

THE INSIGHT

NEWSLETTER

Addressing real world issues affecting human conditions

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From the Desk of the Country Director

Dear Colleagues and Friends,

I would like to seize this opportunity to wish you all a Happy New Year 2022! With each new year comes the opportunity to reset, refresh and regroup for better outcomes.

Considering the experiences of the last two years, the words of Socrates come to mind, *"The secret of change is to focus your energy not on fighting the old, but on building the new"*. We have had to adapt to uncommon times, embrace lessons learned from the COVID-19 pandemic and assume a 'new normal' in which the use of face masks, social distancing, revised travel requirements, and driving uptake of COVID-19 vaccines have become the norm. Socrates' philosophy remains apt in framing plans for the current year.

As we seek to improve the human condition, safeguard communities against health-related threats, and promote health equity, UMB is committed to re-examining our business models and strategies to deliver cutting-edge solutions to achieve sustainable impact in the community. We remain dedicated to strengthening our relationships internally and externally with stakeholders, partners, and the Government of Nigeria for better collaboration. I implore us all to re-commit to putting those we serve at the center of our efforts as we build on the gains achieved in the development sector thus far.

This edition of **Insight** highlights UMB's contributions towards achieving HIV epidemic control in Nigeria and our surveillance activities to support the national public health response for disease management. In line with the reasoning of Socrates, these activities provide valuable information for tracking how well our health programs achieve what they have set out to accomplish this year and beyond.

I trust 2022 is filled with fruitful partnerships, successful endeavors, and remarkable accomplishments for us all.

Sylvia Adebajo

Sylvia Adebajo, MD, PHD
Country Director, UMB-Nigeria

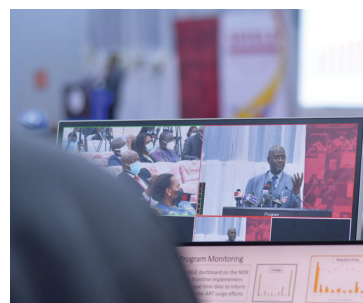
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Driving Monitoring, Evaluation and Surveillance for Decision Making

Dr. Ibrahim Ahmed El-Imam heads the Epidemiology, Surveillance and Evaluation department here at UMB Nigeria. His department essentially provides intelligence behind our work as they make sense of all the data we work with, creating evidence for critical planning and decision making to support the programs we manage.

Insight had the opportunity to draw on his wealth of experience and expertise in positioning data as a key component for addressing public health concerns as part of our support to the Government of Nigeria.

Insight: Many times, we refer to your team as the monitoring and evaluation department but apparently there is more to it. Please take a moment to introduce your department:

Epidemiology, Surveillance and Evaluation is one of the technical departments at UMB. The department, which supports public health programs being implemented at UMB, consists of 3 units – the epidemiology unit which pulls focuses on data analysis and statistical inferences as they develop protocols and apply epidemiological principles and inferences; the surveillance unit which implements public health surveillance programs and is comprised of other sub-units namely HIV surveillance and the Global Health surveillance teams; and one of the core units is the Monitoring and Evaluation unit, uses data monitoring processes to monitor program implementation, assess performance and review recorded data towards improving data quality even while program implementation is being conducted. This data is then used for decision-making at various levels by program funders, implementers and government personnel.

This, in essence, comprises the department with an overall goal to support public health programs to make informed decisions about public health issues.

Insight: What are some key projects/activities that have been effectively implemented by the department and how impactful have they been in disease monitoring, evaluation and surveillance in Nigeria?

As earlier enumerated, several sub-units on our team handle the breadth of activities involved. The surveillance unit has worked with Government of Nigeria (GON), Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID) and Department of Defense (DOD) to implement 3 major projects in recent years – the NAIS project, SHIELD project, and the COVID-19 sero survey.

The NAIS project has served as the bedrock for other HIV projects in Nigeria by providing data for project implementation. Some offshoots of the



NAIS project are the HIV case-based, recency and mortality surveillance projects through the SHIELD project funded by CDC which I will elaborate on later.

COVID-19 surveillance and the Acute Febrile Illness (AFI) project which monitors febrile illness related to yellow fever, Lassa fever, cholera, meningitis and other epidemic-prone public health diseases. Data collected is reported to NCDC to ensure that prevention, detection and response activities are launched wherever an outbreak is recorded.

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The COVID-19 sero-survey was recently conducted in states to evaluate the incidence of COVID-19 antibodies in Nigeria.

-Dr. El-Imam

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UMB actively responded to the COVID-19 pandemic. A call center was also set up at the UMB Nigeria office where more than 70 personnel were trained to respond to calls from the Nigerian public during the first wave of the pandemic. In addition, the COVID-19 sero-survey was recently conducted in five states, Enugu, Federal Capital Territory, Gombe, Kano and Nasarawa states, to evaluate the prevalence of COVID-19 antibodies among Nigerians. UMB is currently working with National Agency for Food and Drug Administration and Control (NAFDAC) to offer cohort event monitoring (CEM), a follow-up activity to monitor the incidence of adverse events due to the COVID-19 vaccine in persons who have been vaccinated.

These projects have been impactful in disease monitoring and surveillance in Nigeria.

Insight: Surveillance is a very important aspect of the public health response. In view of the current epidemics and pandemics we are faced with, what has UMB done in this area and how has it contributed to strengthening the disease response mechanism?

UMB has strengthened the disease response mechanism through various surveillance support activities. Let's look at it from three main surveillance arms.

Case-based surveillance (CBS) is one of the WHO-recommended strategy for countries like Nigeria that have made progress towards the achievement of epidemic control, as demonstrated by the findings of the NAIS survey. CBS provides the basis for understanding the burden of the disease and guides public health action at the federal, state and local levels. Our department has supported the CBS project in Nigeria

Our monitoring and evaluation and epidemiology teams have also supported GON in creating and monitoring HIV data in-country by working with all partners implementing HIV programs across all donors, whether supported by the CDC, USAID or DOD. This program data has been collated into a single source, the national data repository (NDR) which offers data warehousing for program monitoring and improvement. A lot of technical support was invested into the NDR to help monitor program growth using de-identified patient-level data. The NDR's impact is evident as the total number of documented patients on ART in Nigeria has almost doubled in the last two years.

UMB has also supported Nigeria Center for Disease Control and Prevention (NCDC) in implementing the Strengthening Epidemic Response System (SERS) project and currently, as a sub-recipient to IHVN for the SECURE Nigeria project. UMB is involved in the implementation of the Adverse Events Following Immunization project for

Driving Monitoring, Evaluation and Surveillance for Decision Making

-Dr. El-Imam



from inception by developing the protocol for CBS activities in collaboration with GON, CDC and other funders. Along with other implementing partners such as IHVN, APIN, CCFN and CIHP, and with technical support from CDC, CBS has been rolled out in 19 states across Nigeria to collect longitudinal patient data, monitor key indicators in HIV disease progression, track clinical outcomes and monitor quality of care.

The recency surveillance activities help characterize recent infections in Nigeria, identify the persons newly-infected and create prevention programs in locations and subpopulations where these recent infections are occurring. Recency surveillance was also implemented in 19 CDC-supported states, DOD-supported facilities and select USAID-supported states.

Last is mortality surveillance, which examines the causes of death among PLHIV; it also examines where these deaths are most prevalent to help determine where preventive programs should be implemented.

All three surveillance projects support GON in monitoring the HIV epidemic in-country by taking a look at new infections, reviewing causes of death in PLHIV towards ensuring that the total number of new infections is lower than the number of recorded deaths among persons living with HIV. This three-pronged approach is instrumental in achieving the UNAIDS 95-95-95 goals in Nigeria. We are currently the closest we have ever been to epidemic control. Data reporting and dynamic analytic dashboards from these activities has been incorporated into the NDR to provide necessary information for active monitoring and response.

Beyond the HIV epidemic, UMB has supported NCDC on the Global Health Security Agenda by creating a platform for data management that generates information on disease outbreaks. Response teams across the country have been trained to use this platform for data reporting thus providing NCDC with almost real-time access to information to detect outbreaks early and to communicate quickly with the public for effective disease response.

Insight: Can you highlight some innovative concepts introduced by UMB to impact the operation of surveillance systems in Nigeria?

For improved surveillance activities, UMB has introduced several applications to promote timely response to public health concerns. One creation is the mobile SERS (mSERS) application which provides support to NCDC for aggregate disease reporting from facilities and communities. Prior to this application, reporting was manual and resulted in delayed communication at the central level. The mSERS app enables NCDC to receive weekly reports thereby activating a faster response mechanism.

Another application UMB introduced is Tatafa, a unique internet-based application which picks on rumour signals of disease outbreak from discussions on social media platforms, bringing them to the attention of NCDC for investigation and action as needed.

UMB also enhanced the NDR to support the surveillance

programs. For instance, with recency surveillance, geo-mapping capabilities were incorporated to identify specific sub-populations where a high rate of recent infections are detected. The GON has since created rapid response teams to respond to such reports of recent infections in particular locations for further intervention.

Insight: How has the journey been so far in terms of progress, challenges, impact related to establishing process for improved public health surveillance?

It has been quite a demanding but rewarding experience. There were challenges around acceptability and validity of the NDR but over time, UMB has proven the efficacy and efficiency of these resources. UMB has supported partners in using data generated from the NDR to improve program performance and treatment outcomes for patients the impact of these tools has been evident thus far.

The retention of patients on HIV treatment has significantly improved due to targeted interventions by partners which has been made possible through improved data monitoring. As a result of our interventions, staff at the Federal Ministry of Health can follow patient-level information being recorded at state, local government and facility levels.

We faced challenges around the integration of data coming from NDR with other platforms. This led to the interoperability layer being introduced to enable data exchanges between the NDR and several other information management systems including Laboratory Information Management System (LIMS), National Health Management Information System (NHMIS) and National OVC Management Information System (NOMIS). Issues with concurrence of data between the NDR and facility-based electronic medical records (EMRs) are now minimal making it more acceptable to partners to upload their data onto the NDR and carry out donor reporting from the NDR.

In the area of global health security, UMB has worked with other partners like IHVN and the surveillance outbreak response team to develop a unified platform for diseases of public health importance such as the HIV reporting platform. Conversations are in progress to create a similar platform for integrated disease surveillance at NCDC.

Insight: What are the plans for the future in this area?

Drawing on UMB's strength in data management and informatics, we hope to continue to support the GON in working towards a unified health management platform with enhanced data quality management tools through which various disease programs not limited to HIV, tuberculosis and global health diseases can be monitored and supported on a unified platform. It is our hope also that the NDR will incorporate or inter-operate with other existing platforms for a more holistic approach to health data management.



Monitoring COVID-19 Vaccine Safety One Person At A Time

UMB, in collaboration with the National Agency for Food and Drug Administration and Control (NAFDAC) and funded by US-CDC, is conducting a Cohort Event Monitoring (CEM) to capture adverse events experienced in a cohort of adults aged 18 years and above who have received the COVID-19 vaccination in Nigeria. Cohort event monitoring is a standard public health practice which provides valuable insights and understanding of vaccinees' responses for the introduction of a new drug or clinical practice, in this case the COVID-19 vaccines.

The first phase of the CEM study commenced in September 2021 when only two vaccine options were available in Nigeria – the Moderna vaccine and the Covishield vaccine by AstraZeneca. About a total of 12,300 participants from six states across the six geo-political zones of the country – Bauchi, Edo,

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A total of 12,300 participants were enrolled to receive intense follow-up for a period of three months following the first and second doses of the COVID-19 vaccination.

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Enugu, Federal Capital Territory, Kano and Lagos states, were enrolled to receive intense follow-up for three months following the first and second doses of the two COVID-19 vaccines.

The findings of the CEM study will not only document the incidence of adverse events associated with the COVID-19 vaccines but also help address some safety concerns and controversial speculations which have been raised in relation to the COVID-19 vaccines. At a time when GON is amplifying efforts to increase the COVID-19 vaccination rate in the country, the results of the CEM will go a long way to support vaccination initiatives and campaigns as well as gain public trust.

The first phase of the study, expected to be concluded by March 2022, has been successful with about 10% loss to follow-up thus far and limited encounters such as from network challenges in some areas which interfered with follow-up phone calls to participants and delayed enrollment in the south-east where weekly sit-at-home orders affected movement. The second phase of the study with a new cohort is scheduled to commence in April 2022.



Building Strong Partnerships

UMB prioritizes its relationships with partners as an invaluable component to achieve health system strengthening.

In a recent conversation with Yashe Usman, Head of Data Management at NCDC, he said, "UMB has played a strong role in our supporting surveillance activities here at NCDC and promoting capacity building of staff while at it".

Years ago, we at NCDC were dealing with challenges synchronizing reporting at the sub-national level. UMB intervened by developing and piloting a mobile application for Strengthening Epidemic Response (mSERS). mSERS is an electronic application that facilitates remote data collection from the field to be sent via text format through mobile phones.

Using this application, our focal surveillance personnel at the health facilities and primary healthcare centers are able to enter data at the point of collection which gets summarized into a weekly epidemiology report and uploaded to the state at the local government and national levels. This data forms the basis for data feeds into a dashboard which is monitored regularly by trained personnel. The application has been integrated into SORMAS using the same platform and is currently in use across all 36 states in Nigeria.

He summarized by saying, "The UMB team is very innovative and engages readily with partners to provide sustainable solutions adapted for the Nigerian health care environment".



Yashe R. Usman,
Head of Data Management, NCDC

Highlight of SHIELD Closeout Ceremony

After five years of successful implementation of the Strengthening HIV Field Epidemiology, Infectious Disease Surveillance and Laboratory Diagnostics (SHIELD) project, UMB hosted stakeholders to an official closeout ceremony.

Held on the 15th of December, 2021 at the Nigerian Air Force (NAF) Conference Center, Abuja, the event was well-attended by notable guests including Her Excellency, US Ambassador to Nigeria, Ambassador Mary Beth Leonard; US Mission Director represented by Mr. Ezekiel James; Country Director, CDC Nigeria, Dr. Mary Boyd; the Honourable Minister of Health represented by Dr. Akudo Ikpeazu, National Coordinator, NASCP; Director

General, NACA, Dr. Gambo Aliyu; Director General, NCDC, Dr. Ifedayo Adetifa; Country Representative for UNAIDS represented by Ms. Erva-Jean Stevens; Country Directors for various PEPFAR IPs and their team members, amongst others. In virtual attendance, via Zoom, were Dr. Manhattan Charurat, Global Director of Ciheb, Dr. Kristen Stafford, Principal Investigator of SHIELD, other members of the UMB team based out of the headquarters in Baltimore and about 200 other virtual guests.

Speaking at the event, some key stakeholders commented on the significant achievements of SHIELD over the years saying:

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“SHIELD achieved several things which many in the community thought were not possible 5 years ago. Among them, the first in Nigeria to use multi-source capture and re-capture to rigorously obtain key population and size estimation; and the first PEPFAR/CDC country program to use client-level data in the national data repository”.

- Dr. Man Charurat,
Global Director, CIHEB

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“SHIELD has helped strengthen health systems in Nigeria by providing data for monitoring and evaluation as part of the national HIV response”

- Dr. Gambo Aliyu, DG NACA

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“With over 90% of the estimated 1.8 million adults infected with HIV in Nigeria currently receiving treatment, Nigeria is now at a point where HIV epidemic control is within our reach and this is largely as a result of the collective contributions of implementing partners like SHIELD”

- Amb. Mary Beth Leonard, US Ambassador to Nigeria

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“The NDR has provided accurate, up-to-date and complete information on patient care, enabling quick and ready access to data for a more coordinated and efficient approach to overall management of HIV data”.

- Dr. Akudo Ikpeazu,
representing the Hon. Minister
of Health

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A major highlight at the event was the launch of national reference documents which were developed from collaboration between GON, UMB Nigeria and other stakeholders as part of SHIELD. These documents were officially launched by Dr. Akudo Ikpeazu, the National Coordinator for NASCP, on behalf of the Honourable Minister of Health, Dr. Osagie Ehanire.

In her vote of thanks to attendees, Dr. Sylvia Adebajo, Country Director, UMB Nigeria recognized the efforts of the UMB team, with the support and encouragement of the Government of Nigeria, CDC, PEPFAR and all implementing partners which enabled SHIELD to achieve its goals.



Successful Handover Of The Lagos State NAIS Technical Report

The Nigeria HIV/AIDS Indicator and Impact Survey (NAIS), a Population-based HIV Impact Assessment (PHIA), implemented by the NAIS Consortium and led by UMB Nigeria with funding from PEPFAR and The Global provided pivotal information on the progress towards the achievement of the UNAIDS 90-90-90 targets and has since been applied in policy making and strategic HIV program planning.

A comprehensive National Technical Report on NAIS was presented to GON in September 2020 and more recently in January 2022, the Lagos State NAIS Technical Report was handed over by the Country Director of UMB Nigeria, Dr. Sylvia Adebajo, to the Lagos State government. UMB Nigeria proudly celebrates this significant achievement.



SAVE THE DATE: March 22 - 24, 2022

UPCOMING ACTIVITIES

In partnership with Ciheb Nigeria, the Government of Nigeria through the Federal Ministry of Health, will conduct a training workshop to build the capacity of GON staff and stakeholders in the area of data analysis.

The training exercise, scheduled to hold from March 22 - 24, 2022, will encourage the use and application of NAIS data for analysis, reporting and research to impact decision-making for effective program planning in the journey towards epidemic control in Nigeria.

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