



NIGERIA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS
AMONG UNIFORMED PERSONNEL IN
SELECTED AFRICAN NATIONS AND
BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

Nigeria's estimated population is 146 million people, with an average life expectancy of 47 years. English is the official language of Nigeria, which has an estimated literacy rate of 68%, unevenly distributed between men and women. Following nearly 16 years of military rule, a new constitution was adopted in 1999, and a peaceful transition to civilian government was completed. The country is undertaking some reforms under the new administration. The Nigerian president's 7-point agenda represents a targeted approach to social variables that will improve quality of life: power and energy, food security and agriculture, wealth creation and employment, mass transportation, land reform, security, and qualitative and functional education, as well as 2 special interest issues: Niger Delta and disadvantaged groups. The GDP per capita is estimated at \$2,200.

HIV/AIDS Statistics

Recent prevalence studies have suggested the HIV-1 prevalence rate within Nigeria's general population is estimated at 3.6% (2007 *Central Dissemination Workshop* on findings of the 2007 National HIV/AIDS and Reproductive Health Survey; 4.6% ANC Sentinel Survey). The estimated 2.4 million individuals living with HIV/AIDS comes from the current prevalence rate. Identified risk factors include STIs, heterosexual contact with multiple partners and with commercial sex workers, mother-to-child transmission, and blood transfusions.

Military Statistics

The Nigerian Ministry of Defence (NMOD) has 4 components: army, navy, air force, and civilian NMOD employees. The NMOD medical facilities serve the

active duty, retired, and civilian NMOD, beneficiary dependent and non beneficiary civilians in the surrounding communities. The uniformed strength is approximately 80,000 to 90,000 active-duty members. Total catchments of patients are estimated at 1.2 million individuals (NMOD, unpublished data). HIV-1 testing is only mandatory upon application to the uniformed services, peacekeeping deployment/redeployment, and for those individuals on flight status. HIV prevalence figures or estimates for the military are not published. Nigeria allocates 1.5% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Walter Reed Army Institute of Research US Military HIV Research Program (USMHRP) maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the US Department of Defense HIV Program in Nigeria (DODHPN). The office is staffed by a uniformed physician and 2 civilian USG employees, 8 locally employed staff, and 16 contract employees. The office is divided into PEPFAR, and research sections. The office is dedicated to PEPFAR country-level management activities (partners with the CDC and the USAID). These include participation in USG technical working group activities, strategic vision development, and COP development. In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the NMOD.

In addition to implementing PEPFAR, the DODHPN also supports P6 and P8 funds research and surveillance activities. Included in these areas are HIV vaccine development; prevention, disease surveillance, and care and treatment for HIV; HIV testing quality improvement; prevalence studies; and surveillance for avian/pandemic influenza. Leveraging P6 and P8 funds with PEPFAR funds further enhances the advancements made under the Emergency Plan (EP), and will be a critical complement to future vaccine research activities. In order to execute an ethical, sustainable, and noncoercive research program in resource-limited environments, there must be a link between care and treatment and HIV vaccine research, providing powerful synergy between research and clinical

programs. DODHPN is supported by US-based USMHRP staff for technical and administrative support and oversight; DHAPP through contracting, financial, and technical collaboration from San Diego and Naples; and USMHRP overseas technical support from Kenya, Uganda, and Thailand.

The NMOD–DoD (US Department of Defense) HIV Program continued to expand prevention, care, and treatment services in military and civilian communities during its fourth year of PEPFAR implementation (2005–2008). The program’s full coordination with the NMOD has proved a strong foundation for creating and implementing activities that are improving infrastructure, increasing capacity, and ensuring the absorption of the program into the normal health care delivery system. These objectives are critical for sustainability, and a model for host-nation ownership of the program.

Prevention

During FY08, the NMOD–DoD HIV Program continued abstinence and being faithful prevention programming at 14 military sites. A highlighted achievement during the reporting period is training 600 peer educators in abstinence and “be faithful” skills and HIV/AIDS prevention. The majority of those trained include in- and out-of-school youth. Therefore, 21,150 troops, including dependents and civilian communities around the barracks were reached with abstinence and be faithful prevention messages. In a new, focused effort, training and programming promoting abstinence-only messaging and skills fostering youth empowerment and knowledge was conducted with in-school youth. Additional prevention activities that focused beyond abstinence and being faithful were held, training 265 peer educators who then reached 32,800 troops, including dependents and civilian communities around the barracks with comprehensive prevention messages. The NMOD–DoD HIV Program supports 70 targeted service condom outlets.

Several strategies were employed to reach troops with community outreach HIV/AIDS prevention programs. For example, health bazaars were held at many sites and they focused on HIV/AIDS education and awareness activities to include

prevention information and messaging on correct and consistent condom use. In collaboration with the Armed Forces Programme on AIDS Control, the DoD trained military and civilian peer educators and master trainers on HIV/AIDS prevention while ensuring that sites had no fewer than 3 different service outlets for condom distribution.



Trainings were held at military sites on both male and female condom use. Troops were trained on the correct usage of male and female condoms, and stepped down training to other military personnel. Female and male condoms were distributed at all sites. This activity was focused on reaching female troops since they are a traditionally underserved population. Female condoms were not present at sites prior to this programming.

During FY08, the NMOD–DoD HIV Program conducted injection safety and related prevention strategies at 14 military sites. This was achieved through participation and collaboration in the PEPFAR-wide project “Making Medical Injections Safer.” Collaboration with the NMOD and the National Blood Transfusion Service led to training of 50 troops from all 14 sites on blood safety, blood screening for transfusion-transmitted infections, and other related issues.

During FY08, the NMOD–DoD HIV Program expanded PMTCT activities at 14 military facilities. To strengthen the capacity of NMOD personnel to conduct PMTCT activities, 185 health care workers were trained during the reporting

period. This included training and clinical mentorship from the newly hired DoD PMTCT Officer and an on-site training specialist from USMHRP, and external training at IDI at Makerere University in Uganda. The NMOD–DoD HIV Program staff counseled and tested a total of 5,890 pregnant women. In addition, 350 of the pregnant women received a complete course of ARV prophylaxis. During the reporting period, diagnostic capacity for early infant diagnosis (EID) was strengthened. In collaboration with the Clinton Foundation, NMOD-DoD sites received EID commodities (e.g., dried blood spot kits) and training. Routine opt-out CT with same-day result was strengthened.

Care

The NMOD–DoD HIV Program increased palliative care services at 4 additional military sites during FY08. The program now supports a total of 14 military facilities that service the NMOD, their dependents, and civilians living near their facilities. During FY08, 13,649 clients were receiving care and support from the NMOD–DoD HIV Program, and 1,759 of them received treatment for TB. One hundred forty-eight (148) individuals were trained in the provision of palliative care services in FY08. There were 27,653 troops, family members, and civilians who were counseled and tested during the year. During the reporting period, 4 new sites were added, for a total of 14 sites. Forty (40) Nigerian military personnel were trained in CT, using the newly approved national testing algorithm. Training will be expanded in the future on the new testing guidelines. Outreach for CT was conducted at a series of health bazaars to increase CT uptake by individuals who may fear being tested at a military hospital.



The NMOD–DoD HIV Program supports services for orphans and vulnerable children. In FY08, the Program provided support to 528 OVC, and trained 28 OVC caretakers.

Treatment

In the 14 existing and 6 newly initiated service sites that provide ART for the NMOD, 2,507 patients were newly initiated on ART. At the end of the reporting period, 5,754 current patients were on ART. In FY08, 145 health workers were trained in the provision of ART services, in accordance with national standards. All 20 laboratories have the capacity to perform HIV tests and CD4 tests. During the reporting period, 79 military personnel were trained in the provision of lab-related activities, including good laboratory practices and quality control/quality assurance procedures. A total of 78,728 laboratory tests were performed, including HIV tests, TB diagnostics, syphilis, and disease monitoring. There were 69,133 HIV screening tests conducted.

Other

One of the most important aspects of the DoD's strategic information activities was the development of a patient registry. During the reporting period, the DoD deployed the electronic patient registry to 10 sites. The registry is a database that will track patient attendance at each military clinic. Feedback on the electronic registry system was obtained during the reporting period.

During the reporting period, 72 individuals were trained in data collection and monitoring. Fifteen (15) organizations were provided technical assistance in the areas of strategic information, including 14 sites and the Emergency Plan Implementation Committee (EPIC).

In FY08, activities focused on capacity building in the areas of policy formulation with each of the implementation and decision-making arms of the NMOD–DoD collaboration. By building capacity within the NMOD, EPIC and the DoD developed a budget that synergized DoD PEPFAR funding. This budget

was submitted through normal annual budget requests and considered closely by the Ministry of Finance. It was easily approved and funding was received due to the detail of the request and close coordination of external funding (PEPFAR). The successes of this outcome include the full Nigerian military funding of a 2007–2009 HIV strategy conference, where defined goals for the next 3 years were set for the program. The sense of Nigerian military ownership of this program must be considered a key success in the PEPFAR implementation in Nigeria.

Another accomplishment during the reporting period was hiring 14 site administrators and data entry clerks for the 14 older sites. This staff will facilitate data collection and transmission of policy and administrative information.

Logistics is another highlight of the NMOD–DoD HIV Program. At the USG team level, the DoD program supports the USG team management of pooled drug and rapid test kit procurement, national-level inventory control planning, and reporting, including national quantification of ARV requirements. The Supply Chain Management System is exclusively used for the acquisition of ARV and OI drugs, equipment, reagents, and other consumables. Acceptance of a USG-funded “Warehouse in a Box” has been achieved, and plans for implementation are being formulated at the time of this report. Forty-one (41) site personnel were trained in logistics management, inventory control, and information systems.

Pharmacy activities are integrated in logistics, care and treatment, and prevention activities. Thirty-one (31) pharmacy specialists were trained in ARV and OI dispensing, *CT Prevention with Positives*, and logistics



Proposed Future Activities

Two (2) surveillance studies approved for COP08 will move to 2009, pending approval. All other proposed activities were submitted to the Nigeria Country Support Team and were included in the FY09 COP.

