



WRaP-Up

Marching towards a HIV/AIDS free future

Walter Reed Program Nigeria

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Newsletter of US Department of Defense Walter Reed Program-Nigeria (DODWRP-N)

Controlling TB WRP-N on NTA Tuesday Nite Live



Editor's note

The US Department of Defense Walter Reed Program-Nigeria (US DODWRP-N) and the Nigerian Ministry of Defence (NMOD) partnership strongly marches on with expanded activities seen in site laboratory activation, study protocols, and clinical services. The Program has enjoyed a lot of collaborative engagements with other Implementing Partners (IPs) and has received a number of international visitors and Subject Matter Experts (SMEs) all with the aim of ensuring our Program is in line with global health standards. These represent once again, a renewed commitment to quality service. Join us as we march on.

RV 368 TRUST Study

The NMOD/US DODWRP-N Program is gearing up to commence RV 368 TRUST Study. This study will evaluate the impact of providing comprehensive and integrated prevention, treatment, and care services at a community venue operated by local organization supportive of special populations. There is need to engage special populations in order to increase the availability of ART treatment and overcome barriers that prevent them from accessing health care interventions. RV 368 is a collaborative study which will be carried out by key personnel from the U.S. Military HIV Research Program - U.S. Department of Defense Walter Reed Program-Nigeria; Population Council Nigeria; Johns Hopkins University Bloomberg School of Public Health; Institute of Human Virology, University of Maryland School of Medicine; and the Institute of Human Virology Nigeria. In addition to engaging and retaining clients in HIV care and treatment, the TRUST study will contribute essential information towards HIV vaccine research such as prevalence incidence in high risk populations.

RV 352

RV 352 is an evaluation of HIV and Malaria Co-infection in two Nigerian Military hospitals. This study is being conducted in two Nigerian Military hospitals namely; 44 Nigerian Army Reference Hospital, Kaduna and 68 Nigerian Army Reference Hospital, Yaba, Lagos. The study aims to evaluate the impact of malaria co-infection on the course of HIV infection among subjects enrolled for comprehensive HIV care and treatment. An estimated 300 volunteers will be enrolled in the study, which rolled out at 68 Nigerian Army Reference Hospital, Yaba (NARHY) in April 2013.



Seated from left: Dr. Keshinro; Maj. Gen. Njoku (rtd); RV 352 SMEs from US MHRP, Lily Yu and Keith Crawford; Mr. Robbie Nelson; and Dr. Chidi Nweneka in a pose with WRP-N team members

Dr. Babajide Keshinro is the Principal Investigator of this study and the study team consists of

NMOD/USDOD WRP-N clinical and laboratory staff, with technical assistance from MHRP Maryland.

Malaria is a public health concern that affects 80% of our population. Tafa, a suburb of Kaduna State is not left out. Malaria has been a great problem to this community, which was host to the RV 230 cohort study. To this end, the USDOD WRP-N partnering with the Humanitarian Assistance Team, of the US Embassy extended a humanitarian hand to reduce their plight. 250 mosquito nets were given to the people of Tafa in February. On hand to donate these items were David C. Palmer, US Embassy Humanitarian Assistance Team Leader and his team; WRP-N's Mr. Robbie Nelson – Country Director, Maj. Gen. OS. Njoku (Rtd), Dr. Chidi Nweneka, Dr. Ezekiel Akintunde; and Dr Rosa Borges, Deputy Director Public Health Programs, US MHRP.

Public Health Outreach



Tafa community members with their mosquito nets

Inauguration of Board of Trustees for Orphans and Vulnerable Children

The Nigerian Ministry of Defence/US Department of Defense Walter Reed Program-Nigeria seven-year partnership inaugurated the Board of Trustees for Orphans and Vulnerable Children (OVC) project on January 10 2013. The Honorable Minister of State for Defence, Erelu Dr. Olusola Obada conducted the inauguration.

The 8-member board, which is headed by Dr. Mrs. Uchenna Joy Ikokwu, Head of Medical Services, NMOD, comprises of representatives of the Nigerian Ministry of Defence (NMOD), Defence Headquarters Medical Centre, Defence and Police Officers Wives Association (DEPOWA), the Nigerian Army, Navy and Air force Wives Associations, project implementers and US DOD Walter Reed Program-Nigeria. They were charged with the responsibility of ensuring proper attention and provision of welfare for vulnerable children surrounding the military treatment facilities. Maj. Gen. TO Umar, Chairman, EPIC, in his opening speech said that the partnership had impacted meaningfully in the provision of a comprehensive HIV/AIDS care and treatment to 23 sites spread across the federation. The program has counseled 319,009 Nigerians, out of which 316,382 people tested for HIV and 50,539

“It is important to emphasize that our services are enjoyed by Nigerians in which over 85% are civilians who have been allowed free access to these sites”,

were HIV positive. Free HIV drugs, counseling, testing and treatment have been provided to 27,400, and all of them are on antiretroviral treatment (ART).



The newly inaugurated OVC Board of Trustees in a pose with the Hon Min. of State for Defence (5th from right)

It is important to emphasize that our services are enjoyed by Nigerians in which over 85% are civilians who have been allowed free access to these sites”, noted Maj. Gen. Umar. He also, acknowledged the efforts of past and present Presidents' of Defence and Police Officers Wives Association (DEPOWA), (in particular one who was instrumental in the payment of their school fees.)

The Honorable Minister, in her address congratulated and encouraged the Program in its mission of providing HIV/AIDS services. She noted that since assuming office, the national response to HIV/AIDS had been

well established and on the decline in comparison to previous years from 1986 to 2001. She attributed the decline to the multi-sectorial approach given it and the dedication of all stakeholders. She has also shown great and consistent concern for the welfare of the military and their families given the success of the NMOD-USDOD HIV Program.

OVC activities had not been well coordinated until the intervention of the Minister of

State for Defence, who authorized MOD EPIC to institute and manage OVC activities. Children orphaned as a result of parental death from HIV/AIDS have suffered socio-economic deprivation and even have been

vulnerable to HIV infection and other infectious diseases. The advent of OVC services will bring relief to their plight. Already, a pilot scheme has begun at the Defence Headquarters Medical Centre site, where fifty-one OVCs have been registered and have benefitted from scholarship and nutritional supplements.

... the partnership had impacted meaningfully in the provision of a comprehensive HIV/AIDS care and treatment to 23 sites spread across the federation.

HIV testing ensures a healthier life

Hannatu Audu (alias) lives and works in Benue State. An indigene of Gboko, she is a single parent with two sons. Hannatu lives positively with HIV having accepted her status in 2010. She is a mentor and volunteer who has come to terms with the knowledge that having the virus is not the end of the world but dealing with the situation makes you a happier person. Hannatu tells us more about handling her situation. Hear her:

How was your life before the discovery of your status?

I was a happy teacher, living simply in Gboko, and taking care of my sons. Then in 2008, I started having frequent fevers and decided to go to the hospital where I was tested for HIV. The result came out positive and I was terribly shaken even after I had been counseled not to panic if I tested positive. I began thinking where I could have contacted it from for I believed that I lived a decent life, but was clueless. I went home afterwards, and lived in denial. I decided to keep it to myself and told no one about it until in 2010, when I fell seriously ill and was taken to another hospital in Gboko. I was immediately diagnosed with having Hepatitis B. A trip to another hospital confirmed the same status though I was again tested and declared HIV positive. From thence, I was referred to the 45 NAF Hospital Makurdi for care and treatment where I accepted my situation and resolved to

adhere to a drug regimen since that was what would keep me strong and healthy.

What is the difference now?

I have not regretted taking that decision to be tested and commence drug-adherence keeping afterwards. The hepatitis B and recurring fever are gone and I feel very healthy. When I first came to 45 NAF hospital, my CD 4 count was 45, but today it is 500.

What has been your experience since HIV?

I am happy and living well. I was able to tell my mother and sister but not my sons. Though I believe my first son (22 years) knows because he sees me taking all these drugs but we have never spoken about it. I was sacked from the school I taught in for no good reason, other than I frequented hospital (which was once in a month) though I feel they suspected I had HIV. Now, I counsel people in my support group at Gboko and offer voluntary services at the 45 NAF hospital.

What is your view about HIV and stigma in Benue State. Don't you think not telling all your family members was wrong?

From my point of view, Benue state being the highest HIV burden state does not mean we are promiscuous but that we have not applied the necessary preventive measures. It is difficult to talk about HIV to people in Benue because there's a lot of stigma around even with the widespread knowledge of



HIV and AIDS. I was able to take my second son for testing because he is a minor (11 years now) and he was negative, but my first son is an adult so I have advised him to take the test. I have also decided to talk to him and my previous husband about my status.

What is your advice to people out there?

I encourage everyone to curtail their fear and go for HIV testing. If positive, accept your status and take your medication seriously. I advise HIV-infected partners to always use condom in order to prevent further complications and also live disciplined lifestyles. This will promote peace in the household.

I have not regretted taking that decision to be tested and commence drug-adherence keeping afterwards. The hepatitis B and recurring fever are gone and I feel very healthy.

Research Ethics Committee

The Ministry of Defence Health Research Ethics Committee (MODHREC) was established in November 2007 following the successful implementation of the NMOD-US DOD HIV Programme. MODHREC's aim is to review and approve research protocols within the Ministry, the services and parastatals. It also seeks to protect the interest of human participants who will be involved in such studies. Dr. Joy Ugwuegede, Director of Medical at the Ministry of Defence (MOD) sits as the Chairman of the Committee. In an interview with her, she reveals the workings of MODHREC.

Tell us more about your office.

MODHREC came into being in keeping to the demands of the National Health Research Ethics Committee (NHREC) of the Federal Ministry of Health (FMOH) which states that no institution can carry out research on human subjects without the review and approval from an accredited Institutional Review Board (IRB). With research activities being a core component of the joint partnership, MODHREC was established by the then Minister of State for Defence, Dr. Rowland Oritsejafor to bridge the gap. MODHREC has the duty to review and approve research protocols and proposals, promote the well being and safety for study participants, and monitor the progress of research. Aside from the Chairman, MODHREC comprises of the following members; an Administrative Secretary, members of the military services (Army, Navy and Airforce), medical experts, a legal expert and representatives of Civil Society Organizations.

What has been the response of this call?

It is encouraging. More people are beginning to see the need for research and we are receiving a lot

of research protocols and proposals from both military and civilian settings. Many military formations and hospitals have started sending in their research protocols and proposals. We have given approvals to some while others have to undergo further reviews before they are approved.

What does it entail for a research protocol to be approved?

After submission of a research proposal, there is an initial review by the Chairman and Secretary. The duration for a response differs based on the type of approval the research gets. If it is seen that the research involves just data and



there is no direct human participation, it is given an *exemption*. If the research is found to have just minimal risk to the participants, it can be given an *expedited review*. More complex researches which may involve more than minimal risk for the participants require a *full review*. Minimal risk is defined as that which is no more than that encountered in our daily lives. For exemptions and expedited reviews it could be as short as two weeks. For those requiring full review it usually takes a little more time but no more than a maximum of three months.

What has been the difference and benefits since inaugurating MODHREC?

It is pertinent for people to know that once it is research, it must come through MODHREC. MODHREC offers a more enhanced system of getting research approved, a faster turnaround

time, and have receive more research invitations.

What does your Committee look out for in a research proposal?

We make sure that the participants have informed consent on the research. We check to ensure that the rights of the participants are respected and protected; that there is absence of harm or danger to the participants; and its benefit to the community.

How do you view the NMOD/USDOD partnership and its protocols?

It is impressive. We have not had any issues with their submissions other than a few corrections. They also have well respected researchers who are doing a great job and we are pleased at the quality and conduct of their protocols.

Do you have any challenges?

Yes we do. MODHREC is relatively new. We have a responsibility to educate and enlighten people on the need to authenticate their research protocols/proposals by following due processes. We need to sensitize more researchers on vaccine development and upcoming scientific results. This will involve a lot of training and logistics for our members and we currently lack enough funds for this. We need collaborative support, both national and internationally to move this Committee forward.

What is standard procedure for approval of a research proposal?

- Initial review by the Chairman to determine what type of approval is needed. (For further investigations, protocol may be sent to a subject-matter expert.
- Full review of protocol by Committee.
- Result of review sent to researchers.
- Opportunity to amend protocol if necessary.

CAPACITY BUILDING - Impact of malaria diagnostics training

Indobere Dan-Azumi is a Medical laboratory scientist at 82 Division Hospital, Enugu. She represents a good picture of a united Nigeria as she is from Taraba State (North) but lives and works in Enugu State (East). She works on the hematology bench at the 82 Division Pathology Laboratory. Indobere was a pioneer participant of the Malaria Diagnostic Training organized by NMOD/USDOD at 445 Nigerian Airforce Hospital, Ikeja in Lagos. NMOD/USDOD has been at the forefront supporting PEPFAR's objective to fight malaria by building capacity of staff and implementing partners, also by instituting policies on malaria in Nigeria. Indobere tells us her experience after the training.

Q: How long have you been here and are you happy working here?

Indobere: I was employed by NMOD and deployed to 82 Division



Hospital Enugu in May 2008, Yes, I am happy here.

Q: What does your job entail?

Indobere: In the pathology laboratory, we carry out hematology, biochemistry, CD4 count, TB diagnosis, and malaria diagnostics services. I read blood films, this includes, differential white blood cells count, identifying any abnormality presented, and also blood smears for malaria diagnosis.

Q: Have you attended any training on Malaria?

Indobere: Yes, I have. I was among the first set of participants that were trained on Malaria Diagnostics at 445 NAF Hospital, Ikeja in 2009. It was a 2-week training where I learnt so much!

Q: What did you learn that was different from what you knew formerly?

Indobere: Initially, I wondered what was there to learn for 2 weeks but on getting there, I saw the reason. Among other things, I learnt the different species of malaria parasites. Formerly, when reading slides for malaria, I only watched out for one specie and overlooked others. The common malaria parasite in Nigeria is *Plasmodium*

falciparum but discovered others like *Plasmodium vivax*, *malariae*, and *ovale*. I was also able to quantify using thick blood film as against the thin film which gave unreliable report. I also learned that Giemsa staining technique was the gold standard for staining thick smears for malaria microscopy. It was like a whole new learning experience.

Q: What is the incidence of malaria in this hospital?

Indobere: Malaria incidence is high. Out of every 15 persons observed, 13 are carriers of malaria parasites.

Q: What do you think of the training and has it had any impact on your work?

Indobere: Certainly. It has been beneficial and I have been able to apply the knowledge to detect malaria correctly and not carry out a wrong diagnosis that could affect the patient. I have also stepped down the training to at least sixteen people from the malaria bench and pathology lab. The training was worthwhile and has improved every aspect of my work.

I thank DOD/MOD EPIC for the privilege and wish more people could be exposed to this training.

CLINICAL contd.

Tuberculosis (TB) has gained a lot of attention in the past few years, given that it is a major disease related to HIV/AIDS. TB is a leading cause of death among HIV infected people. The World Health Organization estimates that TB accounts for up to a third of AIDS deaths worldwide. People with latent TB are increasingly becoming infected with HIV, and many more

are developing active TB because HIV has weakened their immune system. As an Infectious airborne



Lt. Col. Mancuso (WRAIR) poses with Sites' TB focal persons

disease, the effect on the carrier is most often fatal if not detected and treated. Recently, in a follow up visit in January 2013, the head of TB,

TB REVIEW - Lt. COL. Mancuso's visit

Public health division of WRAIR, USA, Lt. COL. Mancuso was in Nigeria to evaluate the progress of the USDOD/NMOD TB/HIV Program. His visit extended to Program sites and his assessment was complimentary. "TB management in the sites have greatly improved especially the weak sites have shown much progress". The Colonel's

one-week visit included training for focal sites of the USDOD/NMOD Program.

In time past, the Nigerian Health and Laboratory System relied on South Africa and other countries for laboratory panels used in the quality assurance and controls of many laboratory tests. Nigeria is coming of age and establishing an External Quality Assessment Scheme (EQA). This is a national program that enables certain laboratory tests results to be validated through online internet application. The Nigerian Laboratory External Quality Assessment Centre is based in Zaria, Kaduna State and is supported by a PEPFAR implementing partner AXIOS whose objective is to distribute panels to PEPFAR supported laboratories for proficiency testing. AXIOS, an international non-governmental organization (NGO) partners with other Implementing Partners (IPs) under the guidance of the PEPFAR laboratory technical working group to provide supply chain services, health systems and laboratory strengthening services. January 2013, NMOD/USDOD became a beneficiary of laboratory strengthening services when it organized training on digital proficiency testing (PT) from



AfriQualab - the gold standard used in Africa to communicate laboratory findings via email and coordinated through Dakar, Senegal. The aim of this training was to acquaint the fifteen participants with latest knowledge in laboratory management. Most commendable is the provision of 15 laptops and printers by MOD EPIC to aid the smooth take off of EQA in fourteen selected sites of the Program. AXIOS' laboratory advisor, Mr. Aladesanmi, provided technical assistance. During the training, the Chairman, EPIC, and Walter Reed Program-Nigeria

Country Director urged participants to be more dedicated and diligent in the course of their duty. This will help ensure that laboratories would be providing accurate results to clinicians to improve in the care and treatment of clients who patronize the program's military treatment facilities. Furthermore, as part of the national drive to improve laboratory services, NMOD/USDOD personnel make up a team that is investigating and improving solutions on national laboratory quality assurance in Nigeria.



Seated from left: Mr. Robbie Nelson, Maj. Gen. TO Umar, Dr. Callista Osuocha and AXIOS' Lab. Advisor, Mr. Aladesanmi with participants

Nigeria is coming of age and establishing the External Quality Assessment Scheme (EQA). This is a national program which enables test results to be obtained through online internet application.

45 NAF Hospital Makurdi and SHI

In focus in this edition of Wrap-Up is 45 NAF Hospital and its Self-Help Initiative (SHI). Records indicate that Benue State has the highest HIV/AIDS burden in the country. This translates to a high level activity in 45 NAF Makurdi which has its hands full, providing care and treatment to clients. Due to this high client load, a clinic extension named Center for Infectious Disease Control (CIDC) was constructed by NMOD/USDOD to address this need. Air Commodore Benjamin Okunola is the Commander of this hospital. His great concern for his patients has seen him initiating various in-house trainings in order to strengthen his staff capacity to deliver efficient services to the clients. Some of the recent trainings conducted are: Team building trainings for staff; training on CQI and tracking; Infectious disease control, Basic HIV care and management; HIV Counseling and Testing; and step down trainings from outside-trained staff.

Air Cmdr Okunola is also very passionate about conducting research which he says is key to addressing their own health issues. "We have the environment and enough data to begin our own findings which is peculiar to us", he says. In addition, consciously driven to



Air Cmdr Ben Okunola poses with Program's Data Quality team



Air Cdre B. Okunola, Commander 445 NAF Hospital

arrest the disease trend, some communities like Gboko have taken decisive steps to better manage their health problems by raising awareness and initiating a primary health care clinic.

Gboko: This is a Local Government in Benue State, about one-hour, thirty minutes drive away from Makurdi. The distance between this LG and 45 NAF has hampered consistent access of HCT for people of this community. The LG chairman recently initiated the building of a clinic and invited 45 NAF to collaborate in this noble venture. 45 NAF stepped up to the call and provided HCT and later treatment services. EPIC/DOD did the furnishing and equipped the clinic. 45 NAF now has its first non-military site where it provides not only care to the clients but offers capacity building training to the staff.

Air Cdre. BB Okunola tells us more about the Center for Infectious Disease Control, Makurdi.

What are the recent developments in your facility?

CIDC has collaborated with Gboko Local Government in Benue state to set up a clinic.

- CIDC has collaborated with Gboko Local Government in Benue state to set up a clinic. While the local government built the clinic, through 45 NAF hospital's involvement, NMOD/USDOD furnished the facility. This has greatly curbed loss of clients due to distance and contained the spread of HIV. The CIDC have also provided capacity building training to this satellite primary health care center.
- Several in-house trainings conducted to build staff capacity. Most recent being research ethics and methodology.
- Awareness campaigns and preventive strategies: One of such was on St.Valentine's day. CIDC team members visited four secondary schools in Makurdi to sensitize them on HIV. Another was a health awareness campaign in **Vandeikya** Local Government where HCT and free medical services were offered to that community. About 3,000 persons were reached and 503 came out for testing. It was amazing to note that out of those tested only 24 were positive.
- And very recently, the World Tuberculosis Day, which enjoyed audience on the NTA Makurdi and national news.

In spite of challenges encountered, the Centre has been able to record a higher client retention rate of 87% against 75% in previous years. As Dr. Godian Ezema, the site team leader puts it- "there's always room for improvement".

LIVE on NTA's Tuesday Nite Live - WRP-N/US Agencies Contributions on TB Control

Since the epidemic of HIV/AIDS, Tuberculosis (TB) has now become a focus in the President's Emergency Plan for AIDS Relief (PEPFAR). The NMOD/USDOD partnership actively contributes to this objective. Working under a comprehensive approach with other United States Government agencies and in collaboration with the National and State Tuberculosis Control Program, launched in 1990, NMOD/USDOD supports the control of TB by strengthening TB diagnosis and activities in her 23 sites.

Commemorating the World Tuberculosis Day, March 24th, WRP-N's TB Advisor, Dr. Ismail Lawal was on the Tuesday Nite Live show anchored by Nigerian Television Authority (NTA)'s veteran broadcaster, Cyril Stober to highlight NMOD/USDOD Program's activities and project the US agencies' (CDC, USAID and USDOD Walter Reed Program

-Nigeria) contributions in the control of TB in Nigeria. Other guests on the show were Nigeria's Honorable Minister for Health, Dr. Onyebuchi Chukwu; Dr. Lovette Lawson, Chief Medical Director, Zankli hospital Abuja; and USAID's Senior TB Program Manager, Dr. Temitayo Odusote. Another local TV station, NTA Maiduguri also reported on USDOD/NMOD TB program activities in their network news. The national television NTA also aired intermittently the TB clip advertorial put out by PEPFAR on USG contribution.

USG support for the control of TB in the Nigeria military

- DOD-WRPN currently works in close collaboration with the MOD-EPIC (Nigerian Ministry of Defense HIV/AIDS Program) to provide quality and sustainable TB programs across 23 Nigeria Armed forces sites across 16 states.

- The program has had beneficial impact in the Nigerian military laboratories by supporting infrastructural upgrade. DOD collaborating with the National and State Tuberculosis and Leprosy Control Programme has established active DOT clinics in all her 23 sites.

- Through PEPFAR, the NMOD/US DOD - WRP N partnership actively manages TB by regular training of personnel; regular and reliable supply of consumables; proper record keeping and documentation of TB; and proper patient care.

- Its recent efforts towards managing TB can be seen in the procurement and establishment of four GeneXpert machines in four Nigerian military hospitals namely; 45 NAFH Makurdi, 68 NARH Yaba, DHQ MC Abuja and 44 NARH Kaduna. This system is used for rapid diagnosis of mycobacterium tuberculosis (MTB) and multi drug resistant tuberculosis (MDR TB).



Cyril Stober - Anchor, Tuesday Nite Live



Hon. Minister of Health, Dr. Onyebuchi Chukwu



Dr. Temitayo Odusote- USAID, Abuja



Dr. Lovette Lawson - Zankli hospital, Abuja

TB is curable, early diagnosis is the key, says Dr. Lawal, WRP-N's TB/HIV Advisor



On Tuesday Nite Live set with Cyril Stober. From right: Zankli hospital's CMD, Dr. Lovette Lawson; WRP-N's Dr. Ismail Lawal; USAID's Dr. Temitayo Odusote; and Hon. Minister of Health, Dr. Onyebuchi Chukwu.



US Agency partners with Nigeria's Hon. Minister of Health, Dr. Onyebuchi Chukwu. From left: WRP-N's Dr. Ismail Lawal, PEPFAR's Yinka Balogun and USAID's Dr. Tayo Odusote.



Dr. Ismail Lawal, WRP-N's TB Advisor

PMI-PEPFAR Integration

January 2013, the NMCP/USDOD WRP-N was part of a technical team on a visit to three Malaria Laboratory Training and Diagnostic Centers in Lagos, Ibadan and Abuja respectively. The team comprised of representatives from the President's Malaria Initiative (PMI), Malaria Action Program for States (MAPs), and National Malaria Control Program (NMCP). The purpose of this visit was to identify institutions in Nigeria with the capacity and capability for training in malaria laboratory diagnosis. The outcome of this visit will help increase the number of expert microscopists around the country to appropriately detect, diagnose, and treat malaria patients.

According to the National Malaria Control Program (NMCP), there are over 140 million people at risk of contracting malaria every year in Nigeria. The spread and intensification of resistance to

antimalarial medicines is one of the greatest challenges facing effective malaria control in Nigeria. Though malaria is endemic in Nigeria, it is altogether, preventable, treatable, curable and controllable.

The mission of the Malaria Case Management arm of the NMCP has been charged to provide expert diagnostic services in the management of malaria. NMCP policy recommends parasite based confirmation of malaria that will ensure a patient's ailment is appropriately diagnosed, and will avoid wrong use of antimalarial. There is a need for quality diagnosis as an important step to confirm patients with malaria prior to treatment, and to differentiate it from other causes of febrile illness. The laboratory field diagnostic tools for malaria include Microscopy and malaria Rapid Diagnostic Tests.

DOD-WRP-N was invited by the PMI Resident Advisor, Dr. Mark J. Maire, of the Division of Parasitic Diseases

and Malaria, Center for Global Health, U.S. Centers for Disease Control and Prevention, Atlanta, and the NMCP to jointly conduct site visits in order to identify sites with the potentials to support malaria laboratory training, Quality Assurance/Quality Control of malaria microscopy, mRDTs and to explore the possibility of establishing malaria diagnostic network in Nigeria. The visitors after a guided tour of the 445 Nigerian Air force hospital Ikeja Lagos facility led by Air Cdre EA Akinwale, the Laboratory Commander and USDOD WRP-N's Dr. E. Akintunde, were impressed, and are discussing future collaboration for training and developing a diagnostic component of NMCP.

The spread and intensification of resistance to antimalarial medicines is one of the greatest challenges facing effective malaria control in Nigeria.

SOPs Review

Nigeria's Defense Reference Laboratory (DRL) in preparation for its international certification, has been working relentlessly on standardizing its documents, policies and procedural guides in line with international standards for College of American Pathologists (CAP) certification. January 2013, scientists from DRL gathered in Abuja for a retreat to review and develop Standard Operating Procedures (SOPs). The SOP development team included Quality Assurance officers, Sectional supervisors, and Laboratory directors. CAP certification is required to ensure procedures in the laboratory are to an acceptable international standard. Some of the policies deliberated upon include:

Equipment validation

- Proficiency testing
- Facility maintenance
- Liquid nitrogen plant operation and maintenance
- Microlab 300 programming
- Standard for preparation, implementation & control of document, and also

Molecular laboratory documents.

Stellar Performance

The Strengthening Laboratory Management Towards Accreditation (SLMTA) program has in February 2013, recognised three of our Program's laboratories for their stellar performance in laboratory services. These laboratories selected by SLMTA Team Nigeria for 18 months laboratory mentorship are 445 Nigerian Air Force Hospital Laboratory, 44 Nigerian Army Reference Hospital Kaduna, and Nigerian Navy Reference Hospital Ojo. SLMTA is a WHO initiative developed to promote immediate, measurable improvement in laboratories of developing countries. The scheme is a step-wise laboratory quality improvement process towards accreditation (SLIPTA) for African countries. SLMTA's performance levels are awarded as stars which range from 1 star (lowest) to 5 star (highest) recognition.

At the end of the 18 months mentorship scheme, 445 Nigerian Air Force Hospital Laboratory was recognized a 5-star laboratory! The 44 Nigerian Army Reference Hospital Kaduna, a 4-star laboratory and Nigerian Navy Reference Hospital Ojo earned a 3-star recognition.

SITE ACTIVATION – Laboratory services

- 108 Nigerian Air Force Hospital Abuja

- Military Hospital Lagos



Military Hospital, Lagos laboratory: Col. Adeoye explaining to the Site Commander (in uniform) amidst laboratory personnel

The NMOD/USDOD's partnership works to upgrade military facilities by improving on existing structures and personnel. This process called 'Site activation' capitalizes on improving on present infrastructures into standardized facilities. Activating a site is a three-pronged activity that includes the clinical, laboratory and general services. Following identification of possible sites and in collaboration with Emergency Plan Implementation Committee (EPIC), an assessment is carried out. This is followed by an implementation plan, procurement of equipment, materials and consumables, general upgrades to the site and follow-up.

Laboratory activation then involves upgrading of infrastructure where applicable, capacity building of laboratory personnel, supply of modern laboratory equipment, laboratory reagents and materials,

documentation and records improvement, process control, and general laboratory management.

The NMOD-USDOD laboratories activities are guided by policies formulated by the Programme Steering Committee through the Programme Laboratory Technical working Group (LTWG). In maintaining good laboratory practices, NMOD/USDOD laboratories employ 12 quality system essentials:

- Organization
- Personnel
- Equipment
- Purchase and inventory
- Process control – samples management
- Process improvement
- Facilities and safety
- Assessment
- Occurrence management
- Information management
- Process management
- Customer service

The NMOD/US DOD WRP-N ART sites laboratory activation focuses majorly on the three phases of the laboratory (pre-analytical, analytical and post analytical). Emphasis is placed on Chemistry, Hematology, Serology, (HIV screening, HIV confirmation, sputum and blood smear microscopy for tuberculosis and malaria diagnostics.

In the months of February and March 2013, the activation of 2 new sites laboratories took place in 108 Nigerian Air force Hospital Abuja and Military Hospital Lagos. Dr. C. Osuocha led the laboratory activation team to 108 NAF Hospital while Colonel Adeoye (rtd) led the laboratory team to Military Hospital, Lagos. When asked the relevance of laboratory activation, Colonel FA Adeoye emphasized that; 'laboratory activation is very essential to make the laboratory suitable and the personnel well trained in order to produce desired and effective result'. The Program's laboratory activities are geared towards improvement and sustainability of good laboratory practice in the Nigerian military ART sites.



Lab. activation at 108 NAFH: Sysmex machine installation

Activating the laboratory then involves; upgrading of infrastructure where applicable, capacity building of laboratory personnel, capacity building of laboratory personnel...

Dr. Andrew Rosa Borges is the Deputy Director, Public Health Programs (PEPFAR), US MHRP Maryland, USA. He was in Nigeria to review and track the Program's status and progress.

Eric Black and Kamalika Datta are International Program Managers (IPMs) from US MHRP who came to have a practical assessment of the Program and to tackle technical issues bordering on procurement, contracts, and general administrative and operational concerns. They were impressed by the Program's progress. It was an eye-opener for them as their trip gave them a better understanding of the expansive nature of the Program.

Also from US MHRP is **Gail Smith**, Senior Program Manager. She was in Nigeria to close out RV230 studies and aid in the Nigeria AFRICOS start up.

Hygela Ibar and John Sunday from the Henry Jackson Foundation for the advancement of Military Research International (HJF MRI) were in WRP-Nigeria to provide technical support on financial issues bordering on program activities. "Nigeria has the most organized administrative and operations unit," said Hygela.

Dr. Sheila Peel is working on getting the Defense Reference Laboratory (DRL) accredited. In her recent visit to Nigeria, she was invited by the Institute of Human Virology (IHV) Nigeria to speak on the joint USG study protocol on MSM.

Dr. Ali Taylor is the new Regional Laboratory Director, US Military HIV Research Program. She was in Nigeria for a familiarization visit to the Program's laboratories. Dr. Taylor visited some Program's sites and complemented the great effort of the joint partnership in providing quality healthcare through laboratory services.

Dr. Ezekiel Akintunde. WRP-N bids farewell to its former Associate Director, Laboratory services who is moving on to explore the technical field of malaria. Dr. Akintunde, was a pioneer laboratory staff of the Program, and was instrumental in the growth of the NMOD/USDOD laboratory services. His footprint will persevere in the Defense Reference Laboratory and the Malaria Research Laboratory. Dr. Akintunde leaves behind a souvenir of hard work and productivity in the Program's existence. WRP-N wishes him the best in his future endeavors.



EPIC Chairman, Maj. Gen. TO Umar presenting a gift to Dr. Borges



Eric Black and Kamalika Datta, Int. Program Managers from MHRP



Seating from left: Mr. Robbie Nelson, Hygela Ibar, Gail Smith and John Sunday pose with the WRP-N team



Dr. Ali Taylor on site tour at 68 NARH Yaba: With her from left is; Brig. Gen. OR Ayemoba, Dr. Osuocha, Dr. Akintunde, Brig. Gen. Amosu, Dr. Nweneke, Dr. Harrison & Col. Nzekwe





During the Program's sites laboratory managers workshop



At NACA's commissioning of the first phase of the Global Fund operations research



WRP-N participated in the development of PMTCT Communications Campaign Strategy



During a joint US agency (CDC and WRP-N) fire safety drill

IMPORTANT EVENTS TO NOTE:

- May 18 2013: World AIDS Vaccine Day
- June 14: World Blood Donor Day
- June 30 - July 3 2013: 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention: Kuala Lumpur, Malaysia. www.ias2013.org
- July 14: Nigerian Army Day celebration
- October 7-10 2013: AIDS Vaccine 2013: Barcelona, Spain

For more information; visit our website at

www.wrp-n.org

We welcome your contributions/comments at

eessien@hivresearch.org

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34 Brigade Military Centre Positive impact

34 BMC Owerri is a Primary Health Centre situated in the quiet town of Obinze in Imo State, Nigeria. This medical centre was established in the sixties. What started out as a field station is today a full serving clinic and is also an NMOD/USDOD comprehensive site. NMOD/USDOD commenced operations there in 2009. Services now offered at this site include, HIV Counseling and Testing (HCT), Palliative care, DOT clinic, ARV treatment, Prevention of Mother to Child Transmission (PMTCT), Prevention and laboratory services. BMC Owerri is under the command of Brig. Gen. AA Alkali and Capt. U. Dimkpa is the Site team leader of the clinic. The clinic has since grown from 5

clients at site activation to a cumulative total of 1,082 as at January 2013. The clinic meets regularly on Mondays, Wednesdays and Fridays where an average of 30 persons are attended to.

Interestingly, 34 BMC Owerri is wearing a new look! Gone are the dilapidated buildings and leaking roofs. The Centre has been transformed into a pleasant sight. The advent of NMOD/USDOD challenged the renovating and overhauling of this facility. BMC also enjoys support from other sponsors like NHIS. Additionally, EPIC has set a milestone with the construction of a 10-unit bedroom staff quarter for personnel of this Centre. This is a compassionate effort of EPIC in response to staff

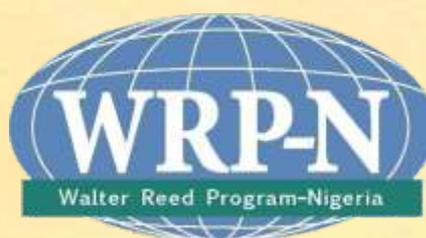
pressing accommodation need. Staff of this facility are appreciative of NMOD/USDOD's involvement, imparted not only in the upgrading of the Centre but in the lives of the personnel. Their capacity has been strengthened and this has spurred on best practices and motivation to serve even with adverse situations such as inadequate manpower. "The coming of NMOD/USDOD Program has impacted positively not only in the clinic's infrastructural upgrade, but also in my work and service delivery. Staff members are equally motivated", commends Mrs. Ngozi Obilor, the spirited site administrator and laboratory focal person of 34 BMC.



During a site assessment visit: MOD/DOD logistis/QA team pose with the Site commander, Capt. U Dimpka and key staff



10-unit staff quarters constructed by EPIC



302 Military Reception Station Onitsha Making impact

302 MRS Onitsha lies in the heart of the famous Onitsha town which is renowned for its thriving business and trading industry. Onitsha is also a historic site of the Nigeria civil war. This facility serves people not only of Onitsha, Anambra State but the nearby city of Asaba in Delta State. 302 MRS was established during the days of the

civil war in 1968 but was activated as an NMOD/USDOD site in 2009. Col. TA Gagariga heads this military formation and is supported by Lt. AIC Kanu, the site team leader who runs the MRS. Services offered at 302 MRS include; welfare and maternity clinic. Others are PMTCT, HCT, Care and Treatment. The advent of NMOD/USDOD has strengthened

staff capacity and use of modern equipment. This has in turn improved service delivery. The roll call of active clients is sixty-seven and clinic days are Tuesdays and Fridays. There is also an active support group in 302 MRS. 302 MRS is not without its challenges. "We are growing but we are making impact", says, Mrs. Nneoma Orih, the site administrator.



MOD/DOD Logistics/QA team on Site assessment visit



82 Division Hospital Enugu Friendly and high quality services

Enugu State is home to Nigeria's famous University of Nigeria, Nsukka. Dubbed the 'coal city', Enugu was once a major producer of Nigeria's economic reserve – coal. It is also home to the famous literary giant, Chinua Achebe and herein sits our Program site – 82 Division Hospital, Enugu in Enugu State. This hospital dates back to the sixties when Enugu was the capital of Eastern Nigeria. It is under the command of Col. Austin Ogbe and Dr. G.O Ibezim who is the

site team leader. NMOD/USDOD commenced activities on this site in 2006. One can't help but notice the harmonious working relationship amongst staff members. The synergy is evident in the proper coordination of the clinic. "We are an active team", says the site administrator, Blessing Ibe. Services at 82 Div. include: Comprehensive ART services, Prevention of Mother to Child Transmission (PMTCT), and Prevention services. Particular care

is paid to couples-counseling and regular health talks, organized to constantly educate and alert clients on HIV issues. The clinic manager, Nurse Ann Obi ensures that the nurses on refill services are well coordinated. 82 Div.'s client clinic days are Tuesdays, Thursdays, and Friday where an average of 95 clients are seen daily. Roll call of clients on PMTCT is 177; the cumulative total is 1,268 with an active number of 971 persons.



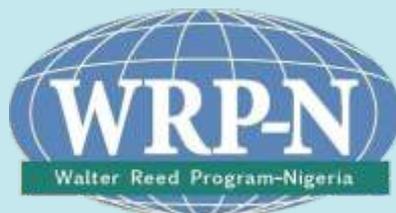
At the Prevention Unit



Site Commandant (in uniform) & EPIC staff



Health talk session



HJFMRI



WRP-N

Walter Reed Program Nigeria - an affiliate of Walter Reed Army Institute of Research US works in partnership with the Nigerian Ministry of Defence. It is a 'military to military' collaboration to combat HIV/AIDS and related diseases in Nigeria through research, prevention, care, treatment and training.

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