



IHVN NEWS

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Private Sector Identifies 39,000 persons with Tuberculosis (TB)

By Blessing Ukpabi and Luret Dakum



Innovative community sputum testing for tuberculosis by a private sector health provider in progress in Sokoto State, Nigeria (courtesy TLMN)

In Nigeria, private healthcare providers account for more than 60% of service delivery, yet efforts at engaging the private sector have been minimal. However, in 2019, the tide started turning when Institute of Human Virology Nigeria (IHVN) began implementing the Global Fund Public Private Mix (GF PPM) project.

The project is aimed at rapidly increasing tuberculosis (TB) prevention, diagnostic and treatment services by working with patent medicine vendors, community pharmacists, traditional birth attendants and stand-alone laboratories to screen for tuberculosis.

Between 2019 and 2020, over 39,000 individuals with tuberculosis were identified across 21 states by private sector providers. One of such clients, is Bitrus Baba, who resides in Gauta in Nasarawa State.

When Bitrus started coughing in June 2020, he took some herbs and followed family advice to avoid taking locally brewed alcohol, "Burukutu."

However, things got worse. "I was too weak. I could barely stand from the bed. I was looking like a skeleton. People stayed away from me because they said that I have HIV. When I eat, they do not even want to touch the plates or spoons I use."

Bitrus' ill health also affected his business as a mechanic. "I have apprentices who work in my shop but they stopped going to work because they thought that I have HIV. It was hard to get money because I was not working. I could spend two weeks without seeing N100. My wife got rice, yams and corn from our farm. That is how we were able to eat," Bitrus narrated.

As the cough persisted and health condition deteriorated, Bitrus' brother decided to take him to a nearby hospital, ERCC Alushi, for checks. The Faith-Based Hospital is one of the

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From the Chief Executive Officer

Worldwide, tuberculosis is a leading cause of deaths.

With Nigeria ranking as 6th among the 30 high burden tuberculosis countries globally and the first in Africa, all hands need to be on deck to find and treat tuberculosis.

The Institute of Human Virology Nigeria (IHVN) has driven efforts to provide tuberculosis services with funding support from the US President's Emergency Plan for AIDS Relief (PEPFAR) through Centers for Disease Control and Prevention (CDC), Global Fund (GF) and United States Agency for International Development (USAID).

We have enhanced the quality of diagnosis



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Private Sector Identifies 39,000 persons with Tuberculosis (TB)

461 health facilities engaged under the PPM project to screen for tuberculosis.”

The tests conducted at the hospital revealed that Bitrus had tuberculosis and he was immediately placed on treatment at the facility. Both diagnosis and treatment were free.

“I take the drugs every day after eating. Overtime as I consistently took the drugs, I started feeling better and people started saying that I looked better too,” he said.

Bitrus has been on treatment for five months, and goes to the hospital for appointments. He is happy about the follow up calls from the hospital staff, the state TB program staff and staff of sub-recipients of the project in Nasarawa State, The Leprosy Mission of Nigeria (TLMN).

Bitrus is also excited that distance and money is not a challenge in accessing tuberculosis treatment and care. “I advise anyone coughing to go to the hospital,” he stated.

IHVN Program Manager, Dr. Taofeekat Ali, explained that access to tuberculosis screening is improving with the involvement of more stakeholders in the private sector.

“We have doubled the proportion of private facilities reporting TB cases in Nigeria in the last two years. We have also increased awareness and brought a lot more of them on board on the TB campaign. They have been trained. They have heard messages and have tools to be able



IHVN Senior Programme Officer, Dr Temitope Adetiba addressing Patent Medicine Vendors at the National Association of Patent and Proprietary Medicines (NAPPMED) Conference in Abuja

to provide TB services.

Currently, more than 1,700 faith-based facilities, private laboratories, community pharmacists and patent medicine vendors, offer tuberculosis services.

This is a huge milestone and we are working with the national program and all stakeholders to move this forward. We are campaigning towards ending TB in Nigeria through the private sector,” she stated.

One of the steps being taken by the Institute is to sensitize groups of professionals in the private sector about their role in finding and treating more people with tuberculosis in the community. In a summit of the National Association of Patent and Proprietary Medicine (NAPPMED) held in Abuja, IHVN Senior Program Officer, Dr. Temitope Adetiba stressed that tuberculosis cases are missed when healthcare

providers do not suspect or diagnose the disease.

He also reiterated the need for the private sector to record and report identified cases of tuberculosis. A patent medicine vendor from Anambra state, who was in the summit, Mr. Patrick Okonkwo, stated that the sensitization has provided guidance to take necessary steps when they encounter a patient who is coughing.

“In the past when a patient comes coughing, we do not think that it can be tuberculosis. We

just assume it is ordinary cough and place that patient on medication but now with this presentation received, I know that when a patient is coughing, there



Bitrus Baba, a survivor of tuberculosis

are follow up questions I need to ask and when that person is suspected to have tuberculosis, I must refer him to the hospital for free TB Treatment.”

As Principal Recipient of the GF PPM grant, IHVN is working with sub-recipients and stakeholders in Edo, Delta, Cross River, Akwalbom, Oyo, Ondo, Osun, Ogun, Kogi, Niger, Sokoto, Plateau, Nasarawa, Kaduna, Anambra, Enugu, Rivers, Imo, Abia and Ebonyi states to implement the project.

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From the Chief Executive Officer

of tuberculosis by setting up and maintaining laboratories such as the Biosafety Level 3 Laboratory in Zaria. We have also deployed Gene Expert machines across the country for TB diagnosis as well as supported validation of test kits, training of health care workers, community sensitization activities amongst others. It has been a pleasure to spearhead the Global

Fund Public Private Mix project to drive private sector contribution towards finding and treating tuberculosis. We also began implementation of the USAID Tuberculosis Local Organizations Network (LON) 3 project in 2020 to rapidly scale up access to tuberculosis services in four states. This edition shares progress made in these projects and our activities to address infectious

and non-infectious diseases in the country. Thank you.

Yours truly,

Dr. Patrick Dakum

Chief Executive Officer,
Institute of Human Virology, Nigeria



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Study Uses Technology to Improve Early Breast Cancer Detection

By Luret Dakum

The Feasibility and Acceptability of an M-Health Intervention to Improve Breast Cancer (BRIDGE) is a research study being carried out by the International Research Center of Excellence (IRCE) at IHVN. The study seeks to utilize simple technological support to deal with delays to diagnosis in breast cancer. The Principal Investigator of the study, Dr Elima Jedy Agba speaks to IHVNNews about the study's progress.

Breast cancer is one of the major cancers affecting women apart from cervical and ovarian cancer, so I found this really interesting and we really like you to tell us about this study in question that you are doing around breast cancer.

As you have rightly said, breast cancer is the most common cancer affecting Nigerian women and it is also the most common cancer globally. The 2020 GLOBACAN which gives global cancer statistics said that there are over 100,000 cases in Sub Saharan Africa. "Breast cancer was the most common cause of cancer while cervical cancer was the most common cause of cancer deaths. However, recently, we are finding that breast cancer has over taken cervical cancer as the most common cause of cancer deaths which was not case two years ago.

Also, International Agency for Research on Cancer (IARC) has also reported that one in four cancers globally are breast cancer. So that is to show how common breast cancer has become. In addition to that, we have many women presenting at very late stages. There are four stages of breast cancer, stage one to four and the survival for breast cancer really depends on the stage at which the women present at a health facility. So if you present in stage one and two, there is more than a 90% chance of survival, but if you present in stage three and four that decreases by almost half.

In the western world we are seeing that a lot of their cases present in stages one and two and that is why their mortality is very low and a lot of them go on to survive. But we find here in a recent study which we did, that over 70% of women in Sub Saharan Africa, present in stages three and four.

From a time a woman discovers a breast cancer symptom to when she makes that conscious decision to seek care for that cancer is a very long period of time. Looking at different studies that have been done, in Sub Saharan Africa including Nigeria, it shows that one delay takes about three months to even 16 months, which is over a year. Comparing this to the

western world where under three months, once a woman notices a symptom, she seeks care and get the help she needs, it takes a really long time.

What is the BRIDGE study doing about this?

The BRIDGE study is trying to intervene to see if we can develop an intervention to shorten that delay period and essentially, we hope that if that period of delay is shortened, the women will present at an earlier stage where they are more likely to survive from breast cancer. This study is funded by a grant from the CONQUER Cancer Foundation from the American Society of Biblical Oncology (ASCO). It is an international innovation grant where they fund research in low and middle income countries - not just Sub Saharan Africa but other low and middle income countries like Mexico and some other countries in South America.

Essentially, the study has three primary objectives. And the objectives are to develop a no-cost mobile help application for education on breast cancer, build local capacity by training community health care workers, use a BRIDGE application to shorten the diagnostic period and also assess how feasible and accessible this BRIDGE application is in Nigeria.

It is a one year study. We developed the BRIDGE application collaborating with the Seam Health group here in Nigeria and the Department of Global Health Informatics at the Mount Sinai Hospital in New York in USA. We are currently piloting the app at six primary health care centers in the FCT, in Gwagwalada Area Council.

Where is the study being carried out?

We selected these primary health care centers, three of them are the intervention arm where we are using the application to see if it will help in shortening the delay period. Then the other three centers are the control arm of the study where we are not using the BRIDGE application. We are just allowing them do their regular referral and then we are trying to see if there is a difference.

While in one arm, health care workers are using the BRIDGE app, in the other arm of study, nothing is being used and we are to see if the women that present at these two centers are able to seek care at the referral center.

How does this app work for someone who has come down with breast cancer?

This app really is for use by the community health care workers at these intervention sites. Remember that we have the patient delay and the health system delay. So the patient delay is from when a woman first recognizes the



symptoms to when she makes that first contact with the health care system. Then the provider delay or health care system delay is from when she makes that first contact with the health system till when she gets that first diagnosis of breast cancer.

What this app is really targeting is that provider delay, from when she makes that first contact with the health care system.

For example, if the woman comes with a breast lump or nipple discharge, they know that the woman needs to be seen at the referral hospital within a month. At the centers, where they are not using the app, they may just send the women away without follow up as to whether they go to the teaching hospital or not. But with the app, once they register that woman, automatically, the nurse at the teaching hospital receives an alert to say that this woman is supposed to be coming so an appointment is immediately scheduled for her with the surgeon at UATH.

It helps to shorten that period. As soon as the patient is registered, an appointment is made for her at the teaching hospital to see the surgeon there. Then the community health workers ensures that she gets to that appointment. Sometimes, you have to follow up with the women. The community health workers go to their homes. We have had a case where they had to go plead with a woman's mother-in-law to ensure that she gets care. There is also video in the app that shows the community health worker how to conduct a clinical breast exam.

Photo Gallery



National Tuberculosis & Leprosy Control Programme (NTBLCP) National Coordinator, Dr. Chukwuma Anyaike (5th left) and Institute of Human Virology Nigeria (IHVN) Chief Executive Officer, Dr. Patrick Dakum (7th left), flanked by staff of both organizations during a courtesy visit by IHVN to the NTBLCP National Coordinator.



A teenager, Favour Monday, participating in a skills acquisition program by IHVN aimed at empowering teenagers to be healthy, stable and attain their full potential.



IHVN Chief Operating Officer and Managing Director, Dr. Charles Olalekan Mensah, addressing staff during the launch of a Digital Learning Platform – a collaborative project for capacity building with Phillips Consulting Limited.



IHVN Senior Technical Advisor, Dr. Saswatta Dutt; Communications Manager, Ms Uzoma Nwofor; Prevention Care and Treatment (PCT) Program Officer, Ms Kelechi Nzeadibe; Program Manager TB, Dr. Taofeekat Ali; Program Support Officer, Mrs Sendi Akale and PCT Program Officer, Dr. Adeyemo Oluwaseun at a ministerial press briefing and launch of a unified branded tuberculosis campaign



(L-R) IHVN staff, Dr Adekola Adekunle, with a representative from the National Tuberculosis and Leprosy Control Programme (NTBLCP) creating awareness about tuberculosis via radio.



IHVN joins stakeholders to participate in a motorized sensitization campaign in Ibadan, Nigeria.

IHVN USAID TB LON 3 Project Identifies 11,000 Tuberculosis Patients in One Year - Aderonke Agbaje

By Luret Dakum

Interview with Chief of Party, USAID TB LON 3 Project, Dr. Aderonke Agbaje, on program's progress.

What is the aim of the USAID TB LON 3 project?

Nigeria has the highest TB prevalence in Africa, 6th in the world. TB is the number one infectious disease killer worldwide, higher than HIV, higher than malaria. Considering the population of Nigeria, it is of utmost importance that we eliminate TB in Nigeria and across the world.

The USAID TB LON project is a five-year project spanning from 2020 to 2025. It is designed to complement and accelerate the ongoing activities, being implemented by the Government and all the various partners that are already implementing in the field of tuberculosis across the country.

As it is rightly projected that we are operating in the South West and that is why we are Region 3 of the project intervention in Osun, Ogun, Oyo and Lagos states. So the overall aim is just to find the missing TB cases. Annually, Nigeria is expected to identify over 400,000 new TB cases, precisely about 432,000. However, in the last 5 – 6 years we have been hovering around 100,000. Our highest achievement was in the year 2020 where we were able to identify 132,000 TB cases which is a 17% increase over what was actually achieved in 2019.

In specific terms, what the TB LON is looking at is to improve access to high quality, patient centered TB services.

What activities has the project been engaged in?

We focus on the high burden Local Government Areas (LGAs) as well as the high burden facilities across the four supported states. In doing this primarily, we are saturating the high burden facilities, ensuring 100% TB screening for all the Out-Patient Department attendees. They are all screened clinically by asking questions to eliminate any symptoms suggestive of TB. We have actually had a huge success. Like I said, it contributed to what Nigeria achieved last year, an increase in case finding by 17%.

Not only that, aside the public health facilities, we also engage in the private health facilities. This consists faith-based organization and private-for-profit and the informal sectors, the traditional birth attendant, traditional medicine healers, community pharmacies and even stand-alone laboratories have all been engaged to have patients that receive routine clinic services to get screened for TB.

In simple terms, the basic questions asked are any fever, weight-loss, night sweat or cough. Once the patients answer yes to any of these questions, they are presumed to have TB. This



IHVN Chief of Party USAID TB LON 3 Project, Dr. Aderonke Agbaje.

has strengthened the facility in presumptive TB identification.

We were able to strengthen a number of laboratories, build their capacity, provide infrastructure and strengthen the linkages between the facilities where patients are screened and then referred for investigations.

There are still about 300,000 cases that are right there in the community spreading the bacilli. To curb that, we do house to house search, we do contact investigation, every identified TB case has close contact, those relatives that reside in the same abode, these are people that overtime would be infected and will develop the disease subsequently.

It is stated that a single TB patient eventually infects about 15 people annually and if we do the geometric progression of that, based on the number of patients that we are missing in country that is really a huge source of concern.

How did the COVID pandemic affect the project in its goal to reach out to these people in the community?

Incidentally, the project started April 1st last year, if you can recollect clearly, that also happened to be the period when the lockdown, started in this country. Lagos State happened to be the epicenter of the pandemic was largely hit and majorly affected by the pandemic.

Generally, the impact of COVID is both positive and negative, and I will say this because

a lot of awareness was created during the period of the pandemic and a lot of funding was voted for awareness creation. That helped in alerting the general population for general symptoms of cough, fever. Before, when you go for orientation or training and ask people of cough etiquette, they don't usually have a clue of what the appropriate cough etiquette is but with the whole awareness created, it improved that.

However, rather than for the awareness to bring people more to the facility, it scared them away and we rather had a drop in out-patient department attendance, because an average person believed that if you bring him to the facility during the pandemic, you are bringing him to be isolated and declared a COVID patient. That stigma scared people from the facility. It really had a huge impact on patients that presented at the facility. Like I mentioned, our facility intervention is screening 100% of the OPD attendees. It is 100% of those who presented themselves at the facility that ended up being screened.

For those that were not presenting, it is actually a huge challenge. We battled with that for a while, we had to restructure the way we screen and our questions had to be reformatted. We delayed asking questions related to cough until after being able to put the patient at ease. You ask a familiar question before going to cough because it just turns them off.

In addition, our community strategy was also strengthened by deploying more resources to community intervention, having more Adhoc officers working on the field and expanding the coverage of local governments. We also worked with the COVID response team by ensuring that as they are moving into the community, screening for COVID, we also have some TB program staff leverage on that particular intervention and all the identified COVID presumptives were also screened for TB. It had a huge impact as a country for the quarter. We believe we can have a better year this year since the COVID pandemic is being abated.

TB LON 3 Achievements (April 2020 to March 2021)

Number of Individuals screened for tuberculosis

2,168,356

Number of people with tuberculosis identified

11,134

IRCE Implements TICO Study

By Blessing Ukpabi

The International Research Centre of Excellence (IRCE) at the Institute of Human Virology Nigeria (IHVN) has commenced a clinical trial to evaluate the safety and efficacy of multiple drugs aimed at modifying the human immune response to SARS - COV 2 infection or limiting its progression.

According to the National Principal Investigator of the study, Dr. Nnakelu Eriobu, TICO is a follow up study on the In - Patient Treatment with Anti-Coronavirus Immunoglobulin Study (ITAC), just concluded by IRCE.

Dr. Eriobu noted that patients who experience sustained recovery after receiving the investigational drug in the



IRCE staff utilizing a newly installed Lamina Flow Cabinet for drug preparation



A cross section of staff of the International Research Center of Excellence (IRCE) participating in a virtual orientation for the TICO research study.

study will be assessed. He added that the Institute has installed a Lamina Flow Cabinet to be used for this study and other clinical trials.

“The cabinet creates a sterile environment for preparation of infusion drugs. In the past, we worked with tablets but with the new equipment, we can do more advanced studies in drug trials.”

TICO study is funded by the US National Institute of Allergy and Infectious Diseases. IRCE is collaborating with the University of Abuja Teaching Hospital Gwagwalada and the Nigerian COVID-19 Research Consortium (NCRC) to implement the study.

IHVN Participates in Launch of GRAIL III Strategy

By Lawrence Wakdet

The Institute of Human Virology Nigeria (IHVN) has participated in the launch of the Galvanizing Religious Leaders for Accelerated Identification and Linkage (GRAIL III) Strategy in Ikwurita, Rivers State.

The strategy, which was launched by Catholic Relief Services (CRS) and Justice Development and Peace Commission (JDPC), is aimed at collaborating with religious leaders to increase the utilization of HIV services by adolescents and children.

The launch featured a three-day training to build the capacity of Priests, Nuns and other religious leaders in the inclusion of messages on HIV stigma reduction and status disclosure during sermons.

In a goodwill message and media interview during the launch, IHVN Project Director, Dr.

Olayemi Olupitan, urged religious leaders to mobilize their members to go for a HIV test and utilize care and treatment services being provided in the state.

“IHVN has enrolled 133,000 new clients to receive free HIV treatment services in Rivers state and currently has 155,000 people on treatment. The combined effort of all leaders is required to ensure that adolescents and children needing HIV services are identified and provided with treatment,” she said.

Rivers State Agency for the Control of AIDS (RIVSACA), State AIDS and STIs Control Programme (SASCP), Network of People Living with HIV/AIDS in Nigeria (NEPHWAN), the FASTER Project of Catholic Relief Services (CRS) and the Ministry of Health also gave goodwill messages at the launch.



IHVN Rivers State Project Director, Dr. Olayemi Olupitan being interviewed by SilverBird TV journalists.

Pairs of Slippers Changed my Family History for Good – HES Beneficiary

By OVC Team

The silver lining in the cloud of worry and problems that Dorcas, a mother of four, had was 26 pairs of slippers. Adams Dorcas' trade in second hand clothes and slippers was bringing in little returns. Her husband, had just lost his job in September 2019 and her health was deteriorating. Though she was on HIV medications, Dorcas had no money to go to the hospital on her appointment days; had little money to feed her family of six and was not adhering to her treatment too. All these changed when she was enrolled into the Rivers State SURGE program Household Economic Strengthening (HES) program and given pairs of slippers to trade with.

Rivers State SURGE team visited her in Khana Local Government Area of Rivers State in February 2020 to assess her needs and the support she would require. Then she was trained in financial management and her business was given a boost in May 2020.



Dorcas before intervention



Dorcas after intervention

Dorcas immediately resumed trading. Within three months, she sold off the slippers. When she discovered that she would have a better turn over if she starts trading in bananas, she ventured into retailing bananas. She started smiling to the bank with more profit from quick turnover. Her family's lack of food also became history.

"The 26 pairs of slippers I received as support from SURGE project changed my family history for good, now I can go to refill my drugs on time and take my medication correctly. I am also a proud member of GREAT Village Savings and Loan Association (VSLA) Bori," Dorcas said while welcoming the RIVERS Surge Project Post HES assessment team.

It is not only Dorcas' business that is healthy, she is healthy with a suppressed viral load. Her husband is also thankful for the boost in their family income.

Contact Addresses



Head Office/FCT Office

Institute of Human Virology Nigeria
International Research Center of Excellence
(IRCE) Building Plot No 62 Cadastral Zone COO
after Baze University Off CITEC Road
P.O. Box 9396 Garki, Abuja

FCT Office

Institute of Human Virology, Nigeria (IHVN)
Millennium Builders Plaza, 251 Herbert
Macaulay Way, Central Business Area, Abuja,
FCT

Delta State

Institute of Human Virology Nigeria (IHVN)
9, Sir Austin Nwaeze Avenue, Off Isala Avenue
Off Okpanam Road, Core Area, G.R.A, Asaba
Delta State, Nigeria.

Katsina State

Institute of Human Virology Nigeria (IHVN)
Adjacent to FCMB & SURE-P Office Kano Road,
Katsina

Lagos State

Institute of Human Virology Nigeria (IHVN)
Lagos State Office 59A, Adekunle Fajuyi Road,
GRA, Ikeja Lagos, Nigeria. No 2A, Herbert
Macaulay Crescent GRA, Ikeja.

Nasarawa State

Institute of Human Virology Nigeria Office
(IHVN)/C/O Nasarawa State Ministry of Health
Head Quarters Bukkan Sidi, Jos Road, Lafia.

Rivers State

Institute of Human Virology Nigeria (IHVN)
Rivers State Project Office, C/O University of
Port Harcourt Teaching Hospital, Choba
Port Harcourt, Rivers State

Plateau State

Institute of Human Virology Nigeria (IHVN)
Plateau State Human Virology Research
Center, Plateau State Specialist Hospital
No.13 Old Bukuru Road Jos, Plateau State

Ogun State

Institute of Human Virology Nigeria, (IHVN)
Chalet 10 Olusegun Obasanjo Presidential
Library, Cultural Village, Oke-Mosan, Abeokuta.

Oyo State

26, Baale Akintayo Street Jericho, GRA
Ibadan, Oyo State

Osun State

Institute of Human Virology Nigeria
TB LON Project No 30, Raji Oke Street,
Opp. Osun State Property Development
Corporation Zonal Office, Oroki Estate
Osogbo, Osun State

