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PAGES

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Defection: Ortom ‘consults’ PDP stakeholders on APC's invitation P 30

Lawan, Shekarau, 8 other senators sponsored no bill in 1 year

- It's shameful – CSO
- I'm working on one – Former Kano gov
- Senate president keeps silent

By Abdulateef Salau

Senate President, Ahmad Lawan, Adamu Bulkachuwa (APC,

Bauchi) and former governor of Kano State, Ibrahim Shekarau (APC, Kano) are among the 10 senators who have not sponsored a single

bill in the last one year. The National Assembly, under Section 4 subsection (2) of the 1999 Constitution as amended, is vested with

"powers to make laws for the peace, order and good governance of the Federation or any part thereof with respect to any matter included

in the Exclusive Legislative List". The primary functions of a legislator include making

P 5

450 bills introduced in the RED CHAMBER (October 2019 - July 23, 2020)



10 Senators with NO SINGLE BILL to their names



Some of the Senators with NO BILLS



Sen. Ahmad Lawan, (APC, Yobe)



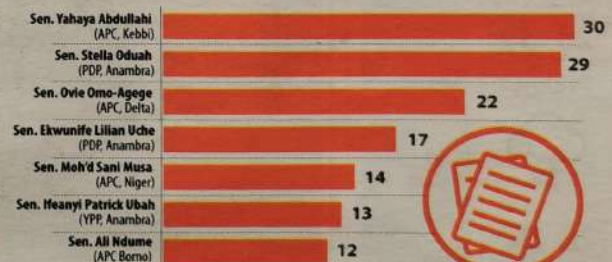
Sen. Adamu Bulkachuwa (APC, Bauchi)



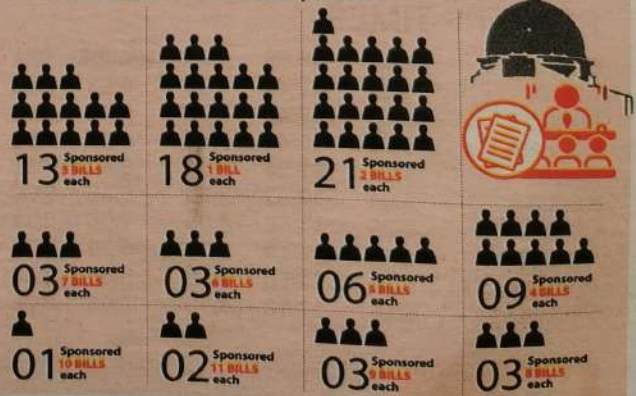
Sen. Ibrahim Shekarau (APC, Kano)

Infographic: All A. Geidam

Top 7 Senators with the HIGHEST NUMBER OF BILLS during the time under review



Senators and the number of bills sponsored



How Auwalu Manager's bakeries transformed lives in Jigawa P 3

Businesses thrive after 4 months of COVID-19 — Report P 18

'60 dead persons receiving salary in Imo' P 8

ADVERTORIAL

Prof. YKE Ibrahim, Professor of Pharmaceutical Microbiology, Ahmadu Bello University, Zaria and Centre Leader, Africa Centre of Excellence in Neglected Tropical Diseases and Forensic Biotechnology (ACENTDFB) spoke with Sam-LoCo SMITH on the ACE grant contribution, covid-19 and other related issues in the health and education sector in the country.

What informed the Africa Centre of Excellence ACE-Grant and its establishment?

The World Bank realized that many developing countries, particularly in Africa, are unable to address their socio-economic problems due to inadequate skilled, competent and relevant human resources being graduated from higher education institutions in the region. Improving facilities that will address this gap requires substantial funding in target critical areas. The ACE focuses on research and human resource development in tertiary educational institutions. One major problem the World Bank observed was lack of synergy between educational institutions, the private sector such as the Industry and even the end users. There was no translation of research output into products. As such, the populace hardly benefits in terms of their socio-economic uplift from research outcomes and innovations from higher educational and research institutions. The World Bank reasoned that one way to address this anomaly is by empowering research institutions or centres to focus in addressing specific areas of needs for such developing countries.

The project started with the West and Central African region, focusing on three thematic areas: Agriculture, Health and STEM (Science, Technology, Education and Mathematics). These three thematic areas are known to drive the economy of any country. For a country to develop and improve its GDP, there must be enough human resources that will be able to be innovative, develop strategies and tools for moving the country and changing its economic status so as to build critical mass of human resources that can be involved in translational research, and or that will be required to manage the various sectors of the economy.

Following discussion with and eventual negotiation between the World Bank and the Governments of the Countries in the West and Central Africa region, the World Bank advanced loan to set up Centres of Excellence in the region to be managed through the Association of African Universities. A new model was adopted in which only seed money and not the entire grant is provided and centres are only provided further funds following assessment of achieved objectives. In essence, centres are required to produce result and after verification, they are given further tranches of money to carry out further activities in accordance with their approved implementation plans. It is termed Disbursement Linked Indicator (DLI). This is because previous interventions did not yield desired effect especially in the way those projects were managed. So it's like doing research with a business sense to it.

To what extent was this objective realised looking at Centre by Centre?

I think largely, I will rather say virtually all the phase I Centres of Excellence established not only in Nigeria, but in the West African region have been able to realise substantially the research and project objectives that were the main reason for their initial existence. The success achieved by these Centres led to establishment of another batch of ACEs in the East and Southern African region. At the end of last year, 2019, a new round of grant was established, termed ACE Impact (ACE III), with the aim of strengthening what has been achieved and ensure greater impact on the Countries. From the initial 22 in the West African and Central African region, the number rose to 44. This is in addition to the 41 in the East and Southern African region. Due to success achieved, seven of the ten ACE I Centres in Nigeria including my Centre, were successful in getting new grants and ten new other Centres emerged. We have been able not only in changing the way we do research, and linking research output in the laboratory to utilization, changes in the research environment and teaching methodology, but also engaging in research that addresses societal problems.

When we look at some of these achievements, viz - a - viz centre by centre in terms of success stories, where does Ahmadu Bello University stand?

Ahmadu Bello University had initially one Centre which is my Centre, the Africa Centre for Neglected Tropical Diseases and Forensic Biotechnology. We started a new programme entirely, MSc and PhD in Biotechnology.

This was the first time where a university in Nigeria is running higher degree programme, especially at PhD level in Biotechnology, but with a focus on Neglected Tropical Diseases. These are diseases which though affect largely the rural populace (they constitute a majority of the population) have less attention paid by Governments and non-governmental organisations. The affected population incidentally is the segment of society that is actually involved in agricultural production. We have been able in my Centre to create a baseline data on the epidemiological distribution of the various NTDs, particularly the one in which we initially started to focus on namely, lymphatic filariasis (elephantiasis), trypanosomiasis (sleeping sickness) and rabies (dog bite).

We have now extended our diseases focus to include three others like Trachoma, Dengue fever and schistosomiasis. We have made substantial progress in developing drug candidates and identifying genes for possible development as diagnostics in the detection of some of these diseases. It has not reached



YKE Ibrahim, Professor of Pharmaceutical Microbiology, Ahmadu Bello University, Zaria and Centre Leader, Africa Centre of Excellence in Neglected Tropical Diseases and Forensic Biotechnology (ACENTDFB)

The ACE focuses on research and human resource development in tertiary educational institutions.

marketing, but at least we have been able to establish some of the basics that are involved in the diagnosis of the diseases. In addition, we have been able to attract students from outside Nigeria, mostly from Cameroon and the Gambia. Some of them have graduated. My centre has been able to quickly respond to the COVID-19 pandemic by establishing a diagnosis Centre that is rated among the best in Nigeria. It recently also assisted the Kaduna State Government to establish and activate a new testing Centre in the State. It is worthy of mention to state my University has two other Centres of Excellence funded by the World Bank, Centre for New Pedagogue in Engineering Education and SPESSE, thus becoming the only University in Nigeria having three World Bank funded ACEs. My Centre played significant role in this regard.

Programmes of the Centres have earned international accreditation. This is the first time, programmes of any University in Nigeria are internationally accredited - a great achievement for Nigerian universities.

Each of the Centres in Nigeria have specific focus of research. For example, the Centre for Dryland Agriculture, which is based in Kano is involved in developing strategies and implementations for agriculture in an arid region. That is, even in absence of rainfall or water, you can actually start engaging in agricultural production. It has students from well over 15 countries outside Nigeria. In Benue State University, Makurdi, there is another Centre that has been able to ensure that post harvest losses, which is one of the bane of agriculture sector has now been reduced minimally as a result of developing preservation strategies for such agriculture products. ACEPRID which is in University of Jos is mostly involved in Phyto-medicine and has been involved in research into medicinal products which can



Research Lab.

be used in various disease conditions, and I know that they have also made some substantial progress.

ACEGID, The Centre for Genomics in Infectious Diseases, have been very successful particularly in the diagnosis of several disease conditions, worthy of mention is that of Ebola. They have recently been involved in sequencing the novel Coronavirus, Covid-19, in collaboration with NIMR. CERHI based in University of Benin has been looking at how to improve maternal health, in fact it has actually been involved in Reproductive Health and they have also been able to ensure that the University now has an International institutional accreditation, which is again the first of its kind in Nigeria.

CEFOR in Port-Harcourt have been able to graduate a high number of doctoral students within a short period of three years, an achievement for any Nigerian University. OAU-PAK based at Obafemi Awolowo University, has been able to develop several software programmes and established starter companies. There are two other Centres, one in AUST, Abuja and the other at University of Agriculture, Abeokuta.

In all, how many students have been impacted?

In terms of students impacted it depends on the centres as well as category of students. For example, my Centre, has been able to organise training workshops (short training courses), not only for students but workers in various institutions, governmental or non-governmental organisations. We have been able to impact new techniques, not only in Nigeria, but some in Cameroon, Chad, Burkina Faso. Some of our post graduate students actually come from Cameroon, Gambia and so when you look at the total number for example, in my Centre, we have been able to train over 400 participants on short course programmes. We have currently over 100 MSc students enrolled in the programme (27 have graduated) with 37 PhD students.

Some other Centres, because of the nature of their programmes have been able to produce much more. Centres in Port Harcourt have well over 400 master students and close to about 700 MSc students. So it is going to be difficult for me to give you the figures for each Centre because the figure varies. In general for Nigeria, we have enrolled over 5000 MSc students, and over 2000 PhD students. I am not even talking about West Africa.

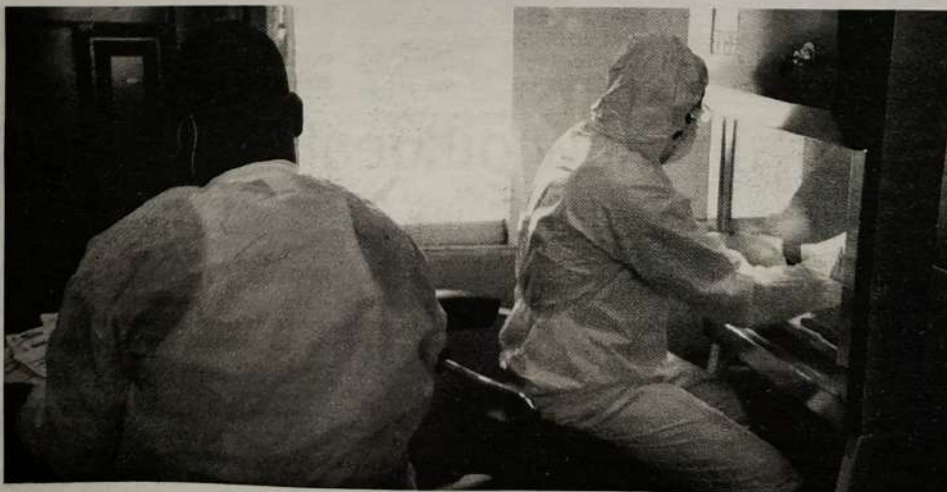
Now looking at the issue of effective coordination, how do you factor that in?

That is one of the hall-mark of the activities of the ACEs. For the Nigerian ACEs, the coordinating Centre is the National University Commission. So, it is actually a National Coordinator of the ACEs in Nigeria. For the West African sub-region, we have the Association of Africa Universities with headquarters in Ghana. These are beside the World Bank itself. The World Bank, actually set up a group, that comprise of the Technical Task Team leaders, as well as other technical officers that continuously monitor the activities. They also employ the services of experts that continuously pay visits to the Centre.

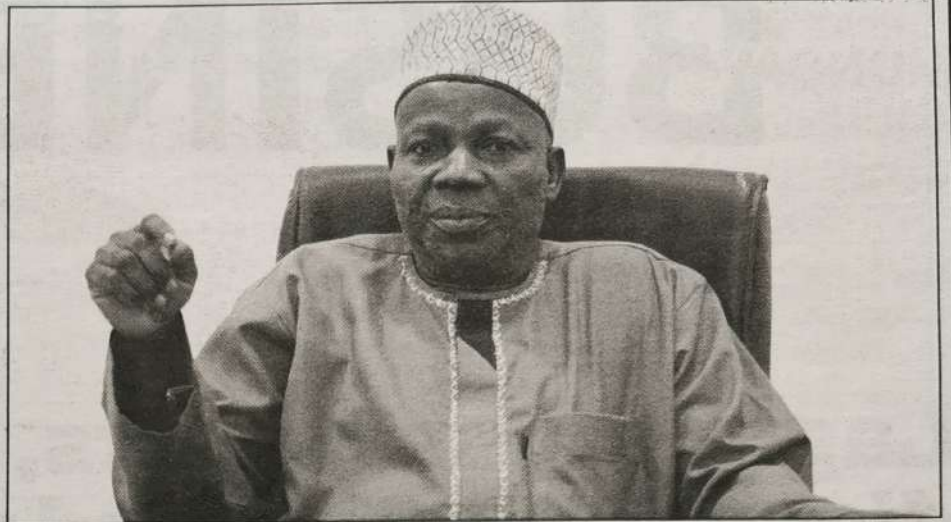
The Centres submit reports twice every year and supervisory visits paid to ensure that they are not deviating from their programme objectives. Where programmes' objectives are not being achieved, immediate measures are taken to ensure that identified deficiencies are corrected. This has been very instrumental to the success that have been achieved. Each thematic ACEs also network and share information, success stories and where there are problems, how do we address such problems.

Has the establishment of the ACEs been able to adequately address health issues in African countries?

There are only four Health ACEs in ACE I in Nigeria and each of these centres address specific health challenges. My Centre focuses on Neglected Tropical Diseases and of course Forensic Biotechnology because this is an area that virtually no other institution in the country currently addresses. CERHI in Benin addresses Reproductive Health because there is a high maternal mortality especially during child-birth. ACEGID is on infectious disease. The one in Jos addresses traditional herbal medicine. So each one has its specific focus and they have been very successful in addressing the problems that each one was established to cater for.



COVID-19 Research Laboratory



For every success story, there must be challenges, what are these challenges in achieving the objective of the ACE?

I think the first major challenge one will look at is buying in even by the community, even in the University itself, because the concept is totally different from the previous concept of doing research and teaching. We are not only doing research for the purpose of research, what we are actually involved in, is translational research.

The DLI concept is new. One is not being given the money, but asked to achieve and then you get paid for it, those were the initial challenges. As some of the centres started from nowhere, the initial teething problem in getting yourself established within the institution and then being accepted by the host institutions that they only have a supervisory role, but not day-to-day role involvement management of the Centres. The centres are actually insulated from the normal administrative bureaucracy that are associated with Nigerian universities and even generally in the country.

But immediately they understood and started seeing the achievements, the stakeholders started to buy in. Another challenge, which is still very much around is the involvement of the private sector, because they are the ones that will be involved in marketing the research output. For the agriculture sector, it was a bit easy, but for the health sector, it is difficult. This is because, most of the industries and the private sector are really not involved in actual production. Take for example, one of the problems my Centre and ACEGID had is the fact that our students had to do a minimum of one month internship in private institutions that is engaged in similar activities - very few of which exist in Nigeria. So getting our students a place for them to do internship has been very difficult. I have been able to gradually overcome this problem and people are beginning to buy in from NGOs and private organizations.

How can ACE be of help to the Society in General. e.g. Coronavirus?

Each ACE health Centre has its mandate. We have been able to establish a very standard testing laboratory for the infection and are currently involved in diagnosis in collaboration with the State Government and the Nigeria Centre for Disease Control (NCDC). In General, we are very much focused on neglected tropical diseases in the Country. We are also looking at new drugs that are being developed, looking at the existing ones and developing new ones that could be effective replacement for the ones that are already in the market.

We are also trying to develop diagnostics tools that can be used to identify some of these NTDs, that is exactly what ACEGID is doing, trying to develop diagnostic tools. So, each Centre has been very successful in trying not only to identify the

problems, but also proffer solutions this is in addition to advocacy, creating awareness. My Centre is actually involved in communities awareness campaign. For example, we do host advocacy workshops with hunters because they use dogs for their hunting expeditions, and some of these dogs are actually the reservoirs of rabies viruses.

On the forensics, we are linking with the security agencies. We had scheduled a stakeholders meeting with security agencies before the advent of Covid-19 pandemic - 11 of those security agencies have expressed their participation.

What has been the relationship between ACE and the Government and how does it bring solutions to health challenges?

The ACE itself is a programme of the Federal Government, initiated and started by them because the fund from the World Bank is actually a loan given to the Federal Government of the Country. And so, ACE Centres were established essentially in Universities that are Federal, State and Private because the issues that are addressed by these Centres are the problems of the country. In spite of the fact that the loan is taken by the Federal Government, it is the Federal Government that pays back that loan, despite the fact that the State and Private Universities benefit from it, because the target audience is the entire country population. So we are all addressing the problems of economic empowerment and the issues of health and STEM because all these issues are interwoven. Emergence of ACE is a brain-child of the Federal Government, and that's why the coordinating body is the National University Commission. Not only are health challenges addressed in terms of diseases, the agriculture addresses issue of poverty and STEM addresses issues of technological advancement. So, all these are a drive to ensure that people become more educated, and are equipped to be able to establish on their own. The driving goal is that graduates of this programme should be able to set up on their own. They do not have to rely on government for employment, because it is the private sector that drives the economy of developed nation.

Will you say emphatically that the objective of establishing this has reasonably been very much achieved?

Very much achieved, and as I mentioned that earlier, it is the success of the ACE I Centres that led to the Eastern and Southern Africa to also key in and increase centre from 17 to 44 under the ACE Impact.

Over 13 African countries are involved in the ACE project in the West and Central Africa region, from initial 8 and extended to more than 13. The ACE I ends in March this year. The ACE I grant was for a period of five years. The ACE Impact is for another 5 years.

In total how many Centres do you have and any plans to divert to other areas?

Under the ACE Impact, we have 44 Centres in the Central and West Africa region and 41 ACE II Centres in the Eastern and Southern Africa. So, we are talking of about 85 ACE centres in Africa. Of this, Nigeria has 17 ACE Impact Centres.

The ACE programme is a project that will not end because fund no longer comes from the Federal Government or from the World Bank. All Centres have made plans in such a way that even when the funds stop, they will still be able to continue their activities. Many have been able to get additional grants outside the initial bracket of the World Bank because Centres are encouraged to source for grants from other bodies. Centres have been trained to sell themselves like a business. Once you are able to achieve an objective, other grantors or funding body will be ready to talk to you to address the problems that they are also interested in.

What are your ultimate expectations and goals at the end of the day?

I think we should be able to have built critical capacity of manpower in the area of diagnosis, treatment and management of Neglected Tropical Diseases, as well as become the reference Centre for such diseases.