

# **MedShare Program**

**Donation of HIV Drugs in Nigeria**

**A Joint Venture**

**By**

**CitiHope International**

**&**

**African Missions, North America**

**Date: July 11 – July 24, 2003**

**Distribution Report**

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## **Introduction:**

CitiHope International (“**CitiHope**”) is a U.S. faith-based humanitarian aid organization providing medical and food relief to needy areas all over the world. To date, CitiHope has distributed more than \$365 million dollars worth of medicine, medical supplies and food to cooperative partners around the world.

African Missions North America (“**AMNA**”) is an international Christian organization whose primary focus is to transform the lives of the less privileged people of Africa by promoting and developing sustainable holistic programs and providing services that improve the quality of life of children, youth, and families. African Missions was founded by the Redeemed Christian Church of God (**RCCG**), a world-wide Christian organization with over 6000 churches world-wide, 5000 of these churches are located in Africa.

As a response to President Bush’s Initiative to fight HIV/AIDS in Africa, CitiHope donated HIV medication in the amount of \$1.5 million dollars to Nigeria, to coincide with President’s Bush visit to Nigeria. A CitiHope Consultant, Emmanuel Ogebe, headed this project and contacted AMNA to partner with CitiHope on this venture. AMNA, in collaboration with CitiHope, the Nigeria HIV Medication Distribution Project was organized. CitiHope was responsible for donating the medication, while AMNA under the leadership of Pastor Abby Daramola was responsible for sponsoring the project and ensuring the proper distribution, monitoring and reporting of the project.

On July 11, 2003, Mr. Emmanuel Ogebe of CitiHope and Dr. Ori Ogebe, the medical director, together with Pastor Abby Daramola of AMNA escorted the shipment of donated HIV medication to Nigeria. A total of 19 boxes each containing 800 vials of injections was air-freighted to Nigeria via World Airways who freighted the consignment free of charge. The donated drug is Pentam 300 (Pentamidine) used in treating HIV/AIDS related complications.

The medication was distributed in five identified target areas, namely: Benue State, Plateau State, Abuja, Ogun State and Oyo State. Hospitals such as the University College Hospital in Ibadan, and the National Hospital in Abuja, benefited from these drugs. This trip basically covered the presentation of the drugs, the distribution, facilitating, monitoring and reporting of the consignment of donated medication. AMNA In-country counterparts and partners were utilized in performing these tasks. These are:

- The Redeemed AIDS Program Action Committee (“**RAPAC**”), a division of African Missions, Nigeria, located at the RCCG Redemption Camp in Ogun State, headed by Pastor Laide Adenuga;
- Dr Pat Matemilola, National Coordinator, Network of People Living with HIV/AIDS in Nigeria (“**NEPWHAN**”), located in Abuja; and
- Dr. Sunday Ochenjele, Chief Medical Director, Mount Zion Hospital, Otukpo, Benue State

## **Framework for Distribution, Monitoring and Evaluation:**

**Process of Distribution:** In order to eliminate the sale of these drugs to HIV-positive individuals, the following distribution options were identified:

- Macro-Level: Through Government Health Centers, Commissioner of Health, Government Agencies such as NAFDAC, Faith-based Health Centers (RCCG Health Corp, Cemetery Rd, Ebute Metta); and
- Micro-Level: Through Private Clinics of high repute and recommendation, NEPWHAN.

**Monitoring:** In-country partners and affiliates were identified, namely in Ogun, Benue and Abuja. Sentinel sites/existing networks were identified in selected areas. Also identified are institutional capacities for monitoring, i.e. personnel with proven competencies, as well as materials and technical support were provided (i.e. guidelines for operation-- forms for data collation).

**Evaluation/Reporting:** The reporting process will include the following types of evaluations upon completion of the project:

- Process Evaluation;
- Outcome Evaluation; and
- Statistical Data Evaluation.

### **The daily program of the trip is as follows:**

<b>Friday, July 10-11, 2003</b>	Departed Washington, D.C. for Atlanta to receive consignment and board World Airline to Nigeria.
<b>Saturday, July 12, 2003</b>	Arrived in Nigeria and passed consignment through Customs and National Agency for Food and Drug Administration and Control (NAFDAC). Medication was transported to Abuja.
<b>Sunday, July 13, 2003</b>	Meeting with African Missions North America, in-country counterparts.
<b>Monday, July 14, 2003</b>	Meeting with Dr. Iyabo Obasanjo-Bello, Commissioner for Health, Ogun State to perform drug presentation.
<b>Tuesday, July 15, 2003</b>	Departed Lagos for Abuja to distribute drugs in Abuja and Benue State.
<b>Wednesday, July 16 - 17, 2003</b>	Presentation of drugs in Benue State.
<b>Friday, July 18, 2003</b>	Presentation of drugs in Abuja.
<b>Monday, July 21-22, 2003</b>	Follow-up and monitoring in Ogun State, Abuja and Benue State. Meeting with NAFDAC.

**Wednesday, July 23, 2003**

Presentation of drugs at University College Hospital (“UCH”), Oyo State with Dr. Iyabo Obasanjo-Bello.

**Thursday July 24-25, 2003**

Departed Nigeria for the United States.

## **Daily Activity Summary And Analysis:**

**Friday July 10-11, 2003**

Departed Washington D.C. for Atlanta to receive consignment and board World Airline to Nigeria.

The three team members from The United States, namely, Mr. Emmanuel Ogebe (CitiHope Consultant); Dr. Ori Ogebe (Medical Advisor); and Pastor Abby Daramola (AMNA sponsored representative) embarked on this mission to Nigeria on July 11, 2003 via Atlanta Georgia. Nineteen (19) boxes of medication, with a total weight of approximately 1200 pounds was air freighted from New York to Atlanta Georgia via Delta airlines from CitiHope’s warehouse. The medication was checked into World Airways, who transported the donated items to Nigeria free. The three representatives accompanied the medication to Nigeria.

### **Final Analysis:**

- The consignment was successfully loaded and arrived in Nigeria safely.
- There is a need to partner with World Airlines on subsequent projects whereby they can provide discounted tickets on mission trips and provide on-going support in freighting humanitarian commodities to Africa. In return, we would promote the airlines during humanitarian and fund raising activities. Also, a tax credit could be worked out to benefit them.
- There is a need to identify a shipping airline that would provide services similar to World Airways.

**Saturday July 12, 2003**

Arrived in Nigeria and passed consignment through Customs and National Agency for Food and Drug Administration and Control (NAFDAC).

Dr. Iyabo Obasanjo- Bello sent a State House Representative to receive us as she promised. We ran into some slight delay with customs concerning the appropriate import duty waiver documents required in order to bring drugs to Nigeria. Mr. Emmanuel Ogebe and the Ogun State Government representative proceeded to the Customs office located outside the airport for assistance. Eventually it was sorted out with cognisance of the President’s daughter by a directive from the Comptroller of Customs without any levy or bribe. Five (5) boxes of medication were given to Dr. Iyabo Obasanjo-Bello’s representative and 14 boxes were air freighted to Abuja, accompanied by Mr. Emmanuel Ogebe. Mr. Emmanuel Ogebe met with the former director for HIV/AIDS for the Capital, Dr. Adama Ajonye , who arranged for storage of the medication and made some contacts in order to gain insight on the best way to distribute the medication in Abuja.

**Final Analysis:**

- It is important that for future projects we secure all necessary Customs and NAFDAC documents and approvals before shipment. This will reduce the amount of pressure from Customs officials as encountered on this trip.

**Sunday July 13, 2003**

Meeting with African Missions North America, in-country counterparts.

Pastor Abby Daramola met with African Missions, Nigeria to discuss the purpose of the project, and the expected outcome. They discussed their role on this project and a team was selected to work with AMNA. The team comprised of:

- Pastor Laide Adenuga - Lead;
- Dr. Femi Adeyemi, Medical Director, RCCG Medical Center, Redemption Camp, Ogun State; and
- The entire staff of RAPAC.

A mini training was provided to the team on how forms should be filled and the process of monitoring and evaluating the project.

**Final Analysis:**

- For future projects, all in-country partners must be adequately informed and carried along on projects before commencement. This will allow in-country partners to undertake the necessary planning required and provide adequate resources/personnel to perform varied tasks.

**Monday July 14, 2003**

Meeting with Dr. Iyabo Obasanjo-Bello, Commissioner for Health, Ogun State to perform drug presentation.

The US team, Pastor Laide Adenuga and Dr Femi Adeyemi met with Dr Iyabo Obasanjo-Bello with her medical team in her office in Ogun State to do the official presentation of the HIV/AIDS medication. Five (5) boxes of medication was allotted to Ogun State. The following dignitaries were present at the presentation:

- The Permanent Secretary for Ogun State Government, Ministry of Health;
- Abbott Laboratory Representative;
- Ogun State Television Personnel;
- Ogun State News Coverage Personnel;
- The director for Ogun State Action on AIDS Committee (“SACA”)

The medication was presented to Ogun State and Dr. Iyabo Obasanjo-Bello, who represented the people of Ogun State. Dr. Obasanjo-Bello expressed her appreciation for the donated medication and promised to cooperate and work closely with the in-country representatives (Pastor Laide Adenuga & her team) to perform the monitoring and reporting. In order to exhaust the medication before their expiry dates of September 2003, Dr. Obasanjo-Bello promised to share the medication with neighboring states. She also promised to ensure that the project goes through smoothly so that she can partner with CitiHope and AMNA on future projects. She is committed to ensuring that all customs and NAFDAC requirements and permits are secured for all future shipments, however she asked for ample notice in

advance of shipments to allow for prompt clearing. Abbott Laboratory was also present at the presentation. They donated HIV test kits in support of President Bush's visit to Nigeria. Dr. Iyabo Obasanjo-Bello and Pastor Abby Daramola volunteered to take the HIV test on television as a way to encourage the public to get tested and also encourage people to come out to the designated clinics for a free test and free HIV medication for those who are already infected with the virus. Pictures were taken of all the attendees. **See Appendix A**

**Final Analysis:**

- This was a successful visit. We are very confident of the success of this project in this region.
- CitiHope and AMNA should prepare a document of partnership with Dr Iyabo Obasanjo-Bello upon her visit to the United States to formally establish this relationship.
- Pastor Laide will work with Ogun State and provide AMNA with all data forms, monitoring forms and give a detailed report on this project.
- For future projects, we should look into the possibility of donating HIV test kits and male and female condoms.

**Tuesday July 15, 2003**

Departed Lagos for Abuja to distribute drugs in Abuja and Benue State.

Pastor Abby and Dr. Ori proceeded to Abuja via Bellview Airlines. Dr. Sunday Ochenjele was at the airport to receive us having traveled all the way to meet us from Benue State. We chartered two station wagons to transport 9 boxes of drugs to Benue State. The medication was picked up from Dr. Adama Ajonye where it was stored for safe keep. We contacted Dr. Pat Matemilola and made an appointment to see him on Friday July 18, 2003. It took nine hours (9) to get to Otukpo, a trip that should normally take four and a half (4 ½) hours. The delay was due in part to the frequent military checkpoints demanding for documents and others things we did not have. We arrived at Otukpo at 12:00 midnight.

**Final Analysis:**

- We should endeavor to make future trips at daytime to reduce the amount of checkpoints we encounter. It took practically 14 hours from Lagos to Abuja.
- Vehicle charters should be used for subsequent trips, as they are less visible than taxis and attract less scrutiny.

**Wednesday July 16 - 17, 2003**

Presentation of drugs in Benue State.

The drugs were presented to Dr. Sunday and other medical Officers in Otukpo, specifically Dr. Idoko, Dr. Daniel of St. Daniel Hospital, and Dr. Oko of the General Hospital. A mini training was provided to the team on how forms should be filled and the process of monitoring and evaluating the project. The U.S. team provided adequate copies of forms to all participants for proper documentation. Pastor Abby Daramola prepared a letter to the Commissioner for Health in Benue State introducing the organizations and soliciting for their support, as well as the support and cooperation of the government in making this venture a success. The letter was to be hand delivered to the capital of Benue State on Friday July 18, 2003. However, because of gasoline shortage, it was not possible for us to personally deliver the letter to the Commissioner. We left Otukpo on Thursday for Makurdi where we met with

Dr. Abah, the Acting Medical Director of Makurdi Federal Medical Center. Unfortunately he did not have adequate time to spend with us to share the vision and project, however he promised to talk to Dr. Ori on the phone and also contact Dr. Sunday for more information on how to participate.

**Final Analysis:**

- The problem of HIV/AIDS in this area is very disturbing. This town is one area we have identified for establishing a fully equipped medical center for the treatment of HIV and AIDS related symptoms. This is the center of crisis in Nigeria with the nation's highest prevalence rate.
- For future projects, we should have a concrete and clear plan of action on how to disburse items such as this in villages. Having adequate transportation will help to access remote villages.
- U.S. Visitors should be warned and prepared for the type of environment and situation one may encounter on this trip. There had been no electrical power supply for weeks therefore the photocopies we made were expensive because the copier had to run on a generator. Mosquitoes were also very much a factor here.

**Friday July 18, 2003**

Presentation of Drugs in Abuja.

The U.S. team met with Dr. Pat Matemilola. He was very receptive and cooperative and willing to do whatever it takes to get the medication to as many people that need it, particularly in Abuja and Plateau State. A formal presentation of the medication was done and he expressed his sincere gratitude for our effort. As an HIV victim himself, his commitment to this project is absolute and he has direct contacts with hospitals and individuals who are in desperate need of this medication. He immediately made some contact with medical professionals in Jos who could assist in dispensing the medication. He was put in charge of the monitoring and reporting of the project in Abuja. A mini training was provided to him on how forms should be filled and the process of monitoring and evaluating the project. We visited the National Hospital in Abuja. They declined on participating on the project because our medication did not meet the required shelf life they could accept.

**Final Analysis:**

- For future projects, we should have a concrete and clear plan of action on how to disburse items such as this in Abuja since a lot of regulatory government agencies are located here. Dr. Pat will be a good in-country contact/partner in Abuja for all future HIV activities.
- We need to verify the shelf life of products before shipment. An average shelf life should be no less than 1 year or as stipulated by the receiver.

**Monday July 21-22, 2003**

Follow-up and monitoring in Ogun State, Abuja and Benue State. Meeting with NAFDAC (National Agency for Food and Drug Administration and Control).

Pastor Abby Daramola met with the Special Assistant to the Director General. She said that there are special concessions for organizations bringing donated items to the country. The

NAFDAC regulations are directly in most part to commercial consignment. She suggested that we contact her directly on any consignment to Nigeria so she can assist in getting the necessary waivers and also in verifying what items are allowed into the country.

**Final Analysis:**

- For future projects, we should consider contacting NAFDAC for approval and waivers before shipment to Nigeria.

**Wednesday July 23, 2003**

Presentation of drugs at UCH, Oyo State with Dr. Iyabo Obasanjo-Bello.

The US team, Dr. Iyabo Obasanjo-Bello and her team, together with the RAPAC team traveled to Ibadan to present 2 boxes of the medication to the Medical Director. The following individuals were in attendance:

- UCH Medical Director;
- The Provost;

The medication was presented to the UCH Medical Director by Dr. Iyabo Obasanjo-Bello. The Medical Director representing all the patients in UCH expressed his appreciation and promised to cooperate and work closely with the in-country representatives (Pastor Laide Adenuga & her team) to perform the monitoring and reporting. He promised to ensure that this project goes through smoothly so that they (UCH) can be considered for future projects. **See Appendix B.**

**Final Analysis:**

- Pastor Olaide will liaise with UCH officials to perform the monitoring and reporting of the project.
- Pastor Abby Daramola provided funds to Pastor Laide Adenuga to assist in covering the expenses incurred during this project.

**Thursday July 24, 2003**

Departed Nigeria for the United States.

**CONCLUSION:**

Overall, this program was very successful. First, it helped to provide hope to those who had otherwise lost hope because of the fatality of this disease. For many skeptics who were initially unaffected by President Bush's visit, the care and concern demonstrated by the Americans was very real and showed a humane side of the Americans to humanity. Secondly, those affected by the HIV/AIDS virus are convinced that Jesus must care about them as a result of the care and concern demonstrated during this visit. Finally, this trip demonstrated that everyone, regardless of race or color must do everything possible to reduce/alleviate the HIV/AIDS epidemic.

The major challenge of this trip is the continuity of providing the HIV/AIDS medication, as well as the possibility of providing another urgent medication to treat tuberculosis. People

who could not otherwise afford medical treatment, and now got it free will be looking to the sustainability of this project.

This visit was also an eye opener to the magnitude of the disease, as well as the need to reach out to people with the full gospel of our Lord and Savior Jesus Christ. Major behavioral changes are needed in Nigeria. Counseling and train-the-trainer programs are needed desperately as a way to address the issue of promiscuity and unsafe sexual practices and behavior.

It is our belief that the God of the work will meet the needs of His work.