

Evaluation of HIV/AIDS Surveillance System (2010-2013) in Enugu State April 2014

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Objective

- To determine the public health importance and relevance of the surveillance system.
- To describe the process of operation and purpose of the system and assess its key attributes.
- To determine the effectiveness and efficiency of the surveillance system.
- To make appropriate recommendations to stakeholders for its improvement.

Introduction

Evaluation of a public health surveillance system is one of the major outputs of the field attachment of the Nigeria Field Epidemiology and Laboratory Training Programme. To conduct this activity, the HIV/AIDS surveillance system in Enugu State, Nigeria was evaluated. The evaluation was conducted from February to March 2014. The objectives of the evaluation were to describe the attributes and process of operation of HIV/AIDS surveillance system in Enugu State, determine if the set objectives for establishing HIV/AIDS surveillance are being met or not, determine the efficiency and effectiveness of the HIV/AIDS surveillance system and to make appropriate recommendations for improving the surveillance system.

Methods

The evaluation was conducted using the “ CDC,s Updated Guidelines for Evaluating Public health Surveillance System,2001¹. We qualitatively assessed the surveillance system’s key attributes. We interviewed five key informants at state level and reviewed 2010-2013 data from the Enugu State HIV/AIDS surveillance system.

Results

The HIV/AIDS surveillance system is a passive system. Reporting mechanism entails data flow from the health facilities HIV/AIDS monitoring and evaluation officers to the Local Government Area M&E officers, State AIDS/STI Control Programme(SASCP), M&E officer and finally the M&E officer in the National AIDS and STI control programme. Data on HIV Counseling and Testing (HCT), Prevention of Mother to Child Transmission (PMTCT) and Anti-Retroviral Treatment (ART) are collected, collated and transmitted to the National level. The data generated serve to guide decision making at the state and LGA level regarding planning, implementation and coordination of AIDS/STI control strategies. The system is useful, stable, acceptable, flexible, timely, but not representative, sensitive or simple. Data quality is poor and inadequate data for analysis of Sexually Transmitted Disease. There is lack of proper integration with integrated disease surveillance and response(IDSR) system at the State and LGA level.

Conclusions

The HIV/AIDS Surveillance System is useful, fairly stable, flexible, timely but not representative because not all health facilities are captured for example the Military hospitals in the state, rendering all HIV/AIDS services, don’t send their data to the SASCP unit. The system is not sensitive because of the Rapid Diagnostic test that is

used to detect the disease. The System is not simple because the data elements are numerous and some of the stakeholders complained of incomplete filling of forms. The data quality is poor because of missing data. The resources to maintain the system are sometimes inadequate at the state and Local Government level and they are donor driven. Some of the recommendations that was made to the state was the state ministry of health should provide fund for transport and to strengthen data collection at LGA level, adequate staffing of the M&E unit at the LGA level, emphasis on training and retraining of the M&E officers and data clerks at state and LGA level and the training should be periodic due to frequent staff attrition. Frequent supportive supervision at the health facility and LGA levels for data quality assurance. Strengthening data collection from private health facilities and LGA level by providing funds for transport and review and analysis of data for decision making.

Keywords

Surveillance; Evaluation; Acquired Immunodeficiency Syndrome; Human Immunodeficiency Virus; Nigeria

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References

- 1 Centres for Disease Control updated guidelines for evaluating surveillance system, 2001.

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