



APHPN NEWSLETTER

Quarterly Newsletter of the Association of Public Health Physicians of Nigeria

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From the President

PROF. ALPHONSUS ISARA

Dear colleagues, it is my pleasure to present to you the report card of our stewardship since we were elected eighteen months ago. This has become imperative since the forthcoming annual general meeting (AGM) in Port Harcourt officially marks the end of the first term of the present EXCO. With the collective support of APHPN members, this EXCO recorded some achievements within the period under review. These include but are not limited to the following:

1. Reactivation of APHPN Liaison Office in Abuja. A very competent administrative staff mans the well-equipped office.

2. Maintenance of a very functional APHPN website (www.aphpn-ng.net) and other social/academic media handles.

3. APHPN Newsletter: Five editions of the APHPN Quarterly Newsletter have been produced and circulated without a break.

4. Building the capacity of members via bimonthly webinars. So far, we have had three webinars with huge attendance from within and outside Nigeria. This was made possible by partnering with the World Continuing Education Alliance (WCEA). We have also built the capacity of various committee members and administrative staff through training and re-training.

5. Journal of Community Medicine and Primary Health Care: We successfully launched a functional website (<https://jcmphc.org>) for our Journal, using the open journal system (OPS). The journal is now indexed in Google Scholar and IJIFACTOR and has increased the number of issues per year from two to three.

6. Establishment of APHPN Consultancy Services Limited (ACSL), the business arm of APHPN. It was duly registered with Corporate Affairs Commission (CAC). APHPN is now set to carry out consultancy services for both governmental and non-governmental organization within and outside Nigeria.



7. Investments: APHPN purchased three lock-up stalls at Kuje Ultra-Modern Market, Kuje, Abuja. We also invested in Telecommunication virtual top-up unit (VTU), through My Wallet Shop platform. So far, the return on investment is very encouraging.

8. The membership of APHPN Board of Trustees (BOT) has been updated at the Corporate Affairs Commission with a new certificate issued to APHPN.

9. The production of APHPN branded items such as lapel pins, ties and scarfs.

10. APHPN successfully carried out a nationwide survey on the perception of Nigerian civil servants concerning the mandatory COVID-19 vaccination.

The results of this study will be presented during the AGM in Port Harcourt.

I sincerely thank the APHPN BOT, the EXCO, Committee chairmen, and all APHPN members, for the invaluable support in the past eighteen months. I congratulate our members who were elevated to the professorial cadre in various institutions across the country. I wish you all a very prosperous New Year.

Update from the Secretariat

DR ALPHONSUS AIGBIREMOLEN

Here are some important updates from the National Secretariat:

APHPN participated in a National Symposium on Emerging Challenges of Brain Drain in Nigeria's Health Sector organized by the National Institute for Policy and Strategic Studies (NIPSS) in collaboration with development for Research and Projects Centre (dRPC). The symposium which had in attendance important stakeholders in Nigeria's health system was held in Abuja in October 2022.

The third in the series of APHPN/World Continuing Education Alliance (WCEA) Capacity Building Webinar held in November, 2022. The webinar on Contemporary Challenges of Gender Equality and Discrimination was facilitated by Prof. Onyemochi Audu and was attended by participants in Nigeria and other countries.

A study on violence against health care being undertaken by APHPN and International Committee of the Red Cross (ICRC) has commenced with pilot data collection conducted in Plateau State. Prior to this pilot, other research activities such as securing ethical clearance, validation of study instruments and training of research teams have been completed. The study is expected to provide evidence to support policy and practice in Health Care in Danger (HCiD).

A nation-wide survey on COVID-19 vaccine mandate being conducted by APHPN Research and Grants Committee has reached advanced stages. The committee led by Dr. Nyemike Awunor has completed data collection across the six geo-political zones in Nigeria and has commenced data analysis. The findings of the study are expected to be presented at the 39th AGM and Scientific Conference of APHPN holding in Port Harcourt from 30th January to 3rd February 2022.



APHPN President, Prof Alphonsus Isara, with members of APHPN Osun state

News In Brief

APHPN President Visits Osun State

The National President, APHPN, paid a working visit to Osun State on Friday 27th of October 2022. During this visit, he interacted with Elders and members of the Osun State Branch of APHPN who expressed commitment to resuscitate the Branch

Obituary



The National President, Prof Alphonsus Isara, the executive and members of the Association of Public Health Physicians of Nigeria (APHPN) commiserate with the family and the Enugu branch of the association on the painful loss of Dr. Uche Ezeoke, an Associate Professor and Honorary Consultant in the Department of Community Medicine, University of Nigeria Teaching Hospital (UNTH) & College of Medicine, University of Nigeria and an active member of the association.

We pray that God will grant her immediate family, the Enugu State branch of APHPN, and the National body the strength to bear this loss.

Public Health Spotlight

Promotion Of Safe and Adequate Water Supply and Environmental Sanitation

STEPHEN OBEKPA ABAH

Introduction

In 2010 the United Nations General Assembly explicitly recognized water and sanitation as human rights that are “essential for the full enjoyment of life and all human rights” The Minimum Standards in Water, Sanitation and Hygiene Promotion are a practical expression of the principles and rights embodied in the Humanitarian Charter. This right is inextricably related to other human rights, including the right to health, the right to housing and the right to adequate food and nutrition.

The quality of drinking water is a powerful environmental determinant of health, a pillar of primary prevention and the foundation for the prevention and control of waterborne diseases. Water can and does serve as a medium for disease transmission in countries on all continents; all are affected, from the poorest to the wealthiest.

Poor WASH is the main cause of faecally-transmitted infections (FTIs), and is also strongly associated with malaria, polio and neglected tropical diseases (NTDs). Safe WASH in health care facilities (HCFs) is critical for maternal and newborn health, infection prevention and control of highly infectious diseases which significantly reduces the burden on public health systems and helps to prevent the over-use of antimicrobial drugs.

In 2017, the World Bank reported that over 71 million people in Nigeria lived without access to improved water and about 130 million people failed to meet the Millennium Development Goals for water and sanitation. (World bank, 2017). In 2018, Nigeria’s Federal Government announced a state of emergency for WASH and launched a National WASH Action Plan (FMWR). Unfortunately, despite the huge expenditure on WASH by successive governments, much of it has failed to produce the intended outcomes.

Current Status of Wash Services In Nigeria

According to recent data from the Nigeria Bureau of Statistics and UNICEF, the overall status of the WASH sector in Nigeria is very low. Only 9% of Nigerians have access to basic water, sanitation and hygiene services (FMWR, NB and UNICEF, 2020). The 2019 NORM report has also shown that fewer people had access to basic WASH in 2018 compared to 2019, a decline of about three million people (2%).

Since the late 1970s, the World Bank has invested over US\$ 700 million in urban water supply projects in Nigeria with largely unsatisfactory results (World Bank, 2018). Previously financed World Bank programmes in Nigeria’s WASH sector produced mixed results, in most cases, projects outcomes were rated unsatisfactory by the World Bank Independent Evaluation Group.



Stephen Obekpa Abah
MBBS, FWACP

Before the 2nd National Urban Water Sector Reform Programme (NUWSRP2), eight predecessor projects financed by the World Bank, seven were rated unsatisfactory or moderately unsatisfactory.

Several factors may be responsible for this abysmal performance of the WASH sector. Although Nigeria declared emergency in this sector in 2018 (FMWR, 2019) and has a Federal Ministry with responsibility for the sector, no specific or consistent framework has been produced with regards to the decisions regarding the implementation of WASH programs due largely to political and other considerations.

Currently, Nigeria has obtained a facility from the World Bank to revitalize WASH, a program known as SURWASH (Sustainable Urban and Rural Water Supply, Sanitation and Hygiene program), which is a five-year programme designed to support the implementation of the National Action Plan (NAP) for the revitalization of Nigeria’s WASH sector in seven states - Delta, Ekiti, Gombe, Imo, Kaduna, Katsina, Plateau; and the Federal level.

Steve Abah is a Professor of Public Health and the Deputy Vice Chancellor (Academics) at the Federal University of Health Sciences Otukpo, Benue State.

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It is financed by a \$700m World Bank loan and \$175m co-financing from the seven benefitting states. However, the major consideration has been the willingness of states to participate based largely on ability and willingness to provide counterpart funding and the necessary structures to support implementation rather than on a needs basis.

The gap in WASH services requires extraordinary efforts from the Nigerian government to reach more than 171 million people with safely managed water supply services if the country is to achieve SDG goal 6.1 by 2030. Progress in access to basic sanitation services post-MDGs also lacks momentum. Data analysis on trends in ending open defecation has shown negligible changes in the number of people practising open defecation since 2015. In addition, the NBS estimate that over 157 million Nigerians are off the SDG sanitation targets (only 1 in 5 Nigerians use safely managed sanitation services). Access to basic hygiene services was observed to reduce markedly in one year moving from 21% in 2018 to 16% in 2019. It can thus be generally inferred that a downward trend is being exhibited for access to basic hygiene in Nigeria (FMWR, NBS and UNICEF, 2019).

According to WaterAid, the annual cost for Nigeria to achieve universal access to water and sanitation by 2030 may be as high as \$20 billion in capital, operations, and maintenance. With the current status of the Nigerian economy and the instability in the oil price, it can be extrapolated that this is indeed a tall order. Unfortunately, COVID-19 has significantly changed the project and funding landscape for water, sanitation, and hygiene, and will continue to do so due to the global effect of the pandemic on world economies.

Broad Aspects of Water Supply

The broad aspects of water and sanitation are depicted in Box 1 below:



Key indicators

- Key hygiene risks of public health importance are identified
- All groups within the population have equitable access to the resources or facilities needed to continue or achieve minimum hygiene standards and practices.
- Users take responsibility for the management and maintenance of facilities as appropriate, and different groups contribute equitably
- Community representatives participate in the planning, training, implementation, monitoring and evaluation of hygiene infrastructure

- Water assessment (Access, Quantity, Quality)
- A sanitary survey & Health Risk Assessment
- Microbial assessment of water
- Promotion of hygiene standards in various populations
- Sanitation survey/audit
- Design and dissemination of Hygiene promotion messages and activities to address key behaviours and misconceptions

Economic Impacts of Wash

Household contributions to WASH services, especially through tariffs and self-supply provide the major source of financing for WASH in Nigeria. It is estimated that at least 64% of all water facilities are self-supplied. The WASH National Outcome Routine Mapping (NORM II) reported a substantially high amount of sector spending by households, at \$9 billion in 2018. Thus, the burden of out-of-pocket expenses on the poor is usually greater, since it typically accounts for a larger share of their total expenditures (WASH NORM Report, 2019). This paper contends that there is a nexus between poor WASH services and household expenditure and that poverty is related to high out of pocket expenditure on WASH. It has also been argued by others that poverty leads to conflict, defined as any violent activity that is capable of disrupting peace, development and stability in any nation or system (Ihejiaku, 2012). The WHO estimates the total global economic loss per annum resulting from poor water supply and sanitation at 260 billion US Dollars. According to World Bank studies, countries in sub-Saharan Africa, as well as Bangladesh and India, on average lose more than 4% and 6% of their Gross Domestic Product (GDP), respectively, due to inadequate sanitation. The evidence is clear: poor sanitation and inadequate water supply play a role in keeping countries poor and poor countries are likely to suffer greater consequences of COVID-19 (World Bank, 2021).



Meet Your APHPN Board of Trustees

BY TERKAA BITTO



Professor ALAUSA, Olanipekun Kamil is a Nigerian (by birth) and USA Citizen (by naturalization). His academic and professional qualifications include B.sc (Med.Microbiol); MB.BS; Cert. Immunol; MD (UI); Dip. Bact (Manchester); M.P.H (Harvard); Cert. Epidm. (WHO); Cert. Epidm & Public Health.Admin (CDC. Alanta, USA); FWACP (Comm.H); FMCPH; FMCPPath; FRC Path (U.K); DFMC; and FNAMed.

Appointments and Positions held: Foundation Head, Dept.of Epid.& Comm.Hlth, Univ.of Ilorin (1979-1985), Dean Fac. of Health Sciences & Chief Medical Director, Univ. of Ilorin/Univ. of Ilorin Teaching Hospital (1985); Foundation Head, Dept. of Community Medicine & Primary Care (CMPC), Ogun State University/Teaching Hospital (1985-1990); Foundation Dean/Visiting Professor, Fac. of Medicine, Bayero University Kano (1985-1989); Provost, College of Health Sciences/Chief Medical Director, Olabisi Onabanjo University /Teaching Hospital (OOUTH, Sagamu) (1990-1992); Registrar, National Postgraduate Medical College of Nigeria (NPMCN) (1992-1998); Deputy Vice-Chancellor, Olabisi Onabanjo University (2005-2007); Director of Academic Planning, Olabisi Onabanjo University (2007-2009); Pro-Chancellor and Chairman of Governing Council, Eko Univ. of Medicine and Health Sciences (EKOMEDHS- A Private- Owned Institution), Ijanikin, Lagos State (2018 to date); Visiting Professor, Dept. of Community Medicine, Babcock University, Ilishan-Remo, Ogun State, (2014 to date); Visiting Consultant, Dept. of CMPC, Fed. Medical Centre, Abeokuta, Ogun State (2018 to date).

His International Appointments include being a Member of the World Health Organization (WHO) Study Group on Community-Based Education for Health Personnel (1985); Member/Vice-Chairman, FAO/WHO Expert Committee on Brucellosis (1985-1992); WHO Contact Person on Health System Research for Nigeria (1989-1991); Principal Investigator for WHO (Geneva) Project on Health Development Structures (Hidden Health Resources) at District Health Systems in Nigeria (1993-1994); and Senior Consultant/Chairman of Dept. of Medical Microbiology, King AbdulAzeez Specialist Hospital, Gizan, Kingdom of Saudi Arabia (1997-2000).

He is the Chairman, Board of Trustees, Society of Public Health Practitioners of Nigeria; Member, Board of Trustees, Association of Public Health Physicians of Nigeria; Member, Board of Trustees and Chairman Governing Council, Ijebu Development Initiative on Poverty Reduction; and Member, Board of Trustees of the Kano Independent Research Trust.

He has over 100 Scientific and Medical publications in reputable national and international Journals.

Inaugural Lecture Highlights

Prof. Ofili examines the work and health knot.

In the inaugural lecture titled "BERNARDINO RAMAZZINI: WORK AND HEALTH" held on the 17th of November 2022, Prof. Ofili drew attention to the psychosocial work environment which is the least known, least remembered and the least able-to-be-manipulated component of the work environment. In this work environment, studies were carried out on the level of job satisfaction, causes of job dissatisfaction, stress, presenteeism and psychological health of various workgroups (Doctors, Nurses, Laboratory workers, Teachers, Civil Servants, Long distance drivers, Journalists, Prison workers, Police force, University staff, Medical Students and Bankers). Studies in various work groups have shown a generally low level of job satisfaction.

Based on the findings of these studies, Prof. Ofili recommended the following: government and other employers of labour should address the causes of job dissatisfaction and stress among various work groups, conduct stress management seminars/workshops, especially for the police force, conduct seminars/workshops on presenteeism, standard precautions for health workers, have a written injection safety policy and setting up ergonomic and occupational policy by hospital managements.



PROF ANTOINETTE NGOZI OFILI

APPOINTMENTS AND PROMOTIONS



Dr Luret Albert Lar
Professor of Community
Medicine
University of Jos



Dr Moses Peter Chingle
Professor of Community
Medicine
University of Jos



Dr Jonathan Chi Daboer
Professor of Community
Medicine
University of Jos



Dr Chungdung Asabe
Miner
Professor of Community
Medicine
University of Jos



Dr Esther Awazzi Envuladu
Professor of Community
Medicine
University of Jos



Dr Hadiza Abigail Agbo
Professor of Community
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Dr Abdulrazaq Abdullahi
Gobir
Professor of Public Health
Ahmadu Bello University
Zaria



Dr Sufiyan Mu'awiyya
Babale
Professor of Public Health
Ahmadu Bello University
Zaria



Dr Mohammed Sani
Ibrahim
Professor of Public Health
Ahmadu Bello University
Zaria



Dr Omosivie Maduka
Professor of Public Health
University of Port Harcourt



Dr Chinyere Mbachu
Professor of Public Health
University of Nigeria
Nsukka



Dr Ishaku Ara Bako
Professor of Public Health
Federal University Lafia

APPOINTMENTS AND PROMOTIONS



Dr Magbagbeola Dairo
Professor of Public Health
University of Ibadan



Dr Mukhtar Ahmed Gadanya
Professor of Public Health
Bayero University Kano.



Dr Kehinde Joseph Awosan
Professor of Public Health
Usman Danfodio University
Sokoto.



Dr Mansur Olayinka Raji
Professor of Public Health
Usman Danfodio University
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Dr Mohammed Jimoh Saka
Professor of Public Health
University of Illorin



Dr Babatunde Omotowo
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Dr Sunday Ameh Soter
Professor of Public Health
University of Calabar.



Dr Tolupe Olumide Afoloranmi
Professor of Community
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Dr Amadu Lawal
Reader Community
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Dr Iornumbe Joseph Usar
Reader Community
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Dr Tyavyar Joseph Akosu
Reader Community
Medicine
University of Jos



Dr Ugochukwu Onyeonoro
Reader Community
Medicine
Gregory University, Nturu

APPOINTMENTS AND PROMOTIONS



Dr Umar Mohammad Ango
Reader Public Health
Usman Danfodio University
Sokoto.



Dr Affiong Oboko Oku
Reader Public Health
University of Calabar.



Dr. Pokop Bupwatda
Appointed Chief Medical
Director Jos University
Teaching Hospital

Global Public Health Dates of Significance: January to March 2023

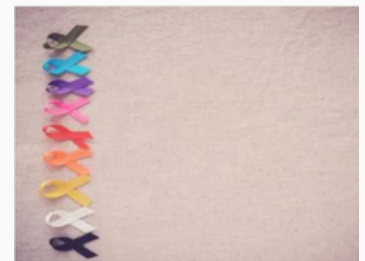
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Jan 27 2023
World Leprosy Day



30 January
World Neglected
Tropical Diseases Day



Feb 04 2023
World Cancer Day



Feb 15 2023
International Childhood Cancer Day



Mar 03 2023
World birth defects day



Mar 08 2023
International women's day



Mar 14 2023
World kidney day



Mar 22 2023
World water day



24 March
World TB Day