
BIOGRAPHICAL SKETCH

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NAME: Chima Ariel ONOKA

eRA COMMONS USER NAME (credential, e.g., agency login): CONOKA

POSITION TITLE: Professor

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of Port-Harcourt, Nigeria	MB, BS	11/2000	Medicine and Surgery
University of London Schools: London School of London School of Hygiene and Tropical Medicine	MSc	12/2009	Health Policy Planning and Financing
West African College of Physicians	Fellowship	10/2009	Community Medicine
University of Nigeria, Nsukka	MPH	02/2011	Public Health
London School of Hygiene and Tropical Medicine	PhD	12/2014	Health Economics

A. Personal Statement

As a public health system specialist and a health systems economist, my work has been focused on the policy and management systems for provision and delivery of various disease control programs and health interventions including those for Maternal and Child Health, and opportunities to improve access to services and to enhance delivery systems. As operational head for research for several years with the Health Policy Research Group, College of Medicine University of Nigeria Enugu campus, I led the field component of several small to large scale studies funded by local and international organizations, and developed considerable experience in managing and analyzing small to large scale policy and implementation research (including mixed methods research) and both quantitative and qualitative data. I have substantial publications from these studies and I have also presented the evidence at many local and international conferences. I also carried out substantial management of field staff, data managers, ethical issues, and management of the budgeting systems. Serving as consultant for a number of activities for national agencies and international non-governmental organizations including the National Primary Health Care Development Agency (health financing Unit), Federal Ministry of Health (department of planning, research and statistics), PATHS2 (Abt Associates) and Health Reform Foundation of Nigeria (HERFON), I have been able to identify and engage with stakeholders and program managers in ways that help align research with practice challenges. Working for two years as country researcher for International Health Partnership Plus Results, and managing the field work for the evaluation of the Axios supply chain management systems enabled me gain experience in tracking results at subnational levels, and managing research at the broader national level. As Co-Investigator, I will work with the PI using my skills and the experiences with the Nigerian health and identify enablers and challenges to sustainability of the sentinel surveillance system in order to improve design and implementation.

B. Positions and Honors Positions and Employment

2004 – Medical officer, General Hospital Iyin-Ekiti, Ekiti State, Nigeria

2005 – Resident doctor in Community Medicine, University of Nigeria Teaching Hospital, Enugu

2007 – Adjunct Lecturer, department of Health administration and management, University of Nigeria
2011 - Senior Lecturer, Department of Community Medicine, University of Nigeria, Enugu Nigeria
2014 – Coordinator, MPH Programme, College of Medicine, University of Nigeria Enugu
2016 – Associate Director, Institute of Public Health, University of Nigeria, Enugu
2016 – Associate Dean (Clinical) Faculty of Medical Sciences, University of Nigeria, Enugu

Other Experience and Professional Memberships

2005 - Member, Association of Public Health Physicians of Nigeria (APHPN)
2007 - Member, Association for Good Clinical Practice in Nigeria (AGCPN)
2008 - Member, Health Economics and Policy Network in Africa (HEPNet)
2008 - Member, West African Health Economics Network (WAHEN)
2009 - Member, International Health Economics Association (iHEA)
2009 - Fellow, West African College of Physicians (Community Health)
2011- Volunteer, Christian Medical and Dental Association (CMDA) of Nigeria
2013 - Member, Public Health Foundation of Nigeria

Honors

Winner of Brian Abel-Smith's Prize for the best dissertation in the MSc Health Policy Planning and Financing. London School of Economics and Political Science & London School of Hygiene and Tropical Medicine (2008/09). The dissertation introduced a novel method for analyzing the socio-economic distribution of catastrophic expenditure which allows the threshold for assessing whether a level of expenditure is catastrophic to vary across socio-economic groups.

Chima Onoka, Obinna Onwujekwe, Hanson Kara, Uzochukwu Benjamin. (2011) Examining Catastrophe at variable threshold levels using household expenditure diaries. *Trop Med Int Health*. 2011 Jul 14. doi: 10.1111/j.1365-3156.2011.02836.x. <http://www.ncbi.nlm.nih.gov/pubmed/21752164>

A. CONTRIBUTION TO SCIENCE

Research to support universal health coverage: There is a global recognition of the need for countries to progress towards universal health coverage for citizens. The aim is to guarantee that all persons are able to access needed and effective healthcare without facing financial ruin by using services. Knowing the urgent need to provide evidence that will inform the development of effective health financing strategies, my research has focused on understanding underlying factors that limit the potentials for universal health coverage in Nigeria. I have researched on various health financing options, examining their policies establishing them for context, content, and design as well as actors involved in shaping the policy, and also the implementation experiences and how they enhance or hinder the attainment of universal coverage goals. At various forums, I have used the evidence from these research studies to help guide public policy, and to promote adoption of sustainable options for health financing.

1. Onwujekwe O, **Onoka C**, Nwakoby I, Ichoku H, Uzochukwu B And Wang H. 2018. Examining the Financial Feasibility of Using a New Special Health Fund to Provide Universal Coverage for a Basic Maternal and Child Health Benefit Package in Nigeria. *Front. Public Health* 6:200. <https://www.ncbi.nlm.nih.gov/pubmed/30083533>
2. **Onoka C. A.**, Hanson K, Mills A. 2016. Growth of health maintenance organisations in Nigeria and the potential for a role in promoting universal coverage efforts. *Soc Sci Med*. 2016 Jun 14; 162:11-20. <https://www.ncbi.nlm.nih.gov/pubmed/27322911>
3. **Onoka, C. A.**, Hanson, K. & Hanefeld, J. 2014. Towards Universal Coverage: a policy analysis of the development of the National Health Insurance Scheme in Nigeria. *Health Policy Plan*, 1-13 doi:10.1093/heapol/czu116. <http://www.ncbi.nlm.nih.gov/pubmed/25339634>
4. **Onoka, C. A.**, Onwujekwe, O. E., Uzochukwu, B. S. & Ezumah, N. N. 2013. Promoting universal financial protection: constraints and enabling factors in scaling-up coverage with social health insurance in Nigeria. *Health Research Policy and Systems*, 11, 20. <http://www.health-policy-systems.com/content/11/1/20>

Health Economics related research: While several healthcare interventions exist in low and middle-income countries, prevailing resource constraints mean that such interventions have to be examined with respect to their efficiency and effectiveness, as well as the distributional value in the system. It is also important to analyze the incentives that drive behaviors observed in the production and consumption of health care, and how these affect health care costs and benefits. I have analyzed health expenditures, the feasibility of using scarce resources to achieve laudable policy goals, and also analyzed the distributional effects of healthcare interventions from an equity perspective.

1. **Onoka C**, Onwujekwe O, Hanson K, & Uzochukwu B. (2011) Examining Catastrophe at variable threshold levels using household expenditure diaries. *Tropical Medicine & International Health*. 16(10):1334-41. <http://www.ncbi.nlm.nih.gov/pubmed/21752164>
2. Uzochukwu, B. S., Obikeze, E. N., Onwujekwe, O. E., **Onoka, C. A.** & Griffiths, U. K. (2009) Cost-effectiveness analysis of rapid diagnostic test, microscopy and syndromic approach in the diagnosis of malaria in Nigeria: implications for scaling-up deployment of ACT. *Malaria Journal*, 8, 265. <http://www.ncbi.nlm.nih.gov/pubmed/19930666>
3. Onwujekwe, O., **Onoka, C.**, Uzochukwu, B. & Hanson, K. (2011). Constraints to universal coverage: Inequities in health service use and expenditures for different health conditions and providers. *Int J Equity Health*, 10, 50. <http://www.ncbi.nlm.nih.gov/pubmed/22078263>
4. Onwujekwe, O., **Onoka, C.**, Uguru, N., Tasie, N., Uzochukwu, B., Kirigia, J. & Petu, A. (2011). Socio-economic and geographic differences in acceptability of community-based health insurance. *Public Health*, 125, 806-8. <http://www.ncbi.nlm.nih.gov/pubmed/22036685>

Health systems and services research to support improvements in access to and delivery of critical interventions for malaria, HIV/AIDS, tuberculosis and other conditions: Despite the availability of scientific knowledge for the control of infectious diseases of public health importance such as malaria, HIV/AIDS and tuberculosis, problems within service delivery systems and some patient related factors have remained impediments to the utilization of interventions, and thus, the intended improvements in health of populations. Quality information regarding such health systems problems that can be useful for their improvements are very limited in many low and middle income countries where such information is needed. This has warranted my research into understanding some critical aspects of the health systems constraints with the view to identify those amenable to change to allow improvements in delivery of interventions.

1. Itanyi IU, Onwasigwe CN, Mcintosh S, Bruno T, Ossip D, Nwobi EA, Onoka CA, Ezeanolue EE. Disparities in tobacco use by adolescents in southeast Nigeria using Global Youth Tobacco Survey (GYTS) approach. *BMC Public Health*. 2018 Mar6; 18(1):317 <https://www.ncbi.nlm.nih.gov/pubmed/29510706>
2. Gbadamosi SO, Eze C, Olawepo JO, Iwelunmor J, Sarpong DF, Ogidi AG, Patel D, Oko JO, **Onoka C**, Ezeanolue EE. A Patient-Held Smartcard With a Unique Identifier and an mHealth Platform to Improve the Availability of Prenatal Test Results in Rural Nigeria: Demonstration Study. *J Med Internet Res* 2018;20(1):e18 DOI: 10.2196/jmir.8716 <https://www.ncbi.nlm.nih.gov/pubmed/29335234>
3. Ihekuna D, Rosenburg N, Menson WNA, Gbadamosi SO, Olawepo JO, Chike-Okoli A, Cross C, **Onoka C**, Ezeanolue EE. Male partner involvement on initiation and sustainment of exclusive breastfeeding among HIV-infected post-partum women: Study protocol for a randomized controlled trial. *Matern Child Nutr*. 2017 e12545. <https://www.ncbi.nlm.nih.gov/pubmed/29024499>
4. Sam-Agudu NA, Paintsil E, Aliyu MH, Kwara A, Ogunsola F, Afrane YA, **Onoka CA**, Awandare GA, Amponsah G, Cornelius LJ, Mendy G, Sturke R, Ghansah A, Siberry GK, Ezeanolue EE. Building Sustainable Local Capacity for Global Health Research in West Africa. *Ann Glob Health*. 2016 Nov - Dec;82 (6):1010-1025. <https://www.ncbi.nlm.nih.gov/pubmed/28314488>

Health services research to support improvements in access to and delivery of malaria interventions: Despite the availability interventions for malaria prevention and control, the approach to

delivery of such interventions often undermine the anticipated goals of public health programmes. It is necessary to carefully identify and address supply and demand side impediments to malaria control if related health outcomes are to improve. This has warranted my research into understanding some critical aspects of the health systems constraints with the view to identify those amenable to change to allow improvements in delivery of malaria control interventions.

1. Onoka, C. A., Onwujekwe, O. E., Hanson, K., Uzochukwu, B. S., 2012. Sub-optimal delivery of intermittent preventive treatment for malaria in pregnancy in Nigeria: influence of provider factors. *Malaria journal*. 09/2012; 11(1):317. <https://www.ncbi.nlm.nih.gov/pubmed/22958539>
2. Onoka, C. A., Uzochukwu, B. S., Onwujekwe, O. E., Chukwuka, C., Ilozumba, J., Onyedum, C., Nwobi, E. & Onwasigwe, C. 2012. Retention and loss to follow-up in antiretroviral treatment programmes in southeast Nigeria. *Pathogens and Global Health*, 106, 46-54. <http://www.ncbi.nlm.nih.gov/pubmed/22595274>
3. Onoka, C. A., Hanson, K. & Onwujekwe, O. E. 2012. Low coverage of intermittent preventive treatment for malaria in pregnancy in Nigeria: demand-side influences. *Malar J*, 11, 82. <http://www.ncbi.nlm.nih.gov/pubmed/22443266>

H. RESEARCH SUPPORT

Completed Research Support

National Institute of Health [Grant Number R01HD087994] Onoka (MPI) 04/2016 – 2018

Intervention for Sustained Testing and Retention (iSTAR) Among HIV-infected Patients.

This grant is a cluster randomized comparative effectiveness trial designed to test the effectiveness of an integrated intervention for sustained testing and retention (iSTAR) on linkage, engagement, and retention among women with HIV infection. The iSTAR intervention provides: confidential, onsite integrated laboratory testing during baby showers; a network of church-based health advisors; clinic based teams trained in motivational interviewing; quality improvement skills to engage and support HIV-infected women; and integrated case management to reduce loss to follow-up.

National Institute of Health [Grant Number 3R01HD087994-01S1] Onoka (MPI) 09/2016 – 03/2018

Men's Club: Impact of male partner involvement on initiation and sustainment of exclusive breastfeeding among HIV-infected postpartum women.

This supplement grant assesses the comparative effectiveness of Men's Club (MC) as intervention group (MC-IG) compared to the control group (MC-CG) on the initiation and sustainment of EBF. The Primary Outcome is the difference in the rate of initiation and sustainment of EBF between the two groups.

World Health Organization [Grant Number H15-TSA-019] Onoka (PI) 02/2011 – 01/2013

The National Health Insurance Scheme in Nigeria, An analysis of enabling factors and constraints to adoption by sub-national governments.

With only 4% of the Nigerians (mainly federal government employees) currently covered by the National Health Insurance Scheme in Nigeria, this study aimed to understand why different state (sub-national) governments decided whether or not to adopt the formal sector program of the scheme for their employees.

Wellcome Trust [Grant Number 085838/Z/08/Z] Onoka (PI) 03/2010 – 03/2012

Constraints to provision and consumption of Intermittent Preventive Treatment for Malaria in Pregnancy in Enugu, South East Nigeria.

This study aimed at understanding supply and demand side factors that limit access to IPTp. The main objectives were to determine the level and pattern of demand and use of SP-IPTp, provider factors that constrain its delivery, and the differences in utilization patterns amongst women of different socio-economic and geographic groups. This enabled the identification of opportunities to intervene to improve coverage of this intervention.

West African College of Physicians**Onoka (PI)****10/2007 – 05/2009**

Retention, Attrition and Adherence patterns among patients on Antiretroviral Treatment in Enugu, South-east Nigeria.

This study generated new information about the outcomes of patients enrolled in antiretroviral treatment programs in a private and public facility and the true outcomes of those lost to follow-up (LTF) in Enugu Southeast Nigeria. This report formed the dissertation for the award of the fellowship of the West African College of Physicians.

World Health Organization**Onwujekwe (PI)****05/2007 – 08/2008**

WHO funded study on Feasibility of Community Based Health Insurance (CBHI) scheme for Financial Risk Protection in Southeast Nigeria: An equity analysis.

It is important that community-based health insurance (CBHI) schemes are designed in such a way as to ensure the relevance of the benefit packages to potential clients. Hence, this study provides an understanding of the preferred benefit packages by different economic status groups as well as urban and rural dwellers for CBHI in Southeast Nigeria.

(Role – Project coordinator)

WHO/TDR**Uzochukwu (PI)****10/2005 – 09/2007**

Cost Effectiveness Analysis and Willingness to Pay for Competing Diagnostic Strategies for Malaria in Nigeria. Although rapid diagnostic tests (RDTs) have improved the ease of appropriate diagnosis of malaria diagnosis, the cost-effectiveness of RDTs in case management of malaria had not been evaluated in Nigeria. Hence, this study compared the cost-effectiveness of RDT versus syndromic diagnosis and microscopy. (Role - Field manager)