

APIN Brings Research to Focus

In order to achieve one of its strategic objectives, which is to 'improve the capacity of APIN staff and partners for research, monitoring and evaluation', APIN recently organized research capacity building



Some APIN and Population Council staff at a research talk titled "Asking the Right Questions: An Introduction for Implementation Researchers" at APIN Abuja office.

sessions in its Abuja and Lagos offices for its staff and those of a sister organization - Population Council, Nigeria.

The research talk titled *Asking the Right Questions: An Introduction for Implementation Researchers* was anchored by Dr Aima Ahonkhai of the Division of Infectious Disease, Massachusetts General Hospital, Boston and a consortium member from one of APIN's international research partners - Healthcare Partners International, Boston. After the didactic lecture, questions and brainstorming sessions focused on how to better utilize the service delivery data already collected for programme improvement and policy formulation in Nigeria and beyond.

Publications, Posters and Presentations

Treatment Outcomes in a Decentralized Antiretroviral Therapy

(Art) Program: A Comparison of Two Levels of Care in Nigeria

Okonkwo, P; Agaba PA; Sagay AS; Agbaji OO; Banigbe B; Adeola J; Oyebo TA; Yohanna S; Idoko JA; Kanki P.

herence, June 2 - 4, 2013.

Assessment of Liver Fibrosis by Transient Elastography in Patients with HIV and Hepatitis B Virus (HBV) Co-infection in Nigeria

O.Agbaji; P. Ugoagwu; R. Murphy; C. Thio; M. Auwal; C. Ani; C. Okafo; E. Wallender; C. Hawkins.

CROI 2013 Poster Abstract # 654

HIV Infection Among Newly Diagnosed TB Patients in South-Western Nigeria

G. Odaibo; P. Okonkwo; O. Lawal; D. Olaleye.

World Journal of AIDS DOI: 10.4236/wja.2013.32020

High Rates of Re-Suppression Among Patients with Viral Load Failure on Second-Line ART in Nigeria

H. Rawizza; B. Chaplin; S.Meloni;

O. Agbaji; W. Gashau; P. Okonkwo; P. Kanki.

CROI 2013 Poster Abstract #1114

HIV -1 Transmitted Drug Resistance Mutations and Sub Types in ARV Naïve Pregnant Women in North Central Nigeria

Imade G; Chaplin B; Okonkwo P; Kanki P. et al - AIDS Research and Human Retroviruses (Forthcoming)

- by Bolanle Banigbe

Poster at the 8th International Conference on HIV Treatment and Prevention Ad-



Hands-on practical HCT training in an APIN-supported laboratory

PHOTO GALLERY



The APIN CEO, Dr. Prosper Okonkwo making a point at the PEPFAR Symposium in January, 2013



Group photograph with the APIN, GeneXpert TA expert team (CDC Atlanta and USAID Washington), NTBLCP, WHO, CDC, USAID and TBCARE



The Director, CDC Nigeria Dr. Okey Nwanyanwu (2nd right); the Chief Executive IHVN, Dr. Patrick Dakum (3rd right) and the APIN CEO, Dr. Prosper Okonkwo at a stakeholder strategy meeting with representatives of Plateau State Government



New hires with the CEO and some senior staff at the induction programme in June, 2013



Participants at the APIN-organized OVC training held in Ibadan in February 2013



APIN's Dr. Jay Samuels and Ms. Tolulope Ashi-Sulaiman during a recent visit to the Medical Laboratory Science Council of Nigeria in Abuja



Some members of the APIN staff at a Supervisory & Leadership skills training in Enugu, November 2012



Prof. Edna Iroha during a session of the IMAI/IMPAC training held in Ibadan



During an HIV Counselling & Testing training in Mushin, Lagos



Some members of staff with some external partners after a proposal writing session recently



The second batch of the Supervisory & Leadership skills training held in Enugu, November 2012



Participants at a recent refresher training