March 1, 2013 Volume 1, Issue 2

The L' Series

Quarterly publication of the knowledge management team, Society for Family Health, Nigeria

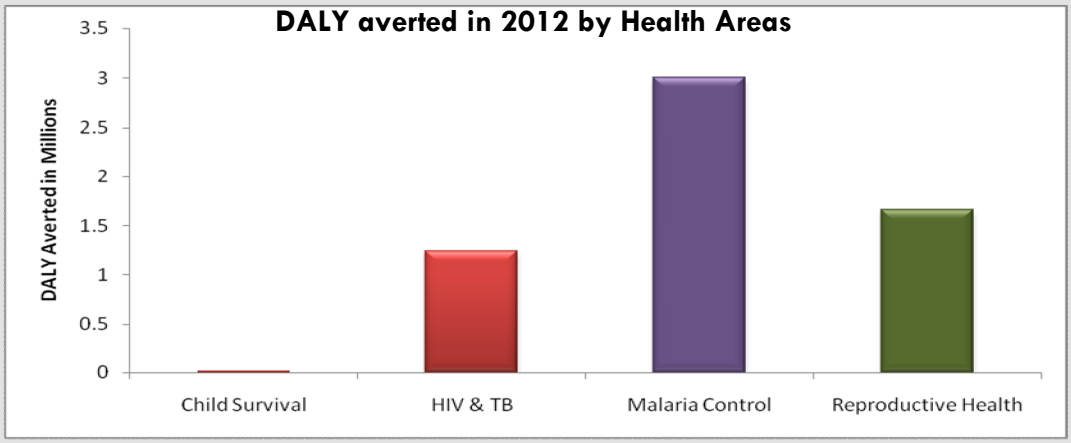
SFH/PSI Averted over 5 million DALYs in 2012

Society for Family Health, Nigeria in partnership with Population Services International (PSI) averted 5,924,788 Disability Adjusted Life Year (DALY) in year 2012 based on the newly adjusted current DALY models.

Disability-Adjusted Life Year (DALY) is a key metric in World Health Organization's (WHO) Global Burden of disease estimates, widely used to capture disease burden. One DALY is a year of life lost due to poor health or premature death.

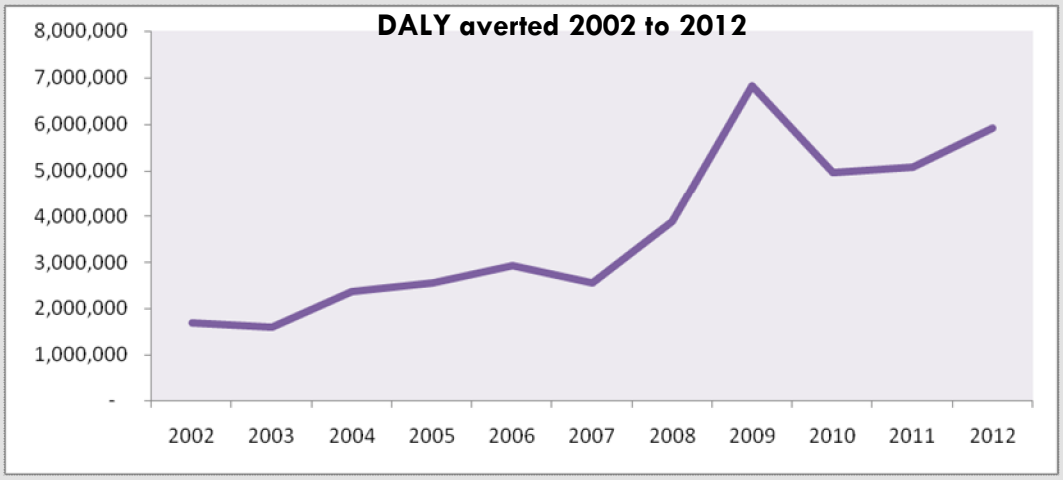
DALYs Averted is the metric use by SFH/PSI to measure health impact. When SFH/PSI averts one DALY, it means that SFH/PSI has prevented the loss of one year of productive, healthy life – a year of life that, without SFH/PSI's intervention, would have been lost to illness or death.

It's important to understand that a **DALY** is used to measure the health of a population, country, region etc. not just one person.



SFH health areas includes: Child survival, HIV prevention, Malaria control and Reproductive health. Each of the health areas contributed 17,990.66, 1,243,325.49, 3,005,752.12 and 1,657,719.30 to the 2012 DALY.

Within the last 12 years, SFH and her partners have contributed in averting over 40,428,326 DALYs.

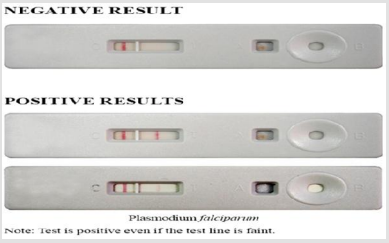


Special points of interest:

- Over 5 million DALY averted in 2012
- Managing Malaria cases with or without laboratory Diagnosis
- MDGs' last 1,000 days
- Tracking progress in the fight against malaria
- Bright Ekweremadu: 19 years of meritorious service

Inside this issue:

The Benefits or otherwise of managing Malaria Cases with or without Laboratory Diagnosis: The Experience in a District Hospital in Ghana



"Though the use of RDT for diagnosis of malaria might have improved the quality of care for children, it appeared not to have a cost saving effect on the management of children with suspected malaria"

A study was conducted at the Kintampo Municipal Hospital in Ghana to determine whether there was any benefit (or otherwise) in basing the management of cases of suspected malaria solely on laboratory confirmation (microscopy or by RDT) as compared with presumptive diagnosis.

Malaria diagnosis

Children under five years who reported at the Out-Patient Department of the Hospital with auxiliary temperature ≥37.5°C or with a 48 hour history of fever were enrolled and had malaria microscopy and RDT performed. The attending clinician was blinded from laboratory results unless a request for these tests had been made earlier.

Diagnosis of malaria was based on three main methods: presumptive or microscopy and/or RDT. Cost implication for adopting laboratory diagnosis or not was determined to inform malaria control programmes.

In total, 936 children were enrolled in the study. Proportions of malaria diagnosed presumptively, by RDT and microscopy were 73.6% (689/936), 66.0% (618/936) and 43.2% (404/936) respectively. Over 50% (170/318) of the children who were RDT negative and 60% (321/532) who were microscopy negative were treated for malaria when presumptive diagnoses were used.

Comparing the methods of diagnoses, the cost of malaria treatment could have been reduced by 24% and 46% in the RDT and microscopy groups respectively; the reduction was greater in the dry season (43% vs. 50%) compared with the wet season (20% vs. 45%) for the RDT and microscopy confirmed cases respectively. Over-diagnosis of malaria was prevalent in Kintampo during the period of the study.

Though the use of RDT for diagnosis of malaria might have improved the quality of care for children, it appeared not to have a cost saving effect on the management of children with suspected malaria.

Further research may be needed to confirm this.

Source: PLoS ONE 8(3): e58107. doi:10.1371/journal.pone.0058107

Malaria Key Facts.

- Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected mosquitoes.
- In 2010, malaria caused an estimated 660 000 deaths (with an uncertainty range of 490 000 to 836 000), mostly among African children.
- Malaria is preventable and curable.
- Increased malaria prevention and control measures are dramatically reducing the malaria burden in many places.
- Non-immune travelers from malaria-free areas are very vulnerable to the disease when they get infected.

Source: http://goo.gl/Bdcni

Volume 1, Issue

The MANDATE Model For Evaluating Interventions To Reduce Postpartum Hemorrhage

A study on the mandate model for evaluating intervention to reduce post hemorrhage was conducted to create a comprehensive model of the comparative impact of various interventions on maternal, fetal, and neonatal (MFN) mortality.

In the study, the major conditions and sub-conditions contributing to MFN mortality in low-resource areas were identified, and the prevalence and case fatality rates documented. Available interventions were mapped to these conditions, and intervention coverage and efficacy were identified. Finally, a computer model developed by the Maternal and Neonatal Directed Assessment of Technology (MANDATE) initiative estimated the potential of current and new interventions to reduce mortality.

The result shows that. Most available interventions did not prevent or treat the overall condition of PPH, but rather sub-conditions associated with hemorrhage and thus prevented only a fraction of the associated deaths.

It concluded that the majority of current interventions address sub-conditions that cause death, rather than the overall condition; thus, the potential number of lives saved is likely to be overestimated. Additionally, the location at which mother and infant receive care affects intervention effectiveness and, therefore, the potential to save lives. The study recommended a comprehensive view of MFN conditions is needed to understand the impact of any potential intervention.

Source: International Journal of Gynecology & Obstetrics, *Volume 121, Issue 1 , Pages 5 -9, April 2013*

Packet of Combination 3

Increasing the efficiency of revenue collection and re-prioritizing government budget may free some funds for health care financing. It is also important that the country's National Health Insurance Scheme is strengthened, more innovative health financing strategies are identified and that resources are used efficiently.

Nigeria on Her Way to a Universal Health Coverage: Challenges and Prospects: *Chinwoke Isiguzo*

Universal health coverage (UHC) usually refers to a health care system which provides health care and financial protection to all its citizens. This does not imply coverage for all people for everything but rather UHC aims to provide financial risk protection, improved access to health services, and improved health outcomes.

2015 has been fixed as the date for Universal Health coverage in Nigeria, the question is, will the funding mechanism we have in the country be able to guarantee universal health coverage for all by 2015?
Nigeria's budgetary allocation to health sector ranged from 3.1% to 7.5% in the last 14 years.

Per capita health expenditure in 2012 was N1, 680 (based on the budget). This is below the minimum N6, 820 recommended by the WHO. In order to meet WHO per capita health expenditure, Nigeria will need to spend N1.13 trillion which is about 23% of the nation's 2013 budget proposal. This has serious implications for other sectors of the economy.

Increasing the efficiency of revenue collection and re-prioritizing government budget may free some funds for health care financing. It is also important that the country's National Health Insurance Scheme is strengthened, more innovative health financing strategies are identified and that resources are used efficiently.

Cycle Bead for family plan-

Short-Term Combined Exercise Training Improves the Health of HIV-Infected Patients

Combined aerobic and resistance exercise training (CARET) may result in amore stable CD4 count and significant health improvements in HIV infected individuals of lower social economic status (SES)

This study tested the benefits of combined aerobic and resistance exercise training (CARET) in HIV__infected individuals receiving antiretroviral therapy.

Twenty-three human immunodeficiency virus (HIV)-infected men and women, predominantly of lower socioeconomic status (SES), were randomly assigned and completed 12 weeks of:

(a) standard medical treatment plus CARET or
(b) standard medical treatment only.

At baseline and follow-up, immune functioning, metabolic variables, quality of life (QoL), physical characteristics, and physical fitness were measured.

The control group showed a significant decrease in CD4+ T cell count (-16%, $p<0.05$), whereas the exercise group maintained a more stable count after the intervention (-3%, $p=0.39$). Furthermore, exercise participants showed significant improvements in waist circumference (-2%, $p<0.05$), fasting glucose (-16%, $p<0.05$), physical (+11%, $p<0.03$) and mental (+10%, $p<0.02$) QoL, estimated VO2max (+21%, $p<0.01$), upper body strength (+15%, $p<0.05$), and lower body strength (+22%, $p<0.05$).

Our 12-week, supervised, moderate-intensity CARET programme resulted in more stable CD4 count and significant health improvements in HIV-infected individuals of lower SES.

Source: *Journal of AIDS and HIV Research Vol. 5(3), pp.*

Malaria Rapid Diagnostic Test (RDT) by Private Patent Medicine Vendors – a potential tool for Malaria Management in Nigeria.

Chinazo Ujuju

Home treatment of malaria with drugs bought from Private Patent Medicine Vendors (PPMVs) is very common in Nigeria. Many have gained confidence in the health services offered by the PPMVs especially when they do not have easy access to health facilities.

A pilot study to explore the Rapid Diagnostic Test (RDT) feasibility and use among PPMVs was carried out in six Nigerian states (Adamawa, Cross River, Enugu, Lagos, Kaduna and F.C.T). RDT was provided to1, 279 clients who visited the PPMVs seeking malaria treatment for their symptoms. Eighteen percent tested positive and were provided with recommended drug for malaria treatment (Artemisinin-based Combination Therapies - ACTs). Clients with negative result (82%) were referred to a health facility for further diagnosis and treatment.

Implementing RDT among PPMVs would reduce the possibility of parasitic resistance as a result of repeated home treatment of unconfirmed malaria cases. Hence, increase clinical effectiveness of recommended drug regimen, Artemisinin-based Combination Therapies (ACTs). It would provide an avenue for PPMVs to refer febrile clients who tested negative to malaria RDT to a health facility for further diagnosis and treatment. Integrating PPMVs in the referral system may strengthen the referral linkages for treatment of severe malaria, treatment for other febrile infections and ultimately reduce the morbidity and mortality due to home management of illnesses.

Permanet, a brand of Long Lasting Insecticide Treated Net (LLIN)

Volume 1, Issue

Surveillance: Tracking Progress in the Fight against Malaria

In April 2000, African Heads of States from 44 malaria endemic countries meet at the African summit in Abuja. The malaria situation was grim, with 25-30% of infant mortality, 11% of maternal deaths and 63% of hospital visits occurring in Nigeria as a result of malaria (FMOH, 2001). Leaders at the summit pledged their commitment to halve the African malaria mortality burden and initiate and sustain actions to strengthen their nations' health systems. This was the start of the "RBM decade".

So, how much progress has been made in the fight against malaria and how has this progress been measured and tracked? In the last ten years, the national malaria treatment policy has been changed to make Artemisinin-based combination therapies (ACTs) the first line of treatment for malaria; ACTs were also declassified from prescription- only to over-the-counter medicines. Almost 50 million long-lasting insecticide-treated nets (LLINs) were distributed to households between 2008 and 2010, with the result that more households than ever own an LLIN. Thousands of health personnel have been trained in proper malaria diagnosis using malaria rapid diagnostic tests (RDTs) and treatment with ACTs (RBM Progress and Impact Series: Focus on Nigeria, 2011).

Overall there is increase in LLIN ownership from 8% in 2008 to 42% in 2010. 13.2% of women received two or more doses of Sulphadoxine Pyrimethamine, the malaria prophylactic for pregnant women—up from 4.8% in 2008 (NMIS, 2010). The RBM malaria control interventions have saved the lives of 166, 000 Nigerian children under five. (FMoH 2011).

These figures are impressive; however an important obstacle to accurately tracking the progress of malaria control remains—weak surveillance. Surveillance is useful for informing public health action. Surveillance can help to target resources and interventions by providing information on key indicators and trends, such as information on populations where malaria incidence is highest.

The RBM malaria control interventions have saved the lives of 166, 000 Nigerian children under five. (FMoH 2011).

Millennium Development Goals (MDGS') LAST 1,000 DAYS

Since the eight MDGs were adopted by all U.N. Member States in 2000, only three targets or "sub-goals" have been met:

1. Cut the proportion of people living in "extreme poverty" by half.
2. Halve the number of people living without access to improved sources of drinking water.
3. Lower the number of residents living in the slums of developing nations.

The U.N. Secretary-General himself admits that much more needs to be done.

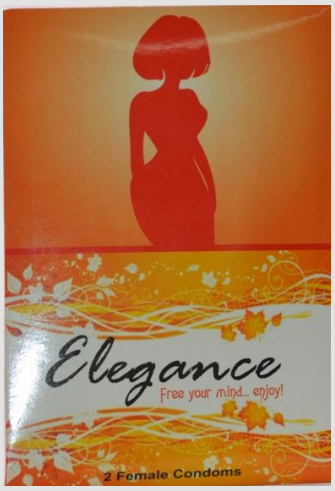
"Too many women still die in childbirth… Will we have the means to save them? Too many communities still lack access to sanitation. Too many families are still being left behind," said Ban Ki-moon in a video (http://goo.gl/xDTov) commemorating the event.

Ban stated four ways to intensify efforts to attain the MDGs by their expiry date: increase the strategic, targeted investments in health, education, energy and sanitation; empower women and girls who can boost results in all other areas; focus on the most vulnerable people; keep up aid commitments; and "re-energize efforts from governments to grassroots groups to make a difference."

"[We need to] keep our fiscal promises," he urged. "These are difficult budgetary times, but we cannot balance budgets on the backs of the most vulnerable."

Source: *https://www.devex.com/en/news*

NARHS 2012 DATA ANALYSIS AND REPORT WRITING EXERCISE



Elegance Female Condom

The 2012 National HIV & AIDS and Reproductive Health Survey (NARHS) data analysis and report writing planning workshop took place in Abuja, February 18th and 19th, 2013.

The purpose of the meeting was to have a quick update on data entry; presentation of the data analysis plan (Prof. Bamigboye); presentation of report writing plan (Prof. Ogbonnaya) and update on Laboratory testing (Prof, Olaleye).

The NARHS Plus is a bi-annual survey conducted among men and women of reproductive age (15 – 49 years for females and 15 – 64 years for males). The 2012 NARHS has a sample size of 36,000 respondents. Respondents were selected in both urban and rural locations in the 36 states plus FCT using multi stage sampling techniques.

"We can defeat these diseases by working with partners," said Dr Dybul. "Collectively, we know what has to be done, and we know how to do it. But we have to work

Global Fund Targets $15 Billion to Effectively Fight AIDS, TB and

The Global Fund
To Fight AIDS, Tuberculosis and Malaria

BRUSSELS – The Global Fund to Fight AIDS, Tuberculosis and Malaria announced a goal of raising US$15 billion so that it can effectively support countries in fighting these three infectious diseases in the 2014-2016 period.

"We have a choice: we can invest now or pay forever," said Mark Dybul, Executive Director of the Global Fund. "Innovations in science and implementation have given us a historic opportunity to completely control these diseases. If we do not, the long-term costs will be staggering."
"The progress we have made with the support of Global Fund and has shown us what we can do when we come together," said President Banda. "Defeating these diseases is a shared responsibility.

Reaching the Global Fund's goal, together with other funding, would mean that 17 million patients with tuberculosis and with multidrug-resistant tuberculosis could receive treatment, saving almost 6 million lives over this three-year period.

This level of funding would prevent millions of new cases of malaria, and would save approximately 196,000 additional lives each year than with current funding levels by preventing a resurgence and renewed epidemic of malaria.

It would also mean preventing more than one million new infections of HIV each year – saving billions of dollars in care and treatment for the long-term. Antiretroviral therapy could become available to more than 18 million people in affected countries by 2016, up from 8 million in 2012.

"We can defeat these diseases by working with partners," said Dr Dybul. "Collectively, we know what has to be done, and we know how to do it. But we have to work together to succeed."

Volume 1, Issue 2

Home Delivery among Pregnant Women in North Eastern Nigeria: Factors and Opportunities. Onoriode Ezire

Background:
Maternal death in Nigeria is still one of the highest in the world (545), with North-East Zone having the highest prevalence. Women who deliver in health-facility and assisted by trained health-care providers are unlikely to die as a result of child-birth. Several efforts have been made to promote delivery in health-facility but have achieved little. Are programmers doing it right?

Methodology:
Data was obtained from two-waves of survey on maternal and neonatal health care conducted in Gombe state as part of the Bill & Melinda Gates funded MNCH-project. The population based study was among women (15-49 years) who were currently pregnant or delivered within the last 12 months living in rural and urban households. Multi-stage cluster sampling technique was used in the selection of respondents drawn from the updated master sample frame of rural and urban localities developed and maintained by the National Population Commission. CsPro was used to enter and clean the data. Logistic regression was done using SPSS.

Results:
Home delivery was 65.8%. Major reasons: Health-facility delivery not necessary (28.2%); Prefer home-delivery (18.9%); Far distance (7.1%); High cost (4.1%) and no transport fare (3.7%). Age 20-24 ($p=0.028$*), attended at least secondary-school education ($p<0.0001$***), urban-locality ($p<0.0001$) were significant factors that promoted delivery in health-facility. Was informed of danger-signs during pregnancy ($p=0.093$) was significant at 10%. Religion, ever-attended ANC and place of ANC were not significant. The result also suggests pregnant-women with at least a secondary-school education are almost-three-times likely to give birth in a health-facility as compared with those with lesser level of education. Those in urban location and those educated on danger-signs are three times and almost 2 times respectively likely to give birth in a health-facility.

Recommendations
Communication activities should be targeted at promoting health facility delivery especially in rural communities, among pregnant women age 20–24 and those with only primary school education. Compulsory girl education will most likely improve health-facility delivery. This can be through promoting the right policies. Pregnancy-related danger signs should be communicated to pregnant women especially during pregnancy without necessarily creating fear. Government may consider subsidy programme and scale up health-facilities centres in rural location.

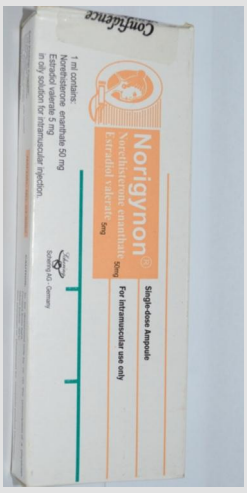
Presented at the 2013 Global Maternal Health Conference, Tanzania

Communication activities should be targeted at promoting health facility delivery especially in rural communities, among pregnant women age 20–24 and those with only primary school education. Compulsory girl education will most likely improve health-facility delivery.

Global Health Action – Global health post-2015: the case for universal health equity

The deadline for the MDGs, 2015, is approaching. At that time a new global development infrastructure will become operational. Unsurprisingly, the discussions on goals, topics, priorities and monitoring and evaluation are gaining momentum. But this is a critical juncture. Over a decade of development programming offers a unique opportunity to reflect on its structure, function and purpose in a contemporary global context. This article examines the topic from an analytical health perspective and identifies *universal health equity* as an operational and analytical priority to encourage attention to the root causes of unnecessary and unfair illness and disease from the perspectives of those for whom the issues have most direct relevance.

Source: *Lucia D'Ambruoso; http://www.globalhealthaction.net/index.php/gha/article/view/19661*



Sir Bright Ekweremadu

19 Years of Meritorious Service

Sir Bright joined SFH in 1993 and rose to the position of MD in January 2005. As the Managing Director for Society for Family Health (SFH), Bright has led the organisation to become the first Nigerian NGO to receive direct funding from the US Government. Bright holds a Masters degree in Business Administration and a Bachelor of Science degree in Management. He is highly motivated, result driven and very passionate about his job. He employs these qualities effectively in steering the ship of governance in SFH

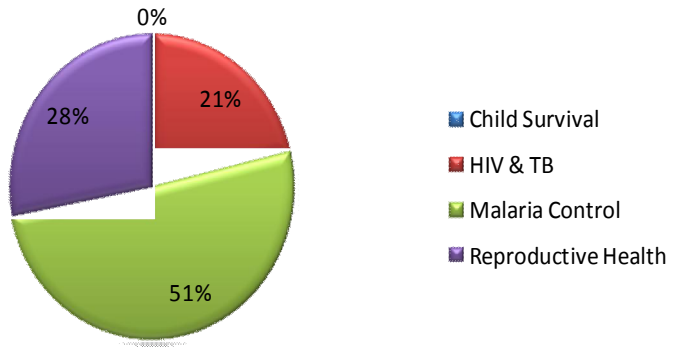
Quarterly publication of the

DALY Averted by Health Area in 2012.

Source: PSI Metrics team

DALYs averted by health area in 2012	
Child Survival	**17,990.66**
PUR	2.08
Safe Water Solution	17,988.58
HIV & TB	**1,243,325.49**
Condom	1,204,581.63
Female Condom	5,890.79
Free Condom	26,403.69
VCT	6,449.38
Malaria Control	**3,005,752.12**
LLINs	31,353.84
Malaria PPT (ACT)	2,974,398.28
Reproductive Health	**1,657,719.30**
Condom	897,892.33
Emergency Contraception	13,932.32
Female Condom	4,680.91
Free Condom	19,681.25
Implant 5 Distribution	7,917.22
Implant 5 Insertion	11,205.24
Injectable 1	2,332.91
Injectable 2	102,481.07
Injectable 3	181,986.97
IUD 10 Distribution	96,445.83
IUD 10 Insertion	105,711.69
Misoprostol for PPH	40.87
OCs	179,820.81
SDM (Cycle Beads)	33,589.89
Grand Total	**5,924,787.57**

2012 DALY averted by Health Areas



PPMVs and Pharmacy Shops in Nigeria

Society for Family Health, Nigeria in partnership with the Federal Ministry of Health is conducting Geographical Information System mapping of Proprietary Patent Medicine Vendors (PPMVs) and Pharmacies in 15 states.

The objective of the mapping exercise is to: obtain basic information about GPS location and medicinal retail size of all Proprietary Patent Medicine Vendors and Pharmacies in selected States and provide a sampling frame for interventions among PPMVs and Pharmacies. The first phase starts in April 2013. The exercise is expected to run till Dec. 2013.

For inquiries, contact:
The Editor in Chief, L' Series, Society for Family Health, No. 8, Port Harcourt Crescent, Off Gimbiya Street, Area 11, Garki, Abuja, FCT, Nigeria.
Tel:. +234 9-4618824

This newsletter is produced with funding support from USAID, UKaid, Global Fund and technical support from PSI