

AIDSTAR-One Success Story

Strategy Development for Improving Safe Phlebotomy Practices in Nigeria



Dr. Folake Majekodunmi (Acting Permanent Secretary, FMOH) launches the Phlebotomy Strategy in Abuja, May 25, 2011.

“The Ministry is indebted to AIDSTAR-One for providing invaluable technical support for this process.”

–Dr. Mansur Kabir, Director of Public Health, Federal Ministry of Health

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AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

Preventing the spread of HIV in Africa’s most populous country, Nigeria, is no small task. With an estimated 3.1 million people living with HIV in Nigeria in 2010, the U.S. Agency for International Development (USAID) is partnering with the Federal Ministry of Health (FMOH) to rapidly scale-up HIV testing and antiretroviral monitoring in the country to better serve those living with HIV. Both of these procedures involve drawing blood, also known as phlebotomy, for testing, which can present a risk of HIV transmission if unsafe procedures are followed.

Evidence from U.S. health facilities suggests that occupational needle-stick injuries involving hollow-bore needles used in phlebotomy pose a particular risk to health care workers.¹ As in many developing countries, phlebotomy in Nigeria has occurred in an atmosphere devoid of policies or guidelines for safe practices. A health facility assessment conducted in Nigeria in 2008 by the Making Medical Injections Safer (now AIDSTAR-One) project, funded by the U.S. President’s Emergency Plan for AIDS Relief through USAID, found many unsafe practices related to phlebotomy procedures among health care workers, as well as inadequate supply of safe phlebotomy devices, such as vacuum blood collection sets that minimize exposure to blood.

To address disease transmission during blood draws, the FMOH in collaboration with the AIDSTAR-One project is working to ensure the safety of phlebotomy practices in Nigeria’s health facilities, along with safe injection practices and health care waste

¹ Do, A. N., C. A. Ciesielski, R. P. Metler, T. A. Hammett, J. Li, P. L. Fleming. 2003. Occupationally Acquired HIV Infection: National Case Surveillance Data During 20 Years of the HIV Epidemic in the United States. *Infection Control and Hospital Epidemiology* 24(2):86-96.

management. To achieve safe working environments, AIDSTAR-One provided key technical assistance in the development of a strategy for safe phlebotomy in health facilities. This included coordinating meetings with the FMOH and other experts from across six geopolitical regions to build consensus for the strategy. Dr. Mansur Kabir, Director of Public Health, FMOH, acknowledged the assistance of AIDSTAR-One in the strategy document noting, “The Ministry is indebted to AIDSTAR-One providing invaluable technical support for this process.”

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In order to facilitate the country-wide implementation of the safe phlebotomy strategy, AIDSTAR-One supported the Government of Nigeria in developing training materials based on the *WHO Guidelines on Drawing Blood: Best Practices in Phlebotomy* (2010) and incorporated the new guidelines into existing training manuals on



Permanent Secretary, Mrs. Rhoda Ahile, addresses a training of trainers session in Makurdi, Benue State.

injection safety and safe health care waste management. AIDSTAR-One also trained Nigerian health care instructors to update their knowledge and skills before they began in-service training for health workers. Currently, all health workers in the targeted sites are being trained on safe phlebotomy along with injection safety and health care waste management.

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