

FEDERAL MINISTRY OF HEALTH/
NATIONAL ACTION COMMITTEE ON AIDS

SITUATION ANALYSIS REPORT ON
STD/HIV/AIDS IN NIGERIA

MARCH 2000

SITUATION ANALYSIS

Acknowledgement

The present Situation Analysis for STD/HIV/AIDS is the result of the work of many individuals and teams working under the leadership of the Hon. Minister of Health, the chairmanship of Prof. G.C Onyemelukwe who led the Team setup by NASCP and the Chairmanship of NACA.

We would like to commend the political commitment of President Olusegun Obasanjo, who is constantly lobbying for actions to be undertaken in the field of STD/HIV/AIDS for Nigeria, and who is closely following the preparation of the Strategic Plan that will bring an expanded national response to the fight against the epidemic in the country.

We would like to thank the Hon. Minister of Health for his determination in sharing the Strategic Plan vision with his collaborators, and particularly in making multisectorality a reality. The situation analysis is the picture of what is happening in all the various fields and sectors involved in the alleviation of the HIV/AIDS epidemic in Nigeria, and not only in the health sector alone.

Our thanks also go to the Honorable Ministers of Information, Employment, Labor and Productivity, Culture and Tourism, Planning, Women and Youth, Education, Finance, Internal Affairs Agriculture and Sports, PLWHA, Governors of all the states, Commissioners of Health in all states, Chairmen of local governments, NGOs, CBOs and the organized private sector throughout the country.

We would like to thank in particular the teams who have been working, sometimes under difficult situations, at States and local government levels to gather information either from questionnaires or interviews and discussions. Our thanks also go to all the person who worked on the earlier drafts and who helped in the formulation and compilation of annexes and bibliography.

The support at field levels are greatly appreciated, and our thanks go to all the persons who accepted to help, we unfortunately cannot enumerate all of them.

We also appreciate the contribution of DFID, WHO, UNICEF, USAID staff, who supported the various teams and also UNAIDS for their support of the revision of the situation analysis.

The situation analysis here presented will be widely distributed in order to obtain comments from all developmental partners at state, zonal, national and international levels. We therefore thank all those who will read this situation analysis and send their comments promptly so that the document can be finalized. The analysis of the response will also be undertaken as soon as possible.

Prof. Ibironke Akinsete

NACA Chairman

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BI	Bamako Initiative
DFID	Department for International Development
FCT	Federal Capital Territory
FGM	Female Genital Mutilation
FGN	Federal Government of Nigeria
FMOH	Federal Ministry of Health
FOS	Federal Office of Statistics
GIS	Geographic Information System
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practices
KAP	Knowledge, Attitude and Practice
LGA	Local Government Areas
NACA	National Action Committee on AIDS
NASCP	National AIDS and STD Control Program
NGO	Non-Governmental Organization
NPC	National Planning Commission
NPHCDA	National Primary Health Care Development Agency
ODA	Overseas Development Assistance
PHC	Primary Health Care
PLWHA	People Living with HIV/AIDS
PTF	Petroleum (Special) Trust Fund
SITAN	Situation Analysis
UNAIDS	Joint United Nations Program for HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UBE	Universal Basic Education
USD	U.S. Dollars
WHO	World Health Organization

Executive Summary

The situation analysis shows that STD/HIV/AIDS has unfortunately not been sufficiently addressed in the past decade. This is due to:

- Unstable political situation in the country.
- lack of political will, commitment and involvement
- Competing priorities in other areas.
- lack of multisectoral approach as major interventions so far are in the area of healthcare delivery.
- Centralization of the program, with little involvement of States and local governments.
- Despite excellent intentions, programs are donor driven and often not sufficiently coordinated. Mostly "project oriented" activities with little program approach
- Major donors had frozen their assistance for long periods of time
- UN theme group had little impact during the period under review.
- little recognition and lack of support for the work done by NGOs and CBOs
- weaknesses in general planning and programming
- absence of financial support for STD/HIV/AIDS activities in other sectors except for a minimal budget from the Ministry of Health
- Weaknesses in management issues and management systems, including information system management and poor data on the epidemic but also weaknesses in planning, programming, procurement, finance.
- Insufficient nation wide awareness reflected by weak advocacy and information programs towards general populations and specific at risk groups: youth, women.
- Persons living with AIDS were reluctant to actively participate in prevention and control activities.
- The legal system has not been sufficiently adapted to the evolution of the situation, and the ethic committee on HIV/AIDS is not functional.

As a result of all these factors the situation analysis demonstrates that actions in the field of advocacy, information and awareness development have been scanty, and this has led the population to feel that STD/HIV/AIDS is not a major problem concerning them. In addition, AIDS is still regarded as a health problem and therefore is not sufficiently focused on behavioral change communication targeted at all Nigerians which would result in health seeking behaviors leading to early testing, and early treatment.

The available data, which is mostly based on sentinel surveys of adult pregnant women, shows that the sero prevalence rate for adult women is 5.4% as compared to 1.8% in 1992. It is today estimated that approximately 2.6 million Nigerians are infected with HIV. Gaps in data did not allow us to know the actual number of people that have died, while the orphan population is increasing at an alarming rate.

The situation analysis shows that:

- There are indeed some weaknesses in the data as presented. It is mostly based on the sero prevalence of pregnant women. Infected women tend to have a lower chance of becoming pregnant, and therefore do not automatically frequent antenatal clinics where the surveys are taking place. Little data is available concerning youth, and pediatric HIV infection rate. Few other sero prevalence studies are available in other groups e.g. male adults with the exception of scanty data on the military and prisons.
- Information concerning incidence rates is extremely scarce. The voluntary screening centers are still very few in the country, and besides the private sector, which is widely developed in Nigeria, does not share its data with the Public sector.
- The association of STDs with HIV has not been sufficiently addressed throughout the period, and STD control (early detection, and early treatment) has been neglected as an essential part of the response to fight HIV. (Data on STD is scanty).
- A substantial amount of planning has been undertaken, but what often fails is that these plans have not been implemented in most cases. Examples are numerous: for years Nigeria has worked on Blood safety guidelines, including how to ensure a National Blood Transfusion service, how to screen the blood to be transfused for HIV, Syphilis, and Hepatitis B, but while plans exist for the past years they still have not been implemented. Other examples can be cited: guidelines are available in almost all fields, but they are often not distributed or else the training of staff to utilize them is not undertaken.

The situation analysis has identified these fundamental weaknesses:

- All linkages to health have been unsuccessful because there is a weak primary health care system. It shows that it has hindered even actions in the field of voluntary testing: Why tell a person that he is sero positive if the PHC back up cannot provide the essential support.
- Past actions in the MTP I and II have been project and action oriented instead of program oriented. The links between all these projects and actions were not evident.
- Financial allocations have never been sufficient to support MTP I and MTP II
- Past actions have lacked coordination – Most partners do what they want where they want, and this includes NGOS, CBOs and International organizations, the Private sector, etc.
- Past actions have lacked adequate monitoring and evaluation. Little is known about where one is starting from and of course it is difficult in such conditions to measure the results of any activities.
- Much has been done, but with little impact as there have been insufficient efforts to share information, network and document information.
- The medical field is far more advanced in reporting what is going on (although as mentioned above there are still lots of weaknesses) than the other sectors. In particular the social, economic and cultural sectors are not sufficiently involved. There is lack of behavioral, cultural and economic

impact studies. Information about youth, women, labor force, the informal sectors, children in and out of schools, women and men working in the informal sector, are lacking.

- NGOs and CBOs work has not been sufficiently documented. This is one of the gaps that will have to be addressed.
- States and local government are not sufficiently aware of what is going on in their territories in terms of STD/HIV/AIDS alleviation, and they are not sufficiently sensitized to the importance of undertaking multisectoral approaches to fight the epidemic.

Besides this long list of obstacles, many opportunities have been detected at multisectoral levels. The analysis of the response will demonstrate if these opportunities have been sufficiently taken into account. Some of these are:

- The recent commitment at the highest level and shared vision by government leaders under the new expanded National response initiative.
- The Government's determination to support a Multisectoral approach
- The Government's determination to involve a new Multisectoral Presidential Committee on AIDS (PCA)
- The Government's determination to support a new Multisectoral committee on AIDS (NACA) and to make sure that they have the personnel, the space and the financial support to execute the program.
- The Government's efforts to establish a National response through the Strategic Plan.
- The willingness of the Ministries and political bodies (Senate, House of Representatives) the organized Private sector, NGOs, PLWAs to join and collaborate with NACA.
- Several reforms in the various sectors to make STD/HIV/AIDS a priority (Education, Health, Women and Youth, Sports, Labor, Finance, Planning, Defense, etc.)
- Poverty alleviation programs
- Beginning of Strategic Social Sectors Policies
- Community response and involvement triggered by the work of NGOs and CBOs. And various peer group associations e.g. youth clubs, artists joining hands, media – net, Journalist against AIDS
- Social marketing of condoms
- Information services are reaching more and more communities, and they are adapting the information to their needs, including utilization of local languages (Increasing media response)
- There is an increasing consciousness among International organizations including donors are becoming more and more conscious that an integrated approach and more coordination is necessary to help the Government, States and Local government develop their national response.

The exercise has demonstrated that Nigeria is now in a position to analyze its past programs with a real desire not to destroy what has been done so far, but to positively criticize it. This is in order to find solutions to the various problems that have been encountered and to utilize all opportunities that have been developed during the period under review. The realities have not been hidden, and that in itself is an immense step forward. Nigeria is presently not afraid to say that HIV/AIDS is a problem and the new political initiative has been eager to explore all possibilities towards the prevention and control of STD/HIV/AIDS.

The situation analysis as conducted provides an excellent basis to map out what has been done so far and to spell out what were the difficulties and the opportunities in key sectors. It is essential to conduct the next step

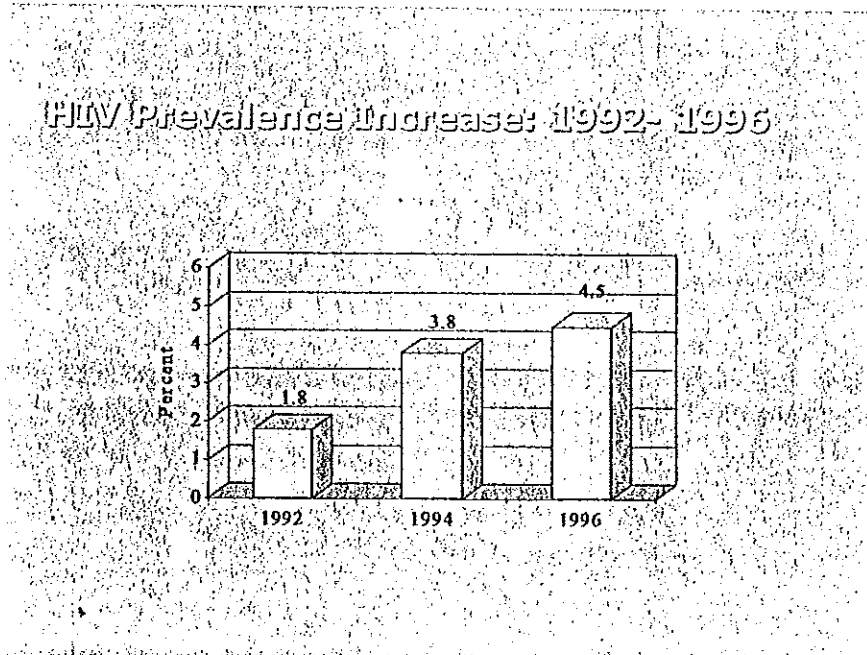
which is the analysis of the response which will show why it has not worked, or why it has worked in order to decide on what to prioritize in terms of efforts. What is working can be retained while strengthening what was not working so well, and also have the courage to drop all activities, which have hopelessly shown their failure to respond.

1 Introduction

Nigeria with a population of about 120 Million people represents about 1/5 of the total African population. The result of the recently concluded November 1999 Sentinel Survey indicated that 5.4% of the adult population, which represents 50% of total population are already infected with HIV. This means that 2.6 Million adults are living with the HIV (SOURCE, See Bibliography).

Nigerians in policy and academia in the early eighties denied the presence of HIV infection in Nigeria, which probably delayed the country from quickly, and appropriately reacting to the surging wave of the epidemic as was done in many other African countries. The first case of AIDS was reported in Nigeria 1986. Since then the trend has been on the increase as shown on fig 1-5.

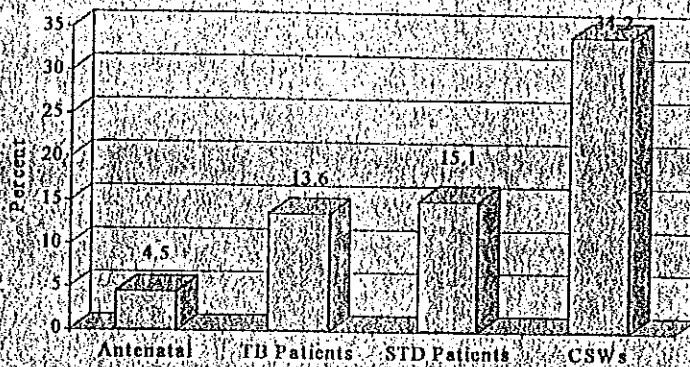
Fig 1:



Source: Federal Ministry of Health, 1999

Fig 2:

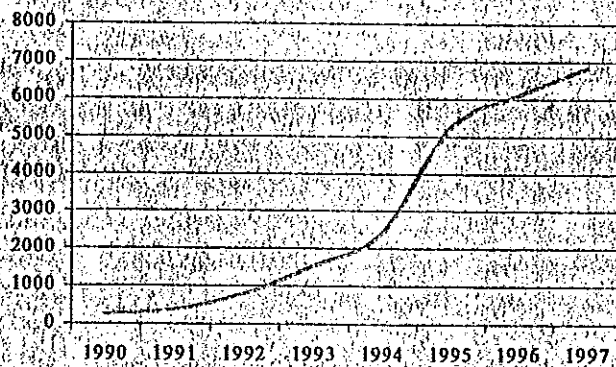
HIV Prevalence Among Specific Population Groups
(National Average in 1996)



Source: Federal Ministry of Health . 1999

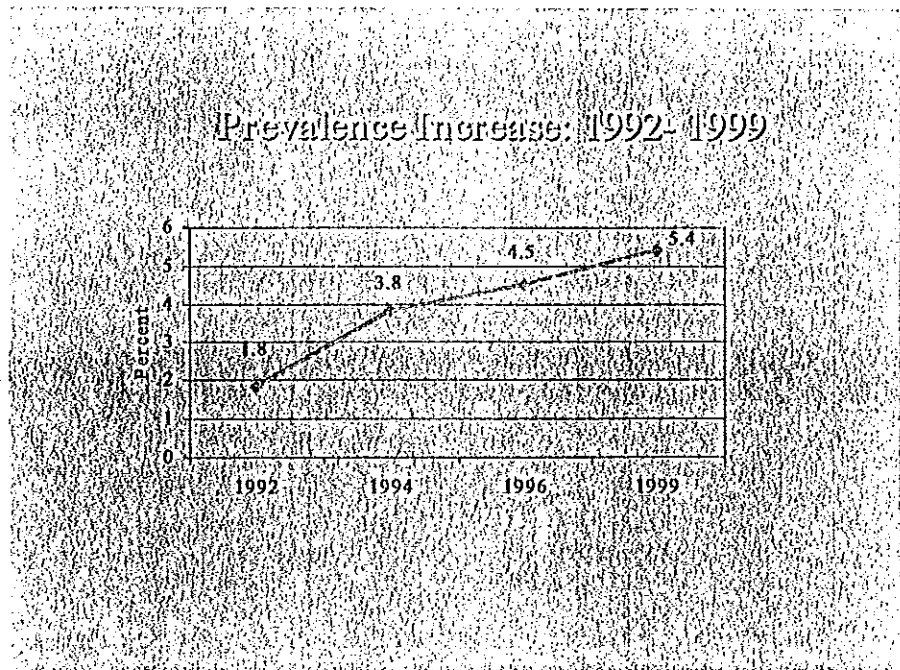
Fig 3:

Cumulative Reported AIDS Cases:
1990 - 1997



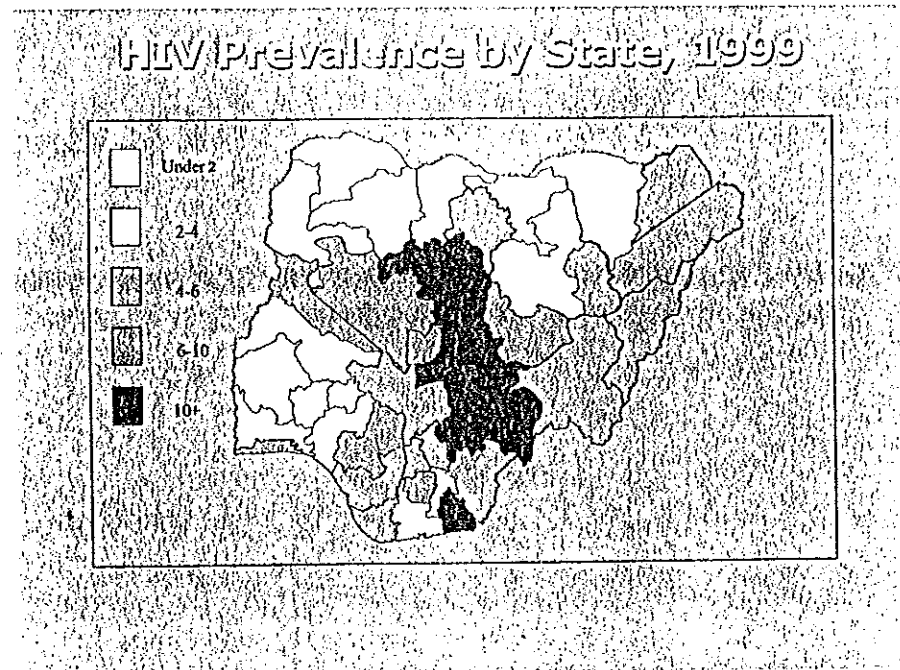
Source: Federal Ministry of Health. 1999

Fig 4:



Source: Federal Ministry of Health. 1999

Fig 5:



Source: Federal Ministry of Health. 1999

The most severe impact has been on adults in their sexually active and economically reproductive years that is (15 – 45 years of age)

2 Research Methods and Approaches

2.1 Methodology

Nigeria has 36 states and FCT with 774 LGA and communication systems are difficult. Also because the budget to support the strategic plan formulation was limited, the following methodology was chosen: -

- Advocacy meetings with Federal ministers, governors, commissioners, heads of hospitals, traditional / religious leaders and professionals associations.
- Focus group discussions with youths, NGO, CBO and the organized private sector.
- Questionnaires (quantitative and qualitative) to the general public, sex workers, hoteliers, laboratory scientist, heads of hospital, religious, traditional leaders and traditional healers, and NGO.

The multisectoral and multidisciplinary committee which carried out the situation analysis under the direction of NASCP, were representative of the following institutions:

- States ministries of health
- Federal ministries (Health, education, labor, defense, information, youth, women, sports) planning commission, National population commission.
- The academia: universities, research institutions, and tertiary hospitals.
- DFID, UNICEF, WHO, USAIDS
- Organized private sector.
- PLWHA
- NGOs, CBOs

The situation analysis was originally planned to commence in January 1988. However due to various problems including non-availability of funds, it did not start until January 2000. The exercise was conducted over a period of 8 weeks.

Due to the short period for this exercise gaps have been identified and will be addressed in the strategic planning exercise and will be effected in the strategic planning activities.

Other limitations were insufficient time for training of all participants including members of the committee as well as poor utilization of guidelines. (UNAIDS Strategic Plan Guidelines)