



WRaP-Up

Marching towards a HIV/AIDS free future

Walter Reed Program Nigeria

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Vol. 5, Oct -Jan 2017 Edition

Newsletter of U.S. Department of Defense Walter Reed Program-Nigeria (DoD WRP-N)



Celebrating team work and staff capability at the Walter Reed Program-Nigeria

The Walter Reed Program - Nigeria is part of a 12 year military to military partnership with attributes to line officers and other Nigerian partners in 46 health facilities around Nigeria. Line officers include both military and civilian personnel who under the cognizance of line commanders at the sites, report to the liaison office under the Ministry of Defence Health Implementation Programme (NMOD HIP) on partnership activities, namely; the Joint African Research Group (JWARG), President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI).

The Walter Reed Program-Nigeria's mission is to develop an effective HIV vaccine to

protect U.S, Nigeria, and allied troops and reduce the impact of HIV infection worldwide. This is important, as there are 36 million infections worldwide, which pose a threat to stability in countries and force protection.

The capacity built in clinical care and laboratory services during the last 12 years has led to a robust partnership and a more healthy community which the U.S. Ambassador to Nigeria, Mr. Stuart Symington has described as, "proven performance over time". The Program continues to build upon the Nigerian military infrastructure and to develop countermeasures to Ebola and other emerging infectious disease threats.

The following articles in this *WRaP-Up* edition provide a glimpse of our military to military partnership activities, to build a proactive and modern public health infrastructure, provide health security and improve health outcomes for the military, their families and the communities in which they serve in Nigeria, the sub-region and the world.

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- Management team
WRP-N



Pillars of the USDOD/NMOD Program. WRP-N Country Director with past and present Health Implementation Program (HIP) Directors. From left: Brig. Gen. NA Hussain, MODHIP Director General; Maj Gen TO Umar (rtd), former Chairman, EPIC; Mr. Robert Nelson, WRP-N Country Director; and Maj Gen Life Ajemba (rtd), former DG

Research Update



Acting Director for Research, Dr. Diran Akintunde explaining research procedures at the Clinical Research Center (CRC). From left is Dr. Chris Daniel, Secretary to the DASD; the Deputy Assistant Secretary for Defense (DASD), Dr. David Smith; Dr. Diran Akintunde (center); LTC Julie Ake, Deputy Director, Military HIV Research Program (MHRP); and Director, MHRP, COL Nelson Michael

The First Ebola Vaccine Research (RV 429) closes out. New research about to commence and on-going studies progress

At the Clinical Research Center (CRC), the program has successfully executed its first clinical trial by administering and testing Glaxo Smith Kline's ChAd3 EBOZ vaccine candidate in 330 participants. The study, enrolled its first volunteer in August 2015 and by December 2016, the site was audited by an independent auditor without any major findings. Final study close-out will take place in February 2017.

As the first Ebola virus clinical trial in Nigeria phases out, another clinical trial - RV 456 is set to kick off at the CRC in February 2017. Preparations for Janssen's clinical trial testing of

two different vaccine candidate regimens in healthy adult volunteers has commenced.

RV 477, another HIV vaccine study, is also billed to start soon. Currently, two observational HIV studies, RV 329 and RV 368, are simultaneously taking place in Abuja and Lagos. RV 329, the African Cohort Study is a 15 year prospective cohort study that has successfully enrolled 300 volunteers. In January 2017, a team of experts from U.S MHRP were in-country to review RV368/TRUST study, a protocol done in collaboration with the University of Maryland. RV368/TRUST promotes HIV prevention, care, as well as HIV research, within a high-risk cohort.

Two studies: RV 352, an HIV and malaria co-infection study and RV

288, a programmatic evaluation of the virological assessment of patients on anti-retrovirals, have been concluded and are in the data analysis stage.

Findings on RV 230, a cross-sectional, observational, cohort study on prevalence of HIV and risk factors associated with HIV infections in Nigeria, has been published. The study led by Major General (rtd) Ogbonnaya Njoku has succeeded in identifying potential cohorts for HIV vaccine development. Final analysis of this study was carried out by the U.S. Military HIV Research Program (MHRP), which also gave its commitment for further research development studies.

- Akintiran Akintunde
Esther Essien

SIMS: Program Sites Maintain Quality Of Services

In a bid to improve the quality of care and treatment in the USDOD/NMOD Program sites, the Site Improvement through Monitoring Systems (SIMS) was introduced. SIMS checks documentation, use of the correct registers, patient folders and standard service delivery.

A recent visit to eleven Program sites confirmed major adherence to quality standards. Using the SIMS

checklist, nine out of the eleven sites visited, recorded high quality standards. Since its commencement in January 2014, SIMS has continued to meet its target through regular program site visits.

In furthering PEPFAR's call to improve care and treatment, prevention and PMTCT services, Partner Notification Services (PNS) has been introduced. This is

a strategy to identify sexual partners of people living with HIV (PLWH) in order to determine their HIV status. The partner may or may not be infected but it is important that his or her HIV status is monitored. This strategy improves communication between the health care provider and its client. It also aims at preventing further spread of the HIV disease and ensures an HIV free society.

In November 2016, an interagency training was conducted for the Prevention and associated team members, to orient them on this new initiative by PEPFAR.

- Dr. Chizoba Mbanefo, Angela Agweye and Esther Essien



LABORATORY

USDOD Lab team mentors and commissions LN2 generator in Liberia



Monrovia, December 2016: the USDOD Walter Reed Program-Nigeria laboratory technical team made up of the Laboratory Manager, Mr. Aminu Suleiman; the Quality Assurance Manager, Air Commodore Edward Akinwale (rtd); and the Facilities Supervisor, Mr. Bege Dogonyaro visited the Liberia Institute for Biomedical Research (LIBR) to provide technical support and conduct a quality assessment.

LIBR is one of the Joint West African Research Group (JWARG) sites, and in line with JWARG's objectives of building capacity to improve response to future disease outbreaks in the region, JWARG procured the latest liquid nitrogen (LN2) generator M280X2 for the preservation of research samples. The LN2 generator is able to generate 80 liters of liquid nitrogen every day. Mr. Dogonyaro who installed the LN2 generator, trained staff of the Institute on its operation and maintenance. They also received

training in safe handling and transportation of the liquid nitrogen. LIBR personnel were mentored by the team and updated on global standard laboratory practices.

- Aminu Suleiman, Bege Dogonyaro, and Esther Essien



Trained LIBR staff transferring LN2

2016 World AIDS Day

The 2016 World AIDS Day celebration with the theme, “Hands on for Prevention” was used as a platform to increase access to HIV prevention, care and treatment services. It also provided a great interagency platform for the PEPFAR program through USDOD, CDC and USAID to raise the consciousness of the Embassy community on the need to protect themselves and access treatment services when exposed to HIV. The PEPFAR Coordinator, Shirley Dady, in her opening remarks at the U.S. Embassy, encouraged Nigerians to get tested, and know their status as this was crucial in stopping the spread of HIV/AIDS and in providing care and treatment to infected individuals. HIV testing services were also available at the Embassy premises.

The USDOD Walter Reed Program-Nigeria HIV Testing Services (HTS) Program, in collaboration with the Barrack Health Committees, conducted targeted outreach to hotspots contiguous to comprehensive sites. Eleven DOD/MOD-HIP sites, as well as the Armed Forces Program on AIDS Control (AFPAC), were equipped to carry out targeted HTS outreach to non-brothel based female sex



workers, the youth and to men who rarely come into the clinic for HIV services. These services will enable the Program increase identification of persons living with HIV, link them to treatment and contribute to the achievement of epidemic control. Other activities of the World AIDS Day included, rallies, condom promotion and distribution, interpersonal communication sessions which afforded people the opportunity to clarify myths and misconceptions about HIV/AIDS.

The communities visited were happy

to receive the teams as it provided a great opportunity for the military to interact with the local community and render other free health services to the civilian population.

Over four thousand people were counseled, tested and received their results immediately. Those who tested positive were referred to the Program clinic for initiation into anti-retroviral therapy (ART).

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WRP-N Staff members pose with PEPFAR Coordinator, Shirley Dady (5th from left) and members of her team

Angela Agweye

Proven Performance Over Time

Delegates



At the Ministry of Defence Health Implementation Program (MOD HIP). Discussions on moving the Program forward: From left is MHRP Director, COL Nelson Michael; U.S. Embassy DAO, COL Patrick Doyle; Secretary to DASD, Dr. Chris Daniel; the DASD; WRP-N Country Director, Mr. Robert Nelson; and MODHIP DG, Brig Gen NA Hussain



At a reception hosted by the Defense Attache, COL Patrick Doyle, in honor of the Deputy Assistant Secretary for Defense, Dr. David Smith (5th from right)



Participants and facilitators of the JWARG Hematology training at 561 NAF Hospital Lagos

The Deputy Assistant Secretary of Defense for Health (DASD), Dr. David Smith and his Secretary, Dr. Chris Daniel, accompanied by MHRP leadership COL Nelson Michael and team, visited the USDOD/NMOD Program recently to access and provide leadership and technical oversight toward moving the Program forward. Others on the team were LTC Julie Ake, LTC Patrick Hickey, CDR Lawler, Dr. Brett-Major, Ms. Mihret Amare and Prof. Christian Happi of African Center of Excellence for Genomics Infectious Diseases (ACEGID). The guests visited the U.S. Embassy and toured Program sites including, the

Defense Reference Laboratory (DRL), Clinical Research Center (CRC), and the Ministry of Defence Health Implementation Program (HIP) liaison office. They also, visited two Program sites in Lagos - 68 Nigerian Army Reference Hospital, Yaba and 561 Nigerian Air Force Hospital Ikeja.

Hematology:

The fifth and final module, in the series of the Joint West African Research Group (JWARG) training for the year 2016, took place from 15 to 17 November, 2016. This training completes the JWARG training which premiered with the Good Clinical Laboratory Practice in May 2016 and aims at building capacity of laboratorians and clinicians in West Africa against future diseases outbreaks. Eighteen laboratory scientists from Ghana, Liberia and Nigeria were trained on blood component, safety and result analysis/data management. The Hematology training took place at the 445 now 561 Nigerian Air Force Hospital Training Center and was facilitated by Air Commodore EA Akinwale and Major GON Nwagbara.

JWARG is preparing and strengthening West Africa against future infectious diseases epidemics, so that they would be prepared to deal with them promptly.

Editor's note

In the last quarter, the Department of Defense Walter Reed Program-Nigeria enjoyed visits from top dignitaries from the United States. Notable among them are the visits from the leadership at the U.S. Military HIV Research Program (MHRP), the United States Army Africa and the Deputy Assistant Secretary for Defense and Health Readiness Affairs who had come to witness the strength of the Program and to offer their support. As the Program forms new partnerships and alliances, a history of quality in program management, research, impact and service delivery trails it. Given, the U.S. Ambassador, Stuart Symington, has dubbed the Program, "Proven Performance over Time".

Dr. David Smith is a public health physician in occupational and preventive medicine, a branch of medicine where he manages individual challenges faced by military men in active work, and also, protects people suffering from occupational hazards. He has another feather in his cap of qualifications in under-sea medicine. He retired as a rear admiral from the U.S. navy after an outstanding career of 32 years. This 'humble authority' as I call him, is not done with service to mankind as he continues after active service to provide expertise in health management as the Deputy Assistant Secretary of Defense, Health Readiness, Policy and Oversight. Dr. Smith on a visit to the Walter Reed Program-Nigeria gives us a glimpse into his office.

Please tell us about your office?

The Department of Defense and Health Readiness has the capability to support U.S. forces to wherever the world is in need of assistance and to help partners around the world. It learns from its experience in these countries to support capacity development, education and health outcomes. It oversees research and development that support missions especially in public health for military and non-military. Generally, it supports activities aimed at helping people by contributing to vaccines production which came about through research.

What is the reason behind your visit?

I have heard about the Program and its activities from its affiliation with the Walter Reed Army Institute of

One on one with DASD

Research (WRAIR) but it's a privilege to have an actual observation of it on a first hand basis. This trip has provided this opportunity to have a "boots on the ground experience." It was really nice to see the great work the WRP-N team are doing and to interact with the people who actually carry out these interventions.

What has been your observation about the Walter Reed Program-Nigeria?

I can see them doing outstanding things! Bringing health succor to the people around them - to both military and civilians alike. From providing HIV interventions to contributing to landmark researches, I saw people who are enthusiastic about what they do. Their length of service at their jobs speak about their dedication and passion. They have the ability to continue doing great things and to make Nigeria and the U.S proud. We are expecting greater things from them.

What are your plans for the Program after this trip?

This trip has been very revealing, and as said earlier, I can see the Walter Reed team doing greater things. So, going further, I will submit my observations and my office will look at where and how we can support the great work you are doing here. There's a whole lot to explore - support in biopreparedness, new research and other health interventions.

Last words?

Follow your passion. It is important to enjoy what you do!



INTERVIEW

An Interview with the USARAF Command Surgeon

Colonel John Osborn is the Command Surgeon of U.S. Army Africa (USARAF) and Southern European Task Force (SETAF). He is a medical practitioner in general and vascular surgery, family medicine, and an expert in disaster management. COL Osborn has been a soldier for 28 years and has served in war-torn countries such as Afghanistan, Kuwait, and Iraq. He is happily married to his wife of 30 years and believes that it costs a lot less to prepare against a crisis than to respond to one. COL Osborn is passionate about team building and tells us the reason why. He says, “people who have never gone through stress have a narrow bandwidth. To expand that view, one needs a team”. In an interview with this fine gentleman, he tells us more about his mission to Nigeria.

Tell us about USARAF

Our focus at USARAF is to increase biopreparedness on the continent where collaboration amongst countries enhances situational awareness and increases public health preparedness. It is a long-term effort to increase partner capabilities and prepare for humanitarian assistance and disaster response. The medical footprints throughout the program attest to Nigeria's capacity to stand on its own.

What is your reason for coming?

The team, which consists of USARAF and AFRICOM, is here to find ways in which it can assist. I'm also here to gather information on behalf of my Commander, Major General Joseph Harrington who has a deep interest in developing enduring capabilities and increasing humanitarian and disaster response preparedness. We are familiar with the Nigerian history with Ebola and want to build upon those experiences. It is better to prepare before an emergency occurs.

Expatriate further your passion about team building?

Many individuals have talent, and even studied in schools in order to be good at something. You can be an expert at everything but to work on a bigger scale, you need a team to make things happen. In Africa, for example, it is easier to reach out to people when the teams are smaller. This concept is used worldwide and enables countries to build relationships with small expert teams. This is true with what the Nigerian Ministry of Defence Health Implementation Programme and the U.S. Department of Defense Walter Reed Program-Nigeria (NMOD/USDOD Program) is doing. The Walter Reed Army Institute of Research (WRAIR) wants to do more, and when given the

approval USARAF will do more too.

What can you say about the NMOD/USDOD Program?

The program is leaps ahead of most programs around the world! The program is pragmatic and situated where diseases and problems abound. The program is organized, well compartmentalized, full of enthusiasm, and the staff is eager.

Regarding work, it is important for people to go to bed at night believing they were able to do something good and wake up with a passion to do more for the people around.

Closing remarks

Do what is right and try to improve the world in some small way.

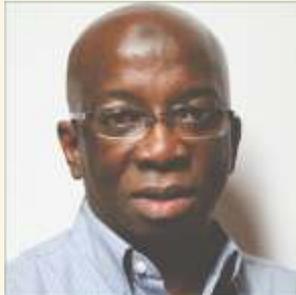


WRP-N SMT with COL Osborn (4th from left) and team members (5th and 6th)

Farewell

The Walter Reed Program-Nigeria, bade farewell to three staff members who are moving on to pursue their career goals in different organizations.

Dr. Babajide Keshinro joined the Walter Reed Program -Nigeria team in 2007 and before leaving was the Deputy Director, Research. Dr. Keshinro was instrumental in the setting-up of the Research component of the Program and was the lead for the first Ebola vaccine study – RV 429. He also supported in strengthening the Clinical aspect of the USDOD/NMOD partnership.



Dr. Kene Terfa joined the Walter Reed Program-Nigeria team in 2013. Until his departure, he was the Clinical Research Advisor who contributed immensely to the start-up/implementation of research. He led the team that successfully recruited and exceeded, the set target for the Ebola vaccine study participants. Dr. Terfa has also left an indelible mark in the Program's research and community engagement activities.



Dr. Oludare Onimode- Onimode joined the Walter Reed Program in 2012 and was the Senior Program Specialist, Monitoring and Evaluation. Dare is now the Deputy Chief of Party at Devtech Abuja, an organisation that manages SIMS for USAID.



Welcome

Dr. Abdulwasiu Bolaji Tihamiyu is the new Research Physician who assumed office in January 2017. He is an infectious disease physician and a fellow of the National Postgraduate Medical College of Nigeria. He was with the National Hospital Abuja before joining the Walter Reed Program and has also worked with the Medical Board and hospitals of Bayelsa, Kaduna and Sokoto states. Dr Tihamiyu comes with a wealth of experience in HIV disease management and will complement research activities at DODWRP-N.



Vehicle Donation

The Walter Reed Program-Nigeria has donated two Toyota landcruiser SUVs to the African Center of Excellence for Genomics of Infectious Disease (ACEGID) in support of health scientific research collaborations. ACEGID is a partner with the Joint West Africa Research Group (JWARG) project in Nigeria.

Mr. Iguosadolo Nosamiefan, who received the vehicles on behalf of ACEGID said, “the vehicles are coming at a crucial time and will be of great benefit in carrying out their field and interstate research work”.



For more information; visit our website at www.wrp-n.org
We welcome your contributions/comments at eessien@wrp-n.org or wrpcommunication@gmail.com
Wrap-Up is a publication of the Communications Unit, Walter Reed Program-Nigeria and can be downloaded at our website.
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Accurate Malaria Diagnosis - WRP-N's half-decade support to PMI activities

Malaria prevention and control remains a major U.S. foreign assistance objective with the vision of ending preventable child and maternal death and by extension, ending extreme poverty. In line with this, the President's Malaria Initiative (PMI) was launched in 2005 with a goal to reduce malaria-related mortality by fifty percent across fifteen high-burden countries in sub-Saharan Africa through a rapid scale-up of four proven and highly effective malaria prevention and treatment measures. These measures include: insecticide treated nets (ITNs); indoor residual spraying (IRS); accurate diagnosis and prompt treatment with artemisinin-based combination therapies (ACTs); and intermittent preventive treatment in pregnancy (IPTp). The PMI Malaria strategy has the ultimate goal of worldwide malaria eradication by 2040 - 2050.

Over the years, the U.S. Department of Defense Walter Reed Program-Nigeria (USDOD WRP-N) has continued to make substantial inroads in support of PMI activities. It began in 2011 with support to three states - Cross River, Zamfara, and Nasarawa. In 2012, PMI expanded to six more states, namely; Sokoto, Bauchi, Benue, Ebonyi, Oyo, and Kogi. In 2013, two more states - Akwa Ibom and Kebbi were added and recently, in 2016, after a joint stakeholder review of states, and based on the criteria of malaria disease burden and presence of other donors, Kogi state was replaced with Plateau state. Currently, USDOD WRP-N provides support in diagnosis and quality assurance to 11 PMI supported-states in Nigeria.

From 2012 to 2016,

the USDOD/NMOD Program has trained 301 laboratory scientists in malaria microscopy diagnostics. By 2018, it is projected that a population of 56.3 million in eleven states will receive PMI support.

WRP-N's Support

USDOD WRP-N has supported PMI's efforts in Nigeria by strengthening and expanding capacity in malaria diagnosis through trainings in malaria microscopy, malaria Rapid Diagnosis Testing (mRDT), quality assurance and laboratory supervision and strengthening. In addition, it has provided technical support to the National Malaria Elimination Program (NMEP). Some of WRP-N's achievements, in collaboration with NMEP from 2012 to 2016, include:

- Expanding the number of laboratory staff trained in malaria diagnosis by microscopy and/or malaria Rapid Diagnostic Tests (mRDTs). This approach is carried out through Training of Trainers (TOTs) in 11 PMI supported states (Ebonyi, Oyo, Benue, Kogi, Cross River, Akwa-Ibom, Nasarawa, Kebbi, Zamfara, Bauchi and Sokoto).
- Collaborating with AMREF Health Africa Kenya to train malaria

microscopists as certified WHO Level-1 (Expert level) and Level-2 competent slide readers. Some certified experts have been incorporated into the national trainers' team.

- Providing support to State Malaria Elimination Program and facilities on the development of 20 facility specific Standard Operating Procedures (SOPs) for malaria microscopy and mRDT by 111 laboratories in 9 out of 11 PMI supported states (Ebonyi, Oyo, Benue, Kogi, Cross River, Akwa-Ibom, Nasarawa, Kebbi, and Zamfara).

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By Treasure Okoye,
Esther Essien



Standard Operating Procedure (SOP) development at Ibadan, a PMI supported-state

Nigeria Study Identifies Potential Cohorts for HIV Vaccine Development

A recently published study conducted by researchers from the U.S. Military HIV Research Program (MHRP) found that high HIV-1 prevalence in two communities in Nigeria, along with a reported high-level of willingness to participate in future HIV intervention studies, indicate favorable epidemiological and logistic conditions for cohort development for HIV vaccine studies in the region.

Development of a globally effective HIV vaccine will need to encompass Nigeria, which, with an estimated 3.2 million people living with HIV, carries the second highest burden of HIV/AIDS in the world. The MHRP study, published online earlier this month in PLOS One, was conducted from 2009–2012 at four market sites and two highway settlement sites in Nigeria to identify and characterize populations at high risk for HIV, engage support of local stakeholders and assess the level of interest in future vaccine studies.

Dr. Ogonnaya Njoku of the Walter Reed Program-Nigeria, led the Nigerian team in recruitment, collection of specimens and the collection of demographic HIV risk data. Blood samples were tested on-site by HIV rapid diagnostic tests, followed by confirmatory testing and subtype evaluation at MHRP.

Of 3,229 study participants, 326 were HIV infected, with an HIV prevalence of 15.4%-23.9% at highway settlements and 3.1%-9.1% at market sites. Analysis

found that age, gender, marital status, level of education and sex under substance influence are significant risk factors for HIV in these populations.

Females between 18–30 years were more than three times more

With more than 50% of participant indicating uncertainty about how long they would be staying at their current location, the mobility of populations will need to be considered when planning clinical

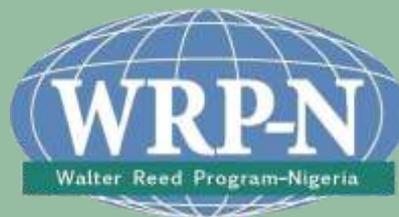


likely to be HIV infected than males. Volunteers with only primary school education had a significantly higher HIV risk compared to those who completed secondary school or higher. A high percentage of HIV infected (96.0%) and HIV non-infected (95.7%) volunteers expressed willingness to participate in future studies involving regular blood draws.

“Educating and winning the trust of the local community leadership ensured high level of participation in this study and willingness to participate in future studies,” said Dr. Mark Manak, Chief Scientist in MHRP’s Department of Laboratory Diagnostics and Monitoring, and co-author of the paper, “Conducting successful population based research studies in Nigeria will require a high level of advocacy, community engagement and co-operation among all stakeholders”.

trials as transient populations impact retention and success of studies requiring long term commitments from participants.

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HJFMRI



JWARG

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Walter Reed Program-Nigeria - an affiliate of Walter Reed Army Institute of Research U.S.A., works in partnership with the Nigeria 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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