



WORKSHOP ON STRENGTHENING NATIONAL HEALTH RESEARCH CAPACITY IN NIGERIA AND THE LAUNCHING NIMR RESEARCH FOUNDATION

DIRECTOR GENERAL

Media Chat

PROFESSOR BABATUNDE LAWAL
SALAKO



Mr. Osagiede

Cooperative
Chairman
Interview

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Vision

To be an Institution of excellence in basic, applied, operational research for the promotion of national health and development.

Mission

To conduct research into diseases of public health importance in Nigeria and develop structures for the dissemination of research findings while providing the enabling environment and facilities for health research and training in cooperation with the federal and state ministries of health and in collaboration with universities, allied institutions and organized private sector nationally and internationally.

Our Mandate

Our mandate is to conduct research into health problems in Nigeria with a focus on the following areas:

Communicable Diseases of Public Health importance in the country;

Non-Communicable Diseases prevalent in the country;

Basic, applied and operational research for the prevention and control of diseases endemic in the country in co-operation with the Federal and State Ministries of Health;

Develop human and infrastructural capacities for clinical and biomedical research in collaboration with Medical Schools, Universities and other Health-related Institutions, in and outside Nigeria;

Disseminate the results of health research in the country through training courses, scientific publications, conferences, workshops and other communication channels to the Federal and States Ministries of Health, relevant stakeholders in the Public and Private sectors as well as the general public

Core Values

Respect
Dignity
Fairness
TeamWork
Honesty
Integrity
Leadership
Excellence
Responsibility
Relevance
Innovation
HardWork
Equity
Communication
- internal and external
Accountability
Transparency
Fair Reward
Recognition

DIRECTOR GENERAL

Media Chat

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Sir, we sincerely appreciate you for granting us audience.

Sir how did you feel when you got the information that you have been appointed the Director General of this Institute?

I am someone who does not get excited by anything, I manage information very well whether success or failure. I don't get excited by success, I appreciate it, I want it but I have a very good control of my emotions. I had previously been contacted, so I knew that they may come back to say ok we have given you the job. So it wasn't much of a news when it came.

Sir since you came to NIMR, we have observed a lot of renovations in the area of infrastructural development and staff welfare. What are your efforts towards the completion of the on-going renovations in the Institute?

I saw my appointment as a challenge to make a difference. I believe that if you are asked to lead a place for a period of time you should leave a legacy, things that people can refer to and when they tell you story of the place afterwards you find Your name in that story. Therefore, what preoccupied my mind was how to make a difference. I saw it as a serious challenge and not just another feather to one's cap. So coming in, it was easy for me to identify areas where I can easily make impact

What people called 'quick fix', unfortunately there were issues bothering on funding. I can say authoritatively that I have managed the Institute's fund very carefully and openly too. The management had collective decisions on what project to embark on, so some of those renovations that you saw were not mainly the idea of the Director General; it was a collective responsibility of the management that I created when I came. When I came there was a Senior Management Committee, I was not aware that there was a Management team, beyond the Senior Management Committee; whereas the Management should be the one that runs the day to day activities of the Institute with the Director General, so I created one and brought in people that may be referred to as Principal Officers of the Institute. We have been working together, we have met in an average of once in a month to discuss issues relating to the progress of the Institute. So what you have seen are results of our collective efforts, with the limited funding that we have from the Federal Government. We thought we should change the environment and make it attractive to people who come to see us and people who are working in there. But like I said, there are plans when we have another round of funding to pay attention to the interior of the Laboratory Complex. We also hope to replace the wooden structure that houses the Boardroom with a block kind of house that will accommodate Works Department, a few more offices and Laboratories for Researchers.

Sir, we noticed you have carried out some administrative changes in the Institute like the merging of units and creation of new departments.

From my background, I come from the University and really the Institute is more or less a University of some sort. It is an academic institution, so what I just did was to bring to bear my experience from the University of Ibadan as the Provost of College of Medicine and the former Head of Department of Medicine.

The Institution has been in existence since the early 20's, progressing and changing names until now. In recent times, there is a need to improve the chances of the Institute in attracting international collaborations and grants and of course IT students, doctoral students and post-doctoral student and even people who may want to come and do sabbatical leave. So part of the innovations was to ensure that we merge some departments in related fields. An example of such merger is in microbiology, the Tuberculosis laboratory and the human virology laboratory both of them were standing alone. What I met were two laboratories that were more of service than research laboratories, they should actually be doing research. To re-engineer their function and the way the people who work there see themselves, their names were changed to reflect the major mandate of the institute which is research. That was how we came about Centre for Tuberculosis research, so those who work there will now know that they are not just providing services like the hospital lab, they are research lab. Each time they remember that they are Centre for TB Research they will know that they ought to be doing research. We also changed the Human Virology lab to Centre for Human Virology and Genomics Research and we created Centre for Traditional Complementary and Alternative Medicine.

using result of research to support government in policy formulation, because research provides evidence for policy, so the area of focus should be along that line.

These are innovations that we thought will bring more opportunities in the area of research and training for people who work in the institute and for those who are interested in coming to the institute. We are also hoping in the future to create new departments by changing (CDL) Clinical Diagnostic Laboratory to Clinical Diagnostic Laboratory Department so that we can develop the various parts of the Clinical Lab i.e. Haematology/Microbiology and Chemical Pathology. It's more of an expansion strategy to allow the institute to grow, so that the sub-specialities within the laboratory medicine and research can be developed within the institute.

Sir, looking at National Institute of Health (NIH) in US and similar Institution like Medical Research Centre in Gambia. What is your research focus for the Institute?

The Institute has a general mandate which is to conduct research on diseases of public health importance in Nigeria these are areas that can easily impact on our health system, provide backup for medical practice, using result of research to support government in policy formulation, because research provides evidence for policy, so the area of focus should be along that line. To be specific, communicable diseases still remains the major killer diseases in Nigeria. For example, Malaria as simple as it is, it is the topmost cause of death in Nigeria and about 20% of the cause of death in Nigeria. Therefore, we must focus on Malaria Research in

order to reduce morbidity and mortality from malaria; and improve the longevity in our age and that of our children. If we focus on that we will be able to impact on infant mortality and under five mortality which are indices that are not doing too good in Nigeria. We also have the scourge of HIV in Nigeria; Nigeria is perhaps one of

the countries with the highest burden of HIV disease in the world. HIV is known to kill a lot of our young people, so we also focus on HIV research. The institute is well known for Research into HIV and Services in terms of our contribution both nationally and internationally.

Sir, we observed that since the commissioning of the Biomedical and Cancer Research Centre, nothing seems to be going on. What are you doing towards reactivating the centre?

Well the centre is Biomedical and Cancer Research Training Centre. So it is not correct to say nothing is going on because if you go there on a daily basis, training is going on. Training is either being organized by NIMR or organized by collaborators of NIMR or even people coming from outside. But if you ask whether the trainings are specific for cancer? I will say no. This is because non-communicable diseases (NCD) of which cancer is one – is not a well-established research area in NIMR i.e. There are no researchers in that area, because our strength is in communicable diseases which we have been used to over the years, but in the last 2 years we have been trying to jumpstart an NCD research. An example is the Professor from South Africa; Professor Andre Kegne who was here about 2 weeks to discuss with our Clinical Science Department to see how we can jumpstart the NCD research in NIMR. This has started as collaboration between NIMR and the South Africa Medical Research Council. What we needed to do as management is to bring in researchers in that area who can hold that portfolio, expand and create the new experience that we require in NCD research especially in Cancer Research; Unfortunately, we were unable to secure backup funding for those we have interviewed, so we cannot employ them and therefore, the dream of jumpstarting the NCD is becoming a challenge to realize. There is still hope that may be in 2018 we will be able to get backup funding and then we can bring them in and open that channel of research. Another way we are trying

Professor from South Africa. Professor Andre Kegne was here for about 2 weeks to discuss with our Clinical Science Department to see how we can jumpstart the NCD research in NIMR. This has started as collaboration between NIMR and the South Africa Medical Research Council.

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lack of researchers on NCD is the creation of adjunct research position. We are inviting some credible university researchers to come and work with NIMR in adjunct position but at no cost to the institute because we don't have budget for that line of funding. We will continue to search for ways to compensate some of these people especially if they are very active and are bringing funding into the institution via grants and other sources. We have appointed a few people in that area and we hope that once they start work in the next few months, we will begin to see activities at the Cancer Research Centre.

Sir we understand that in the past, NIMR operated departmental vote instead of a central vote system, do you have the intention of reverting to these departmental vote system considering the departmental codes introduced recently?

Already we are operating departmental votes except that departments have to generate their fund because fund coming from government is inadequate. Therefore, departments have to think outside the box and see how best they can attract funding for the institute. The institute has the capacity to write and win grants and such fund will naturally go to departments where the owner of the grant resides. Recently, we created account codes for departments so that they can generate their own funds, and spend it as the need arises. As for putting budgetary allocation into departments, this has commenced because the last budget we had was

put together based on departmental needs. As we speak departments have their imprest coming from the central, so they cannot say they don't have money. Now if they make money, they get 30% of their fund for their departments and they can use it for the good and development of their department. However, the major issues are in relation to renovations of buildings, power and water supply which cuts across departments which the Institute has to pay for, so even if you give department money, they won't pay for these; Hence the central accounts still needs a larger share of the fund that is available otherwise departments will exist but they will not function. The last budget was made based on departmental request and when funds are made available the individual department request will be attended to.

Sir how do you intend to create more awareness about NIMR to the public?

We have been trying to do that in so many ways. Some of the ways we have imbibed in the last one year is to showcase the contributions of NIMR and NIMR Researchers to the public on a periodic basis, so that people can be aware of what we do and the contributions we have made to science. In the last one year we must have showcased about 3 or 4 major research findings in Malaria and Tuberculosis to the public and have provided policy briefs for government to be used as evidence for making policy in our health care system. The other ways we are doing this is through our request for association and collaborations with the Universities; where NIMR researchers can be employed as adjunct lecturers in the universities and the universities can also promote them through the rank to become professors of research. This is an opportunity for both the lecturers in the university and Researchers in NIMR to interact and collaborate to win grants and bring funds to both institutions. Like I said earlier we are also making efforts to attract university lecturers to be adjunct researchers in the institute. We have also improved our laboratories in

order to attract local and international researchers, students who may want to do their Masters, PhD or MD work with us. NIMR should be able to support PhD students from the beginning of their studies to the end of it and those for MDs should also receive the same kind of support. The reason for this is that the future of a nation is determined by the innovations and technological innovations that a nation can produce from research. These are scientist (PhDs, MDs) that can come up with new drugs, new diagnostics devices, and new approach to treatments, new preventive measures, that can impact on the lives of ordinary Nigerians. This can be achieved by awarding them scholarships to support their training. We need more PhDs and MBs in order to grow technologically and be able to rub shoulders with advanced countries where they already have more PhDs & MD than we do.

Sir, considering the importance of the Library as a purveyor of knowledge, and facilitating research, Connected to every activities of other department in the institute, is it possible to set a certain percentage of institute's budget allocation and grant for library resources as it is done in other academic institutions?

There is always a budget for the library. There has been no year where there is no such budget. Library has a white elephant project that is consuming all the money that should have gone to the library. I have decided that this year I am not going to pay any debt on that library building from whatever money we have, rather will have to develop the place instead of paying debts, otherwise we will continue to pay debts and we will never be able to do anything in that place. There is always a budget line for the library on a yearly basis, but what government releases is too small to even finish the building project, the project just consumes it and it looks like nothing is being done for the library. But since we came, we have been doing a few things for the library of which I am sure the HOD can testify.

At the moment, our focus is more on online resources because that is what we can support. By the time we are able to complete the E-library, then the library can be more prominent in the affairs of the Institute. We should develop the virtual library which is easy to do in this day and age. Recently our Internet connection was changed to fibre optic link with the 30MB cable layout. It is a better internet service and a plus to the Institute. The 30MB when connected will provide the platform to develop the virtual library very well. So it's really part of our commitment, because as a research institute we cannot do anything meaningful without the library. The library is in the front burner. The library recently paid for HINARI Database following the introduction of fee by the provider.

Sir, what plans do you have regarding the quality assurance certification for the laboratories in NIMR?

Last year we were able to secure ISO Accreditation which is the first ever in any Public Institution in Nigeria. This is not a small feat because even all over the world, such level of laboratory practice are not easy to attain, and for NIMR to have been able to achieve that, you can imagine the amount of energy, dedication and commitment that was put into it by the workers in there. Once again I want to use this opportunity to appreciate them and to say to them that the reward of hard work is more work, so they should expect more work. They need to work harder to achieve more of such, because we have accreditation in certain areas and not in all areas. We hope to expand to the other areas. We have been very lucky because we have development partners that have been assisting us in building that standard and sometimes in paying for the accreditation cost. I think in our budget we are going to put accreditation cost since what we get from budget is often not enough to maintain that accreditation cost.

I don't know what will happen tomorrow if our

development partners decide to leave, but we will enjoy them while it last. Early this year the same laboratory also got a WHO Pre-qualification to test kits that are used in rapid diagnosis of some diseases. This is another feat because it puts Nigeria on that map which boasts of about 8 countries in the world with such, so you can imagine the level of feat that was performed by NIMR through same laboratory (Centre for Human Virology and Genomics). We are doing a lot in terms of quality management and our laboratory results in this area are comparable to any of such international laboratory. This is something that is useful to the researchers because we can say that the data you get from our laboratory is indeed a standard data. Inferences and conclusions from such data are certainly correct and for those who use it as clinical support can also be sure that misdiagnosis will be unlikely with result from NIMR. We are also pulling our weight along that line and hope to extend the ISO accreditation status to the Centre for TB research and the Clinical Diagnosis laboratory so we need cooperation from the clinical Diagnostics laboratory, and TB research Centre for them to practice the same quality management that will lead them into ISO Certification and subsequently ISO Accreditation.

Sir, you have created new guidelines for staff promotions which have added value to the promotion exercise, please tell us more about these guidelines for both research and non-research staff?

The new guidelines are for researchers'. The Institute is like a university and promotion processes must necessarily be like that of universities especially now that we are trying to collaborate with universities, hoping that the university will promote our research staff through the rank to professors of Research. We must be prepared to create that university standard in the Institute, that was what led to the review of the guidelines for the promotion of research staff. We believe that in order to contribute the best to the nation, we must necessarily interact, work together

to come up with solutions on research questions and health challenges in the country. This is not well pronounced and we think it's an area we can make impact by working together to create an academic avenue that cuts across both Institutions.

Powers for promotion should reside in the department. Research and non-research staff should apply for promotion through the A&P Committee in the department/division/unit. All these are to create a system where things work with fairness and equity.

Sir, capacity building is very important, what are you doing towards building the capacity of staff, retain the staff and also attract good staff?

The Institute has a lot of experienced researchers, laboratory scientists and administrators. They also attend external training to enrich their capacity. The area of critical need is the improvement of knowledge in the use of contemporary research equipment. If we are able to get some of these equipment into the institute, we will be talking about researcher's capacity to use and be able to turn them into useful research machines that can provide Data or support Data for researchers and other people from all over the country especially for students that are doing their Doctoral thesis, Master's degree etc. The Institute is also building capacity in the non-research area, to enable them understand and discharge their duties, also to let them know why they have to be committed and

loyal to the institute. We are trying to create an orientation where people will have personal development plan for themselves, where do I see myself in the next five years whether in NIMR or elsewhere and what do I need to achieve this personal vision. Every department and unit should have a personal development plan for themselves. Skill acquisition will be determined by research needs.

Sir, since you became the Director General what are your views about NIMR as an institution and what are your challenges?

I view the Institute as an important institution in Nigeria that the country has neglected in the past. Similar institutions all over the world are well supported by government and private sectors in terms of funding because they see research as solutions to world's challenges. Whether Medical, Agricultural, Social, Engineering, Research cuts across; it answers questions and provides solutions and impact positively in the world's existence. Every new thing is as a result of research and so research is the greatest energy for national development. The institute is looking for ways to improve funding and we are gradually getting there. We are planning a 2 day workshop in Abuja where we hope to bring private sector, government and traditional funders together to see how we can improve research funding in Nigeria.



Members of the newsletter committee



Olamiposi Adebola Fesobi Olaleye born on 1st March 2017 to Mr Olaleye Olaniran Paul of Account & Finance Department.



Samuel Olusegun Aina born on 11th April 2017 to Mr Aina Seyi of Account & Finance Department.



Mr. Ugwu Obinna Okpani of the Administration Department got married to **Miss. Ohuche Orioma Linda** on 2nd April, 2018 at St. Mary's Catholic Church, Afikpo North, Ebonyi State.



Mr. Josiah Oyibo of the Administration Department got married to **Miss. Louisa Omale** on 29th December, 2018 at United Evangelical Church, Ofugo, Ankpa Kogi State.

CENTRE FOR RESEARCH IN TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE (CRTCAM), NIGERIAN INSTITUTE OF MEDICAL RESEARCH, YABA, LAGOS.

Dr. AINA O. OLUWAGBEMIGA, PhD
Chief Research Fellow
Malaria Research Laboratory Unit
Biochemistry and Nutrition Department

Tr a d i t i o n a l , Complementary, and Alternative Medicine (TCAM) refers to all forms of health care practices used in the prevention, diagnosis, improvement, or treatment of physical, mental or social illness which is based upon indigenous theories, beliefs, experiences and cultures. TCAM is the oldest arm of medicine that has long been practiced worldwide.

In some communities around the world, TCAM is used as first choice of treatment. While in

other parts of the world, it is used in combination with modern/conventional medicine in treatment of diseases, in situations as this, the use of TCAM is referred to as complementary medicine. Some people use TCAM after they have tried the modern medicine without obtaining desired result. The use of TCAM in this case is known as alternative medicine.

In whatever case, the use of TCAM is very common across the globe especially in Africa

which has 80% consumption rate, Chile (71%), Canada (70%), France (49%), Australia (48%), US (42%), China (40%), and Colombia (40%). Some health professional hold that TCAM is the healthcare of the future.

TCAM has a lot of branches. These include: Herbal medicine, Naturopathy, Acupuncture, Homeopathy, Ayurveda and so on. They are briefly described below.z



Herbal medicine: is the use of herbs or plant derived materials in treatment or management of various ailments.

Naturopathy: is the use of dietary supplements such as botanicals, animal extracts, vitamins, minerals, fatty acids, amino acids, proteins, prebiotics as well as life style changes in health restoration.

Acupuncture: is the use of various puncturing devices in the relief or prevention of pain and other health conditions.

Homeopathy: is the use of a little dose of a substance that causes a similar symptom to cure a disease i.e. a medicine can cure a sick person if it can cause a similar sickness in a healthy person.

Ayurveda: it literally means the science of life. It is the use of meditation, massage, herbs, diet, exercise, exposure to sunlight and controlled breathing in healing.

TCAM has several benefits which include its use in treatment of various diseases and maintenance of health as well as serving as starting points for drug discovery. For instance, the current antimalarial drug-artemisinin, was derived from a medicinal plant *Artemisia* sp locally known as "qing hao su" used traditionally as a febrifuge. Some anticancer drugs were also discovered based on the knowledge of traditional medicine. TCAM still offers several potential benefits in the treatment of various ailments such as HIV, stroke, obesity, high blood pressure, rheumatism, malaria, infertility and so on.

However, the lack of scientific evidence on the safety, efficacy,

and quality of TCAM causes low acceptance and use of TCAM among the public and conventional medicine practitioners in the treatment of life threatening diseases. Other challenges that mitigate the rapid growth of TCAM are: lack of standardization and regulation of TCAM, lack of provisions for formal training and continuous development for TCAM practitioners, and lack of funding for research and development of TCAM.

The World Health Organization (WHO) has strong interest in the improvement and promotion of TCAM but however emphasized that "inappropriate use of traditional medicines or practices can have negative or dangerous effects" and that "further research is needed to ascertain the efficacy and safety" of several of the practices and medicinal preparations used by traditional medicine systems..

CRTCAM ◀ **CENTRE FOR RESEARCH IN TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE**

The Centre for Research in Traditional, Complementary and Alternative Medicine (CRTCAM) supports a World Health Organization programme to integrate traditional medical practice into public healthcare in Nigeria and around the globe

The centre was established in 2017, the centre is to support the work of the WHO Traditional Medicine Strategy 2014–2023 and assists

Federal, state and local governments in Nigeria develop policies and implement plans that strengthen the role traditional medicine (TM) plays in keeping populations healthy.

TERMS OF REFERENCE

To help the Federal, state and local governments in Nigeria to research and integrate traditional (complementary and alternative) medicine into healthcare systems in Nigeria

-Coordinates research that will confirm safety and efficacy of potential herbal remedy and

- Training of researchers for governmental and non-governmental institutions and traditional medical practitioners

Activities

1. Organise or co-organise workshops and seminars on "Traditional (complementary and alternative) medicine education in Nigeria"
2. Training of orthodox (medical doctors, nurses, etc) workers on the role of traditional medicine in health delivery to the population
3. Training of traditional medical practitioners on the role of safety and efficacy of alternative and complementary medicine
4. Update the extent of usage of Traditional Medicine in Nigeria based on published data either in peer-reviewed quality journals, dissertations, thesis or government reports
5. Support WHO activity in production, maintenance and update of TM information of Nigeria
6. Stimulating strategic research into Traditional, Complementary and Alternative Medicine (TCAM) by providing support for clinical research projects on its safety and effectiveness
7. Advocating the rational use of TCAM through the promotion of its evidence based use
8. Mediating information on TCAM by acting as a clearing-house to facilitate information exchange among the government and non-governmental agencies and institutions
9. Strengthen co-operation between TM providers and other health care providers
10. Sign MOU with various organization working with Herbal Products

The Centre had signed MOU with two Organisation including Nigerian Council of Physicians of Natural Medicine (NCPNM) and

Paxherbals Clinic and Research Laboratories.

PROTOCOL FOR HERBAL MEDICINE CLINICAL STUDIES

1. Application form N5,000.00
2. Submission of filled application form with herbal medicine product
3. Safety profile test (toxicological studies): Acute and chronic with or without conventional orthodox medication
4. Phytochemistry (if required)
5. Pilot studies (clinical phase)
6. Main studies

Note that all the above steps will be followed before you can receive your result

Each stage attracts different fee depending on what the drug is meant to treat

No drug will be processed without paying the appropriate fee

Any drug without NAFADAC no will not be allowed to be used at clinical phase

ON GOING ACTIVITIES

7. Safety profile test (toxicological studies): Acute and Sub-acute toxicity studies of the herbal products in human and animal model (MALARIA, HIV, CANCER, TB, EYE, DIABETES, HYPERTENSION)
8. Phytochemical analysis of the Products
9. Pilot studies (clinical phase) with ethical approval from Institutional Review Board.
10. Main studies

CONCLUSION

TCAM has huge potentials which have not been tapped. The availability of scientific evidence on the safety, efficacy and quality of traditional, complementary, and alternative medicine will rapidly increase its acceptance among general public and medical practitioners, facilitate its integration into the National health care system and may lead to use of TCAM to replace more toxic synthetic drugs.



NIMR



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RESEARCH COLLABORATION



UCL

WORKSHOP ON STRENGTHENING NATIONAL HEALTH RESEARCH CAPACITY IN NIGERIA AND THE LAUNCHING NIMR RESEARCH FOUNDATION

Dr. OLIVER C. EZECHI

Deputy Director of Research,
Clinical Science Department, NIMR



Nigeria is Africa's largest economy with a population of nearly 200 million people and the highest concentration of medical schools and universities on the continent. It also faces some of the worst public health challenges, including the highest burden of malaria, HIV and tuberculosis, emerging and re-emerging infections such as Lassa fever, recurrent outbreak of cholera, meningitis and yellow fever and increasing burden of non-communicable diseases.

An analysis of the US National Institute of Health (NIH) hosted World Report database reveals that there are very few investigator-led successful applications from Nigeria to top research funding organizations globally. Funding of health research in Nigeria is about 0.08% compared to the 2% recommended by World Health Organization. There were very few primary grant awards but more of collaborative research funding among the Nigerian researchers between 2012 and 2016. Also, Nigeria is second to South Africa in number of researchers in Africa but has low researchers per million populations. There is therefore an urgent need to address the low productivity in health research grants in Nigeria.

Accordingly, the **Nigerian Institute of Medical Research (NIMR)**, in collaboration with the **Wellcome Trust**, UK, and the **University College London** convened a workshop on **"Strengthening National Health Research Capacity in Nigeria"** between 6th and 7th of September 2018. The meeting focused on barriers (government, institutional and individual) to health research funding in the country. A major recommendation from this two-day meeting was to prioritize the organization of regular grantsmanship and mentorship workshops for early career investigators in Nigeria.

On the last day of the workshop, the NIMR research foundation was unveiled to the public by the chairman of the foundation, His Excellence, Honourable Minister of Works, Power and Housing, **Mr. Babatunde Raji Fashola** SAN.

RESEARCH *News*

**WORKSHOP ON STRENGTHENING NATIONAL HEALTH RESEARCH CAPACITY
IN NIGERIA AND THE LAUNCHING NIMR RESEARCH FOUNDATION**

photospeaks





NIMR-UCL



COLLABORATION FOR RESEARCH AND MEDICAL CARE OF HIV INFECTED PERSONS IN NIGERIA

Dr. Oladele David Ayoola

Consultant Public Health Physician & Senior Research Fellow,
Clinical Science Department, NIMR

Background:

H I V / A I D S disproportionately affects Sub-Saharan Africa especially Nigeria with the second highest burden of persons living with HIV globally. From the inception of HIV care in Nigeria in 2002, NIMR was among the 25 centers that initiated care for persons infected with HIV in Nigeria. Today, well over 25,000 persons have been enrolled into care at the Institute's out patient clinic. However, with improved access to antiretroviral treatment many persons living with HIV now are experiencing other medical conditions like musculoskeletal (MSK) conditions as well as other non-communicable diseases that could adversely affect their health. The NIMR-UCL collaboration was born in an attempt to address this

emerging gap in research and patient care.

UCL (legally University College London) was established in 1826 as London University. It is a [public research university](#) in [London, England](#), and a [constituent college](#) of the [Federal University of London](#). It is the third largest university in the United Kingdom by total enrolment and the largest by postgraduate enrolment. The Nigerian Institute of Medical Research (NIMR) which is the apex medical research institution in Nigeria was established through the National Science and Technology Act of 1977, as the Medical Research Council of Nigeria and was renamed the National Institute of Medical Research. This name was further changed to the Nigerian

Institute of Medical Research (NIMR) in 1993.

The NIMR-UCL collaboration in NIMR began with research into musculoskeletal diseases amongst HIV infected individuals. This later led to the establishment of a rheumatology clinic at the institute to provide clinical care for individuals with MSK diseases in NIMR HIV outpatient clinic.

Processes:

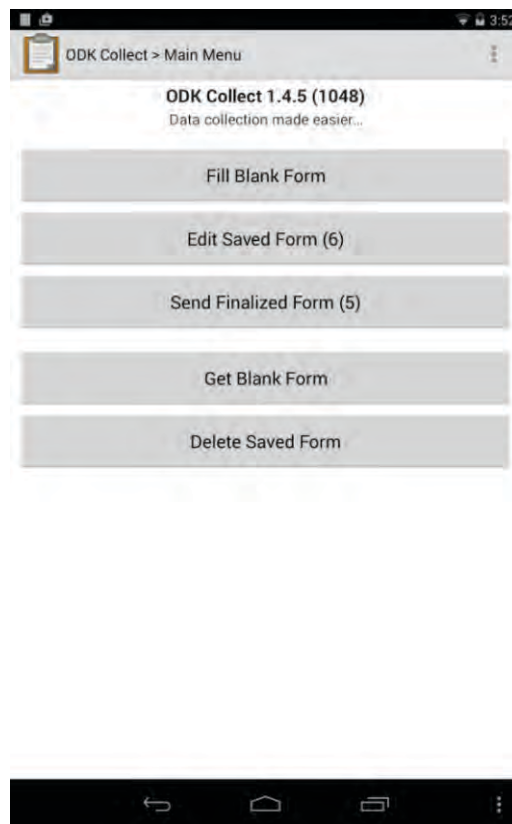
Musculoskeletal Disease Study:

Chronic MSK pain and use of non-prescribed treatments are common amongst Persons Living with HIV (PLHIV) established on ART in an urban treatment centre in Lagos,

Background:

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The Open Data Kit Software

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NIMR HIV outpatient clinic.

Processes:

Musculoskeletal Disease Study: Chronic MSK pain and use of non-prescribed treatments are common amongst Persons Living with HIV (PLHIV) established on ART in an urban treatment centre in Lagos, Nigeria. This were the main findings of the study titled "Prevalence of Musculoskeletal symptoms among people living with HIV" conducted at NIMR as part of the NIMR-UCL collaboration. The study was a cross-sectional study of 292 adults enrolled into care at the outpatient clinic of the Clinical Sciences Department of the Institute. The prevalence of MSK pain in this cohort was 25% out of which 28% was chronic pain that is usually associated with

Ongoing work and program:

Chronic Obstructive Pulmonary Disease

(COPD) Study: The study titled, "Cross sectional study of HIV infection as a risk factor for COPD in urban West Africa" is currently ongoing as part of the NIMR-UCL collaboration with the main objectives to train local healthcare workers to use spirometer and interpret lung function data, and also to calculate the point prevalence of all-cause Chronic Lung Diseases (CLD) and COPD in adults living with and without HIV using handheld quality-assured post-bronchodilator spirometry-based lung function testing and structured respiratory health questionnaires. The study also seeks to qualitatively assess, through structured interviews, the feasibility of training for healthcare workers, and the acceptability of the study for participants as well as to continue the development of a setting-appropriate lung disease educational tool through structured interviews with both healthcare workers and study participants. This study began with capacity building training for clinicians at the Clinical Sciences Department on lung function and performance of spirometry using quality assured handheld spirometer. Cumulatively, over 250 patients have been enrolled in the HIV positive cohort of the study. The HIV negative cohort will be recruited from the HIV Testing Services (HTS) centre of NIMR, the Simpson Primary Health Care facility, General Hospital Harvey Road, as well as the Federal Medical Centre, Ebute Meta.

Impact:

The impact of the NIMR-UCL collaboration includes the exposure of clinicians and researchers of the institute to cutting edge technology in research and capacity development through training on symptoms and management MSK diseases, COPD and other lung diseases. There is also opportunity for mentorship and hands on training on clinical management of MSK symptoms and assessment of lung functions using modern quality assured spirometer.

The collaboration has also led to somewhat improved infrastructure at the institute. Two android tablets were donated for capturing research data through e-questionnaire. and two (2) spirometers were donated to the institute for evaluation of lung function.

The NIMR-UCL collaboration also sponsored a symposium during the 4th International Scientific Conference of the Institute, bringing together speakers from Europe and Ghana, West Africa as well as Rheumatology physicians and registrars in training in tertiary health organisations in Nigeria. The symposium featured a presentation of the findings of the NIMR MSK study, discussions on physician experience of MSK disease at the Lagos State Teaching Hospital, as well as a presentation on Systemic Lupus Erythematosus (SLE) by a rheumatologist from Ghana.

Till date, two papers of the research effort have been published in peer review journals.

Future forecast:

Like in any other human enterprise, it is expected

the subjects' responses to the questionnaires compared with their clinical history.

reliability tests with the test-retest method of identical versions of the general questionnaire (10 safety engineers, one on 17 medical secretaries)

Questionnaire about low back trouble

The date of inquiry	year month day
Sex	1 Female 2 Male
What year were you born?	

Mannequin of MSK pain site adapted from Standardized Nordic Questionnaire

that the collaboration that started with these empirical studies will grow resulting in better north-south collaboration and possibly exchange programs for skills acquisition in specific areas of medical research. It is also expected that the Rheumatology Clinic will become more established providing care to more Nigerians that desperately need expert care of their MSK symptoms.

The Clinical Sciences Department hopes to conduct a community based study to assess lung function of individuals in rural and urban communities in Lagos through Spirometry test thereby establishing baseline reference values for lung function in Nigeria.

Conclusion:

Following over 15 years of ART use in the Nigerian HIV cohort at NIMR, many patients are living longer with resultant increase in morbidity and mortality from non-infectious causes including musculoskeletal diseases and COPD.

Collaborative research and care provision on this will help to improve treatment outcome and quality of life of these patients. Furthermore, this north-south collaboration built through NIMR-UCL collaborative research and service demonstrates an open door for capacity development of in-country researchers and an opportunity for oversee research institutions to broaden the scope of their bio-medical research. NIMR is open for business. We do hope that such collaborations will grow over time resulting in multiple cutting edge research while providing

opportunities to bridge the gap of paucity of funding for bio-medical research in Nigeria.

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HEALTH LIBRARIES GROUP INTERNATIONAL BURSARY

MR. **OLALEKAN MOSES OLAYEMI** of the Library and Documentation Unit was awarded the Winner of the **CILIP Health Libraries Group International Bursary**, which enable him to travel to United Kingdom for training in Health Librarianship.

During the study trip he had different placement of training at **Library and Archives Service, London School of Hygiene and Tropical Medicine (LSHTM); Information Service, Francis Crick Institute; and Library and Knowledge Management, Public Health of England (PHE), Colindale Avenue.**

At these various institutions' library, he was opportune to have different training sessions & delivered by their library staff, on the functions, activities and tools used for delivering effective service to their various communities of users. The training sessions include: User support and information services, Use of social media in the

library, Online searching and evidenced-Based Information, Collection supports and digital services, Archives and Records management, Open Access and institutional repositories, e-journals and collection services, and ways of making advocacy for library amongst other.

During the study trip, he also attended the **Publishers For Development Conference** organized by **INASP** at Oxford, and a 2-day meeting at the **Research4life** programme at **Oxford Press University**. As part of the social programme for the trip, he was able to tour special attractive.

The places tour include; Trafalgar Square, Palace of Westminster, Westminster Abbey, Downing Street Gate, London Eye, Horse Guard Parade, St James Park, Royal Park, Green Park, Buckingham Palace, Hyde Park, British Museum, British Library and Foyles Bookshop.

We say congratulation to Mr. Olayemi



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OLALEKAN, NIMR, LAGOS & NICK POOLE, CILIP CEO, UK.



OLALEKAN & LIBRARY STAFF, PHE



NIMR 2017 GRANTS (EXTERNAL)

S /N	PRINCIPAL INVESTIGATOR (PI)	GRANTS TITLE	GRANTS PERIOD	START DATE	STATUS	DONOR
1	Dr. Sam Awolola	Laboratory evaluation of efficacy of 3 household insecticides.	1 year	JAN. 2017	On-going	SARO LIFE CARE
2	Dr. Sam Awolola	Pilot integrated malaria control in Kosofe LGA	1 year	2015 - 2016	Completed	RECKIT
3	Dr. Sam Awolola	Laboratory & field assessment of mosquito vectors	2 years	2015 - 2017	On-going	PMI / NMEP
4	Dr. Sam Awolola	Small scale field testing and evaluation of efficacy of residual insecticide.	2 years	2015 - 2017	Completed	BAYER
5	Dr. Sam Awolola	Semi field experiment hut evaluation of insect repellent against Anopheles mosquitoes in Nigeria.	1 year	2016 - 2017	Completed	MERCK
6	Dr. Sam Awolola	WHO TDR insecticide resistance project	1 year	2016 - 2017	On-going	WHO
7	Dr. Rosemary Audu	Multi Drug Resistance TB	21/2 years	2015-2017	On-going	EXT / IHVN
8	Dr. Rosemary Audu	Pilot of the use of Dried Blood Spot (DBS) Samples for Viral Load Assay, and Validation of the New Dried Blood Spot Extraction Protocol	1 year	2017/2018	On-going	CHAI
9	Dr. AZ Musa	H3Africa Kidney Disease Cohort Study	1 year	2017/2018	On-going	H3 Africa
10	Dr. AZ Musa	Prevalence of HIV among Road Transport workers	9months	2017/2018	On-going	LSACA
11	Dr. Oliver Ezechi	Strengthening Integrated delivery of HIV AIDS services (SIDHAS)	19 months	2017/2018	On-going	FHI360
12	Dr. Oliver Ezechi	HIV Sample Collection and testing	1 Year	2017/2018	On-going	Boca Bolistics
13	Dr. Greg Ohinoin	World Bank Centre for excellence in reproductive Health (CERHI)	5Years	2014-2019	On-going	World Bank
14	Dr. Olaoluwa Akinwale	Scaling up Research and Diagnosis of Buruli Ulcer to enhance intervention activities of the National Control program	1 year	2017-2018	On-going	FGN/NIMR
15	Dr. Gbajabiamila	A study Investigating the risk factors and Treatment Outcome in patients with Multiple Drug Resistant Tuberculosis in Nigeria	1 year	2017-2018	On-going	FGN/NIMR
16	Dr. Rosemary Audu	Characterizing virus dynamics and population immunity to the polioviruses in the difficult-to-reach areas in Nigeria and setting up a virology unit for tissue culture in NIMR	1 year	2017-2018	On-going	FGN/NIMR

On a lighter mood what is life like after retirement?

Retirement is another stage of life totally, as it is often said retired but not tired. It is the beginning of another phase in life which you need to plan for and ask yourself what do I do. How do I go about it? What are the things I need to be able to execute this phase in life? Pray along and ask God for direction, have Christ in your life, when you are with the lord you are rest assured that come what may God will always be there for you. That has been the driving force. The world is like a mighty ocean it's only those who have the lord that will be able to swim and sail through.

As Chairman of NIMR Cooperative Society from 2009 can you please give us a brief history of the Cooperative Society?

Ans: When I joined NIMR in December 12th 1984, there was a

cooperative society already in existence but in crisis. A lot of mismanagement by the executives who managed the society was the main challenge. As the head of finance department then, Dr Mafe one of the retired Directors approached me to help out in the running of the affairs of the cooperative, and that was the beginning of the



transformation of the cooperative. I instituted a control by directing that all payments should be made directly to the bank, stopped the handling of cash, the members were encouraged to increase their savings, a ledger card file, in addition to the passbook were opened for each member.

Members were given access to their passbooks. We enforced savings and gradually it grew and we can now boast of about hundred million in investments. Sound liquidity position and investments in Deposits and Treasury bills of about #900 million.

From observation, NIMR still operates cooperative, thrift and credit society – are there any plans to upgrade it from thrift to a multipurpose considering the benefits offered by the multipurpose society?

Ans: Some years ago, the Lagos State Ministry of Agriculture and Cooperative Development came up with the idea of upgrading the society from a thrift and credit society to a multipurpose society haven seen the foot prints in investment and activities of the cooperative society. The society now enjoys the statute of

multipurpose society registered with Lagos State Ministry of Agriculture and cooperative Development. There is a certificate issued to that effect, people will now have the opportunity of buying shares into the society. Although we have our fears that being a multipurpose society, that will be involved in many ventures, this may expose the cooperative to fraud therefore we are trying to safeguard it with adequate measures.

We appreciate the cooperative for securing the land for its members, which was an opportunity for many people to acquire land. However, we want to know whether the cooperative have been able to overcome the challenges encountered in the course of the acquisition and distribution to members?

Ans: There is no challenge with the issue of land. When we started the process of land acquisition in 2001 or thereabout. We went round looking for land to acquire and we eventually settled for Magboro, then the price was N45, 000 for a plot of land being a jungle, having worked out the modalities i.e., cost of survey and others we assumed it would not be more than N70, 000 per plot.

So we asked interested members to pay deposit of 50% of the cost as a sign of commitment. By the time we got the number of people interested there weren't any left over. About 12 and half acres of land was purchased, so the society then gave interested members the remaining 50% as land loan.

So that was how we came about the issue of first phase of land acquired. After this, the 2nd phase of land was acquired at Makongi that was where we had challenge because people did not immediately take possession of their land after allocation. About 27 plots of land were acquired here and ownership transferred to interested members, there was no disagreement. Three or four members that took possession were able to secure and build.

However, when the issue of Omo Onile (land grabbers) started members affected requested that the cooperative should borrow them money to prosecute the Omo Onile, so the cooperative gave out about 6 million naira to prosecute the case. The issue became volatile involving the police and physical attacks and subsequently most member lost their land. Meanwhile, some members felt that the cooperative shouldn't have been used to prosecute land case that didn't involve everybody. This group of

people were made to understand that nobody thought it would be this way, however people's savings were not affected.

Gradually we started writing off the consequence from the surpluses on a yearly basis and that was how we were able to address the 2nd phase of land.

Sir considering the change in name of Skye Bank, to Polaris Bank, what is the implication of this on NIMR Cooperative Society being the major bank it operates?

Ans: I have been following the trend and the change in name from Skye Bank to Polaris Bank. This has in no way affected our relationship with the bank. Yes we have money there, it is in treasury bills, and this is where we give out funds on monthly basis as loans. The cheques come in as receipts when staff salaries are paid. We then move it to treasury bills.

We started with N20 million as deposit in FBN which has accumulated through roll over as at 27th July 2018 to N39, 435 million. We have another N10million in UBA as Treasury bill also. In GTB we commenced with investment of 10 million naira which currently stands at over 15 million naira.

Sir, we want to thank you for

keeping to your word on the recent dividends. At least it brought smiles on the faces of the members: can you please throw light on the AGM and how we can ensure that it is done as at when due?

Ans: For the AGM, we thought it will hold in October/November 2018 but because of the challenges we had with the dividend whereby the figures were muddled up. We needed to sort things out, in the course of doing this, the 2017 account was handed over to the Ministry for the usual annual auditing. Hence we decided to hold on the AGM so as to take along the 2018 accounts at the AGM. On the issue of dividends, it is apportioned based on the following parameter: savings 60% while 40% is based on loan patronage. Those who only save without taking loans would not benefit from the 40%. As regards ensuring the AGM is held as at when due, I will advise that all hands must be on deck particularly members of the executive, they should ensure that their records are properly kept. They should be committed and discharge their responsibilities as embedded in the Constitution, records should be updated and current.

We observed that for some time now that the Society has not been giving attention to commodity supply for members, is there anything you may want to tell us on this?

Ans: There is plan to buy commodities by the end of this year 2018, however commodities for those who are interested are conditional. For instance you can't be owing 250,000 naira and you still want to buy commodities of 150,000 naira, how do you pay back? Therefore commodities that would be made available would be based on ability to pay. The long break in commodity purchase was as a result of the eight million naira debt that accrued in 2013 commodity supply. After IPPIS was newly introduced so far we have recovered about 90–95%.

Sir, deduction are now done from source by IPPIS, how were you able to achieve this? And for those that defaulted before the intervention of IPPIS; what measures have you put in place to ensure that they payback?

Ans: We need to appreciate the Director General Prof. B. L. Salako for his advice that the cooperative

should migrate back to IPPIS for its deductions. Prior to that time, there was fear that IPPIS might not remit deductions if we patronise them. In fact at one of the cooperative general meetings, the idea of patronizing IPPIS was vehemently opposed by members because of months of delay in remitting deductions to societies. But with the intervention of the Director General, Professor B. L. Salako, that IPPIS had overcome this we accepted to use IPPIS. Ever since then recovery have been smooth, we have been able to give out loans as and at when due and all fears erased.

Well what they were owing are in two categories, those that did not contribute to their savings and those that took loans and did not pay back. For those that did not contribute to their savings during that period, nothing was recorded for their savings and those who refused to pay back their loans, we commenced deductions immediately IPPIS intervened and were denied assistance when the need arose during the period.

What effort are you making to ensure the computerization of the activities of the cooperative?

Ans: Thank you very much. We

have done the computerization of every members account. It is from the system that we now update their cards. We have a software manager with whom we have a contract to service and maintain the system. We pay him N30,000.00 quarterly. The following fields are captured in the systems, names of members, opening savings, monthly saving, annual contributions, total savings to date, indebtedness etc. and every individual have access to their records and there is backup for the records.

What are the major challenges you faced while serving as the Chairman of the society?

Ans: Members records were not updated regularly but now up to 95% of the records are now updated.

Whoever is coming in tomorrow must be able to sacrifice his time because if records are not being updated, it is a ground for fraud. The relevant executive and committee must be committed and be able to make sacrifices. Most of the work should not be on the president, some of the sub-committees have been inactive and they need to wake up to their responsibilities.

Another challenge is the holding of Annual General Meetings

which has not been regular because records were not regularly updated. This can be attributed to other official commitment of the executives especially those charged with the responsibility. There should be regular preparation of quarterly accounts so that at the end of the year we can easily call in the auditors to audit our records so that there will be no arrears of AGM and annual payment of dividends

What advice do you have for the incoming executive regarding the investment of cooperative fund?

Ans: They should know that if nobody sees them, there is an eye watching. So they should be honest and ask God for the grace to be sincere. My advice is that they should not tamper with public/members funds because these are monies gathered by innocent citizens for their life's challenges. When they are investing money, they should be sincere, negotiate for the rights, interests and make sure it is recorded. Those who are coming should be sincere to themselves and be honest to the core. The moment you are able to overcome, you will have a breakthrough in life.

They should maintain and update

records and give a quarterly account report so that the account will not be in arrears. There should be regular preparation of account statements, so that by the end of the fourth quarter we can easily call in the auditor, to have the account audited, AGM should hold and dividends paid annually. There should be regular reconciliation of accounts by the management. The management will regularly examine all records including all bank balances and investments, loans granted and recovered, withdrawals and closures.

The incoming executives should realise that they are opting to render service for the people. As executives, they should be sincere, forthright and must not be covetous. The tendency to abuse/misuse their position for financial advantage are temptations they have to contend with.

Finally, from my experience I have been able to know that for you to stand and overcome all odds, it is important that you desire and embrace the virtues of integrity, transparency and honesty. Above all have the fear of God and keep away from covetousness.

Does the Cooperative have shares as part of its

investments? And if they do, how are the retiree benefitting from the shares, dividend

All member who desired to buy shares in quoted companies were assisted through granting of loans. The shares were bought in the name of members and

payment done by the cooperative through nominated stock brokers.

The shares bought included those from First Bank, GT Bank, Oceanic Bank now ECO Bank, etc. the shares were bought in individual members name and

they all have their share certificates and they have been receiving their annual dividend.

The retirees who wanted to continue as members of cooperative were not denied in the purchase of shares they also enjoyed the privilege and in the

NIMR CHAIRMAN

COOPERATIVE

Mr. Francis Osagiede



Scientific Seminars

NAME/RESEARCH GROUP	TITLE	DATE
DR. O.O. AINA BIOCHEMISTRY DEPARTMENT	SEASONAL VARIATION IN MALARIA PREVALENCE AND ANAEMIA IN IJEDE, IKORODU L.G.A. LAGOS, NIGERIA	8 TH FEBRUARY 2017
MRS. NGOZI OTUONYE CLINICAL DIAGNOSTIC LABORATORY	CURRENT AND POTENTIAL DIAGNOSTIC SERVICES AT THE CLINICAL DIAGNOSTIC LABORATORY NIMR, LAGOS	22 ND FEBRUARY 2017
DR. ADA OKECHUKWU CLINICAL SCIENCES DEPARTMENT	RENAL DISEASE IN HIV POSITIVE ADULT NIGERIA: STUDY OF PREVALENCE AND RISK FACTORS	22 ND MARCH 2017
EMERGENCY AND PREPAREDNESS RESPONSE	1. EPIDEMIOLOGY AND MANAGEMENT OF NEISSERIA MENINGITIS IN NIGERIA 2. 2016/2017 NEISSERIA MENINGITIDIS OUTBREAK IN NIGERIA: THE CURRENT SITUATION 3. LABORATORY DIAGNOSIS AND CHARACTERISATION OF NEISSERIA MENINGITIDIS	19 TH APRIL 2017
MR. AZUKA OKWURAIWE HUMAN VIROLOGY LABORATORY	VALIDATION OF DRIED BLOOD SPOT (DBS) SAMPLES FOR VIRAL LOAD ASSAY IN NIGERIA	26 TH APRIL 2017
MR AKINDELE SAMUEL CLINICAL DIAGNOSTIC LABORATORY	EFFECT OF ARTEMISININ BASED COMBINATION THERAPY AND CHLOROQUINE TREATMENT ON LIVER ENZYMES AND BIOMARKERS IN PLASMODIUM BERGHEI MALARIA INFECTION	
MR. HENRY EMMANUEL UZOMA	INTESTINAL PARASITIC INFECTIONS: CURRENT STATUS AND ASSOCIATED RISK FACTORS AMONG SCHOOL AGED CHILDREN IN MAKOKO, LAGOS STATE	26 TH APRIL 2017
MRS. E.E AFOCHA	SITUATION ANALYSIS OF DENGUE AS A DISEASE OF PUBLIC HEALTH CONCERN IN NIGERIA	31 ST MAY 2017
DR. NNEKA ONYEJEPU	A MENTORING AND SUPERVISORY PROGRAMME TO IMPROVE THE QUALITY TUBERCULOSIS REFERENCE LABORATORIE IN NIGERIA: AN IMPLEMENTATION RESEARCH	
ALH. T.Y. RAHEEM	PERFORMANCEASSESSMENT OF RAPID DIAGNOSTIC KIT FOR THE DIAGNOSTIC OF MYCOBACTERIUM TUBERCULOSIS COMPLEX IN LAGOS, NIGERIA	31 ST MAY 2017
DR. A.G. OHIHOIN	HIV STATUS DISCORDANCE: ASSOCIATED	

Scientific Seminars

	FACTORS AMONG HIV POSITIVE WOMEN ATTENDING ANTENATAL CLINIC IN LAGOS, SOUTHWEST, NIGERIA	
DR. B.A. IWALOKUN HEAD OF DEPARTMENT MOLECULAR BIOLOGY AND BIOTECHNOLOGY	THE USE OF BIOINFORMATICS TO TEST THE DRUGGABILITY OF NOVEL DRUG TARGETS IN HUMAN AND ZOONOTIC PATHOGENS: MYCOBACTERIUM LEPRAE 3-KETOACYLCOA THIOLASE AS A CASE STUDY	14 TH JUNE 2017
MRS. U.T. IGBASI	MOLECULAR PROFILE OF ANTIMALARIAL DRUG RESISTANT GENES TO ARTEMISININ, CHLOROQUINE AND SULPHADOXINE PYRIMETHAMINE IN LAGOS, NIGERIA	
MRS. G.B. AKINTUNDE	EPIDEMIOLOGY OF SERO-CONVERSION RATE AGAINST MEASLES AMONG NIGERIA CHILDREN IN THE FIRST 2 YEARS OF LIFE	28 TH JUNE 2017
MR. A.P. OKWURAIWE	PATTERN OF HCV GENOTYPES IN HIV-1/HCV CO-INFECTED SUBJECTS ON FIRST LINE ANTIRETROVIRALS	
MRS. N.E. TOCHUKWU	DRUG SUSCEPTIBILITY OF MYCOBACTERIUM TUBERCULOSIS COMPLEX BY PHENOTYPIC PROPORTION METHOD	12 TH JULY 2017
MRS. VERONICA N. VICTOR ENYA	CURRENT LABORATORY DIAGNOSTIC APPROACH TO SEMENOLOGY FOR MALE INFERTILITY	
PROF. DAVID CONWAY HEAD OF DEPARTMENT PATHOGEN MOLECULAR BIOLOGY LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE	MULTIPLICATION RATE VARIATION AND ADAPTATION OF THE MALARIA PARASITE <i>PLASMODIUM FALCIPARUM</i> IN WEST AFRICA	26 TH JULY 2017
DR. OO. AINA	INTEGRATION OF TRADITIONAL MEDICINE PRACTICE INTO CONVENTIONAL HEALTH CARE: A MODEL FOR NIGERIA	26 TH JULY 2017
REV'D (SIS.) C.O. EJEZIE	RAPID DIAGNOSIS OF TUBERCULOSIS USING GENEXPERT MTB/RIF ASSAY	
MR. O.S. AMOO	OBESITY AND REPRODUCTIVE FUNCTION IN A SAMPLE OF NIGERIAN MEN SEEKING FERTILITY TREATMENT	
DR. JANE O. OKWUZU CLINICAL SCIENCES DEPARTMENT	TOXOPLASMOSIS INFECTION IN HIV INFECTED ADULTS IN LAGOS STATE	
DR. T.A. BAMIDELE	ANTIBACTERIAL ACTIVITIES OF PROBIOTIC LACTIC ACID BACTERIA	

	AGAINST METRONIDAZOLE RESISTANT ATOPOBIUM VAGINAE ISOLATED FROM NIGERIAN WOMEN WITH BACTERIAL VAGINOSIS – A RESEARCH PROPOSAL	9 TH AUGUST 2017
MR. D.O. AKANDE	A COMPARATIVE SURVEY ANALYSIS OF FIVE DIAGNOSTIC METHODS FOR THE DETERMINATION OF URINARY SCHISTOSOMIASIS AMONG SCHOOL AGED CHILDREN IN IMALA-ODO COMMUNITY, OGUN STATE	
MS. CORINNE NGNAMEKO	IDENTIFICATION OF INHIBITORS OF HELICOBACTER PYLORI FROM CAMEROONIAN MEDICAL PLANTS	29 TH AUGUST 2017
MRS. CHINEDUM OPARAUGO	TREND IN BACTERIAL VAGINOSIS INFECTION OVER A 9-YEAR PERIOD AT A HEALTHY FACILITY IN LAGOS, NIGERIA	
MR. ADENIYI K. ADENEYE	EPIDEMIOLOGY OF SUCIDE IN NIGERIA: A RISING SOCIAL PROBLEM OF PUBLIC HEALTH SIGNIFICANCE	13 TH SEPTEMBER 2017
DR. C.K. ONWUAMAH	CORRELATION OF GST T1 AND M1 GENOTYPES WITH MEASURES FOR GENOME INTEGRITY IN CHILDREN EXPOSED TO ARVs	
PROF. OLUGBEMIRO SODEINDE, FMCPaed (Nig), FAS	"cry, the beloved country; but sunkunmus, riranmus!"	25 TH SEPTEMBER 2017




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Administrative UPDATE

UPGRADING 2017

S/N	NAMES	DESIGNATION	CONHESS GRADE LEVEL	EFFECTIVE DATE OF PROMOTION
1	Dr. O. Ajibaye	Research Fellow I	11/1	11/10/2017
2	Dr. J. O. Okwuzu	Research Fellow I	11/1	11/10/2017
3	Dr. P. V. Gyang	Research Fellow I	11/1	11/10/2017
4	Miss I. E. Idigbe	Research Fellow II	09/1	11/10/2017

CONVERSION 2017

S/N	NAMES	FORMER POST	NEW POST	EFFECTIVE DATE OF PROMOTION
1	Mrs. M. A. Olatunji	Higher Exec. Officer II (Accts)	Accountant I	01/01/2017
2	Mr. N. O. Iwegbu	Prin. Exec. Officer II (Accts)	Snr. Accountant	01/01/2017

2017 SENIOR STAFF PROMOTION

S/N	NAMES	DESIGNATION	CONHESS GRADE LEVEL	EFFECTIVE DATE OF PROMOTION
2	Mr. B. M. Ajayi	Deputy Director (Lab. Services)	14/2	01/01/2017
4	Mrs. C. E. Uzohue	Deputy Director (Lib & Info. Tech)	14/2	01/01/2017
3	Mrs. T. A. Malomo	Deputy Director (Accounts)	14/1	01/01/2017
1	Mrs. C. T. Oparaugo	Deputy Director (Lab. Services)	14/1	01/01/2017
5	Miss A. N. Nnenji	Chief Executive Officer (GD)	13/1	01/01/2017
6	Mr. O. T. Kokumo	Chief Technical Officer	13/1	01/01/2017
7	Mrs. T. Fesobi	Chief Science Lab. Tech.	13/1	01/01/2017
8	Mr. C. A. Enwuru	Chief Med. Lab. Scientist	13/1	01/01/2017
9	Mrs. G. B. Akintunde	Chief Med. Lab. Scientist	13/1	01/01/2017
10	Mr. K. A. Akinsinde	Chief Med. Lab. Scientist	13/1	01/01/2017
11	Mr. D. O. Akande	Chief Med. Lab. Scientist	13/1	01/01/2017
12	Mrs. A. M. Adedeji	Chief Statistical Officer	13/1	01/01/2017
13	Mrs. M. A. A. Adetunji	Chief Med. Lab. Scientist	13/1	01/01/2017
14	Mrs. J. O. Wilhelm	Chief Confidential Secretary	13/1	01/01/2017
15	Mrs. M. O. Akinyele	Asst. Chief Nutritionist	12/1	01/01/2017
16	Mr. B. E. Bekeboh	Principal Accountant	11/1	01/01/2017
17	Mrs. G. I. Luke	Principal Exec Officer I (GD)	11/1	01/01/2017
18	Miss M. T. Okon	Principal Confidential Sec. I	11/1	01/01/2017
19	Mr. S. J. Nduaga	Prin. Med. Lab. Sci.	11/1	01/01/2017
20	Mrs. Q. M. Dike	Principal Library Officer	11/1	01/01/2017
21	Mrs. M. Enejoh	Senior Med. Record Officer	9/5	01/01/2017
22	Miss U. A. Asuquo	Principal Conf. Sec. II	9/1	01/01/2017
23	Mr. D. Ochigbo	Senior Procurement Officer	9/1	01/01/2017
24	Mr. D. E. Egwu	Accountant I	8/1	01/01/2017
25	Mr. R. N. Iwegbu	Senior Exe. Officer (GD)	8/1	01/01/2017
26	Mr. O. O. Ugwu	Admin Officer I	8/1	01/01/2017
27	Mrs. N. A. Ako-Okoli	Admin Officer I	8/1	01/01/2017
28	Mr. L. Ekoja	Senior Exec. Officer (Accts)	8/1	01/01/2017
29	Mr. M. S. Musa	Snr. Asst. Soc. Welf. Officer	8/1	01/01/2017

Administrative UPDATE

2017 JUNIOR STAFF PROMOTION

S/N	NAMES	DESIGNATION	CONHESS GRADE LEVEL	EFFECTIVE DATE OF PROMOTION
1	Mr. T. O. Aje	Medical Lab. Tech.	06/1	01/01/2017
2	Mr. I. O. Benjamin	Chief Clerical Officer	06/1	01/01/2017
3	Mr. S. A. Shobande	Chief Clerical Officer	06/1	01/01/2017
4	Mr. A. O. Sunmola	Senior Cerical Officer	05/1	01/01/2017
5	Mr. A. R. Raheem	Senior Cerical Officer	05/1	01/01/2017
6	Mrs. J. E. Agunbiade	Senior Cerical Officer	05/1	01/01/2017
7	Miss U. M. Luke	Senior Cerical Officer	05/1	01/01/2017
8	Mrs. J. A. Obi	SeniorClerical Officer	05/1	01/01/2017
11	Mrs. M. L. Allen	Clerical Officer I (Laboratory)	04/11	01/01/2017
12	Mrs. A. T. Olaomo	Clerical Officer I (Laboratory)	04/5	01/01/2017
9	Mr. E. E. Adenu	Clerical Officer I	04/2	01/01/2017
10	Miss O. E. Edosomwan	Clerical Officer I	04/2	01/01/2017

LIST OF DISENGAGED STAFF IN 2017

RETIREMENT

S/N	NAME	DESIGNATION	SALARY GRADE LEVEL	EFFECTIVE DATE
1	Dr. (Mrs.) M. A. Mafe	Director of Research	15/9	06/09/2017
7	Mr. K. Akiode	Prin. Transport Superintendent	8/10	09/08/2017
3	Dr. S.M. C. Ezeugwu	Chief Research Fellow	13/9	16/08/2017
4	Mrs. G. O. Ihenwengwa	Chief Executive Officer (GD)	13/9	01/09/2017
5	Mrs. J. E. Egekyne	Prin. Confidential Secretary II	9/11	01/09/2017
6	Mrs. O. S. Mbiam	Chief Secretarial Assistant	8/7	09/09/2017
2	Mr. F. Osagiede	Director of Account	15/2	19/10/2017

RESIGNATION FROM SERVICE

S/N	NAME	DESIGNATION	SALARY GRADE LEVEL	EFFECTIVE DATE
1	Mrs. P. O. Agbo	Asst. Chief Admin Officer	12/3	01/09/2017
2	Mrs. T. O. Osibamowo	Higher Execu. Officer (Info)	7/4	24/09/2017

DEATH IN SERVICE

S/N	NAME	DESIGNATION	SALARY GRADE LEVEL	EFFECTIVE DATE
1	Mr. O. D. Ogbe	Clerical Officer	3/6	07/02/2017
2	Mr. John Ujah	Commercial Officer	8/4	15/04/2017

TRANSFER OF SERVICE

S/N	NAME	DESIGNATION	SALARY GRADE LEVEL	EFFECTIVE DATE
1	Mr. P. D. Jamda	Prin. Med. Lab. Scientist	11/2	31/12/2017

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- ▶ Therapeutic Drug Monitoring and
- ▶ Other laboratory and diagnostic services



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NIMR SERVICES

Centre for Human Virology & Genomics

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CHVG Price List



Our Services:

The service delivery at CHVG, an accredited laboratory, aims to satisfy our customers.

The clinical laboratory services offered by the Centre are primarily those services needed for the diagnosis and management of HIV, Human Papilloma Virus, Hepatitis B and C infections. Our prices for these tests are affordable and the lowest compared to few private labs offering such services.

This is because we offer these services as our social responsibility to the community.

S/N	TESTS	PRICE ₦
1	HBsAg	2,500.00
2	HBcIgm	5,500.00
3	HBeAg	5,500.00
4	HBeAb	5,500.00
5	HCV Ab	2,500.00
6	HIV-1 Viral Load	30,000.00
7	Hepatitis B Viral Load	40,000.00
8	Hepatitis C Viral Load	50,000.00
9	HCV Genotyping	25,000.00
10	ALT	600.00
11	AST	600.00
12	Bilirubin-Direct	600.00
13	Bilirubin-Total	800.00
14	Alkaline Phosphatase	600.00
15	Albumin	600.00
16	Protein	600.00
17	Electrolyte	2,500.00
18	Total Cholesterol	1,000.00
19	HDL-Cholesterol	1,000.00
20	LDL-Cholesterol	1,000.00
21	Triglyceride	1,000.00
22	HIV DNA PCR	25,000.00
23	HIV Confirmation	7,000.00
24	CD4 Count	6,000.00
25	Provision of panel for HIV proficiency testing	6,000.00
26	Human Papiloma Virus (HPV) Screening & Genotyping	20,000.00
27	Quality Management System Training	150,000.00
28	Resistance Testing	45,000.00

HUMAN DIAGNOSTIC LABORATORY

Comprehensive Diagnostic Laboratory Services in :
 •Haematology, •Medical Microbiology and Parasitology, Clinical chemistry, •Serology.

The NIMR Human Diagnostic Lab provides comprehensive clinical Diagnostic Laboratory Services to members Of staff and their families as well as members of the public. Serves as a centre for HIV Voluntary Counseling and Testing. Provide training for students on Industrial attachment, Medical Laboratory Science interns, undergraduates and post graduates students in biological sciences.

CLINICAL SCIENCES DIVISION

The Clinical Sciences Division runs an out-patient Clinic for Staff and provides Comprehensive Services for patients living with HIV/AIDs in the community.

The following are some of the services provided by the clinic;
***treatment of minor ailments** ***resuscitation of emergency conditions** ***referral of patients and tertiary centers**
***notification of infectious disease**

FGN/APIIN supported Anti-Retroviral Treatment the Laboratories are well staffed, equipped and offer their services at affordable prices.



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The Editor, NIMRNEWS

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