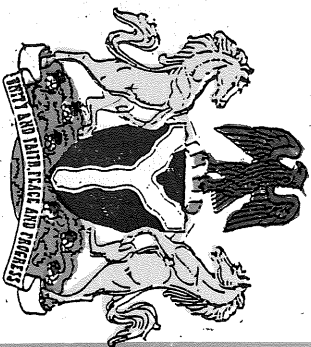


FEDERAL MINISTRY OF HEALTH



**NATIONAL HIV / AIDS / STIS
CONTROL PROGRAMME**

**NATIONAL POLICY ON HIV / AIDS / STIS
CONTROL**

DEC. 1997

CONTENT

	Page
Abbreviations	i
Introduction	1
Guiding Principles	2
Policy Objectives	4
Prevention of Sexual Transmission of HIV/AIDS/STIs	4
Promotion of Safer Sexual Behaviour	5
Prevention of Transmission through blood and blood products	7
Prevention of HIV Infection through Perinatal Transmission	10
Reduction of Personal and Social Impact of HIV/AIDS on Infected Persons and their families	10
Public Enlightenment	13
Notification and Reporting	13
Legislation	13
Mobilisation and Cordination of National and International Efforts and Resources for the fight against AIDS	14
Programme Management and Structure	14
Standing Committees (National Level)	15
Technical Advisory Committees (National)	17
Standing Committees (State)	17
Standing Committees (LGA)	19
Funding	20
World AIDS Day	20
World AIDS Campaign	20

FORWARD

I am indeed very pleased to write this forward to a very important and far-reaching policy on HIV/AIDS and STIs. Essentially, the Policy will address this monumental health problem that has received the attention of governments and the World's health and scientific community.

The Federal Government of Nigeria (FGN) is committed to improving the health status of Nigerians. Government is also aware of the obvious threat that Acquired Immune Deficiency Syndrome (AIDS) poses to the realisation of this goal.

From a relatively unknown disease a decade ago, HIV/AIDS epidemic has crept to the centre stage of our health problem. Current estimates indicate that as many as 2.5 million adult Nigerians may be carrying the virus. This figure may even increase to 3.6 million by the year 2000 AD if appropriate action is not taken now.


The social and economic implications of uncontrolled HIV/AIDS epidemic can be best imagined when we consider the fact that a majority of those infected are within the ages of 21 - 45 years. This happens to be the age group of the highest economic and social productivity in our society.

The HIV/AIDS/STIs Policy document contains guidelines to assist in creating a positive response to HIV/AIDS/STIs; for reducing their transmission and impact on those already infected and on those living with the disease. The policy also prescribes a legal and structural framework for the organisation and coordination of HIV/AIDS/STIs control efforts nationally.

It further provides the legal framework for the protection of the rights of the uninfected Nigerians from willful infection and the protection of the infected from discrimination and stigmatization.

The HIV/AIDS pandemic is a dynamic problem. Several aspects of the disease etiology, ethical and social implications are yet to unfold. This policy will therefore, as time goes on have to be updated as often as necessary.

It is hoped that this policy document (which would be widely circulated to Health Departments at Federal, State and Local Government levels, Schools, Family Support Programmes and to the general public) will provide the framework for Nigeria's bold attempt at checking the global scourge of HIV/AIDS.


JIBRILLA YINKA
REAR ADMIRAL
HON. MINISTER OF HEALTH.

ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
AFPAC	-	Armed Forces Programme on AIDS Control
CHBC	-	Community Home Based Care
DFS	-	Director, Finance & Supply
DHS	-	Director, Hospital Services
DPHC&DC	-	Director, Primary Health Care & Disease Control
DPRS	-	Director, Planning, Research & Statistics
FMWASD	-	Federal Ministry of Women Affairs & Social Development
HIV	-	Human Immuno-deficiency Virus
IEC	-	Information, Education & Communicator
LGA	-	Local Government Area
NAC	-	National AIDS/STIs Committee
NAFDAC	-	National Agency for Food & Drug Administration & Control
NASCP	-	National AIDS/STIs Control Programme
NAPC	-	National AIDS/STIs Programme Co-ordinator
NBA	-	Nigerian Bar Association
NDLEA	-	National Drug Law Enforcement Agency
NGO's	-	Non-Governmental Organizations
NMA	-	Nigeria Medical Association
NANNM	-	National Association of Nigerian Nurses and Mid-wives
PHC	-	Primary Health Care
NPHCDA	-	National Primary Health Care Development Agency
PLWA	-	People Living with AIDS
PSN	-	Pharmaceutical Society of Nigeria
SACP	-	State AIDS/STIs Control Programme
SAPC	-	State AIDS/STIs Programme Co-ordinator
STIs	-	Sexually Transmitted Infections
STDs	-	Sexually Transmitted Diseases
ELISA	-	Enzyme Linked Immuno Sorbent Assay
FSP	-	Family Support Programme.

1. INTRODUCTION

The Government of the Federal Republic of Nigeria recognizes HIV/AIDS and other STIs as major public health problems and is committed to their control in the country. The various tiers of Government in the country, Non-Governmental Organizations (NGOs) and International Agencies have also been involved in the fight.

The preparation of this policy is informed by the need to provide specific guidelines and frame-work for the national response to the various aspects of medical, socio-economic, ethical, legal and human rights issues arising from HIV infection, AIDS and other STIs.

Although, policy issues concerning HIV/AIDS/STIs have been addressed in various Government pronouncements over the past ten years and by professional bodies, a comprehensive Policy addressing the specific problems arising from HIV infection and AIDS still remain fragmented. A nationally coordinated and all-embracing policy on the disease is therefore essential in order to provide the necessary guidelines.

2.0 GUIDING PRINCIPLES

- 2.1 The Government and people of Nigeria affirm that:
 - i. The National Policy on HIV/AIDS/STIs is premised on and complementary to the National Health Policy and its strategies to achieve health for all Nigerians;
 - ii. The Policy shall be based on the principles of social justice and equity.
 - iii. Health is recognised as an inalienable right of every Nigerian, including those infected with HIV or other STIs; and
 - iv. Preventive, therapeutic and rehabilitative care shall be made available to all citizens of Nigeria within the national health and social systems as well as available resources.
- 2.2 We, the people of Nigeria, therefore, in recognition of the fact that:
 - i. The transmission of HIV (the causative agent of AIDS) is preventable and that ;
 - ii. All citizens of Nigeria have a right to protection against HIV/AIDS/STIs.

- 2.3 The Government and people are therefore committed to:
 - i. Ensuring that it is the shared responsibility of the uninfected individual and Government to ensure that the uninfected remains in that state of health;
 - ii. Ensuring that it is the responsibility of the infected person to take adequate precautions with the support of Government and communities against infecting others.
 - iii. Ensuring that no person shall suffer any discrimination on account of his/her HIV serostatus;
 - iv. Putting in place appropriate information, education and communication facilities and prevention programmes required for the promotion of positive behavioural changes by all Nigerians;
 - v. Enacting appropriate legislation to complement the other measures indicated in this Policy towards the prevention and control of HIV/AIDS/STIs transmission;
 - vi. Encouraging multi-sectoral collaboration in all aspects of HIV/AIDS/STIs control;
 - vii. Encouraging co-operation and collaboration with the international community and agencies in all aspects of HIV/AIDS/STIs control; and
 - viii. Conducting research towards a better understanding of the nature of the epidemic.

3.0 POLICY OBJECTIVES

3.1 Prevention of Sexual Transmission of HIV/AIDS and other STIs.

It is acknowledged that unprotected, penetrative sexual intercourse is the most common mode of HIV/AIDS/STIs transmission in Nigeria.

3.1.1 Factors which promote this mode of transmission include:

- i. unprotected casual sexual intercourse;
- ii. commercial sex activities;
- iii. early onset of sexual experience by young people;
- iv. ignorance due to lack of sex/family-life education;
- v. low socio-economic status of women;
- vi. high prevalence of STIs.

3.1.2 Prevention of sexual transmission is therefore a vital thrust of HIV/AIDS/STIs control. The strategies for achieving this control shall include:

3.1.3 Promotion of Safer Sexual Behavior

All efforts shall therefore be intensified to promote:

- i. Chastity before marriage;
 - ii. Mutual fidelity by married couples;
 - iii. Condom use for all casual sexual intercourse;
 - iv. The provision of HIV/AIDS/STIs education to all children in and out of school. i.e. the integration of HIV/AIDS/STIs education into the school curriculum and using appropriate media of communication to reach out of school youths;
 - v. Integration of HIV/AIDS/STIs education into the training curricular of all health workers;
 - vi. Provision of adequate number of HIV screening centres across the country;
 - vii. Encouragement of STI patients to consent to HIV screening and partner notification after counselling;
 - viii. Empowerment of women in the area of education, work and choice in marriage and sexual life; and
- ##### 3.1.4 Encouragement of all tiers of Government to provide facilities for the early diagnosis and treatment of HIV and other prevalent sexually transmitted infections;

To this end:

- i. Facilities for the diagnosis and management of STIs shall be provided in all public health facilities including those at LGA level;
- ii. Incentives will be provided to local businesses and manufacturing concerns to undertake the local production of condoms;
- iii. The management of STIs including AIDS shall be in conformity with the BAMAKO INITIATIVE, and government shall subsidize the cost of treatment of AIDS cases;
- iv. Condoms for use in the country must meet international standard organization's specification and satisfy local quality standards. Specifically, samples of condoms for distribution must undergo quality assurance test at the designated Unit of the Federal Ministry of Health or any duly accredited agencies or bodies;
- v. Periodic condom quality assurance (at least six (6)-monthly interval) is prescribed, particularly for condoms remaining in circulation beyond two years from manufacture date;
- vi. In the absence of any valid evidence of periodic quality assurance certificate, it would be illegal to wholesale, retail or distribute condoms which have exceeded 3 years from the original date of manufacture;

vii. All condom marketers shall be made to provide appropriate storage facilities;

viii. All firms, organisations, groups of individuals interested in marketing condoms for the prevention of HIV/AIDS/STIs through the mass media, shall be constrained to always end every promotional programme or advertisement (including billboards) with the following caption.

**"THE FEDERAL MINISTRY OF HEALTH WARNS THAT
ABSTINENCE AND MUTUAL FIDELITY REMAIN THE
BEST PROTECTION AGAINST HIV/AIDS/STIS"**

**3.2 Prevention of HIV/AIDS Transmission Through
Blood and Blood Products**

3.2.1 The most efficient route of HIV/AIDS transmission is through blood and blood products. In recognition of the limited number of blood screening facilities in the country, coupled with prevailing cultural practices such as tattooing, circumcision and scarification with unsterilised instruments; and given the widespread use of unsterilised syringes and injection needles, all of which increase the risk of acquiring HIV infection through blood, it is important that:

- i. Every State of the Federation including the Federal Capital Territory shall provide an efficient blood transfusion service. The list of approved screening centres shall be published periodically;
- ii. It shall be an offence to transfuse unscreened blood;
- iii. Commercial blood donors and other known risk groups shall be prevented from donating blood;
- iv. Voluntary blood donation shall be actively encouraged;
- v. All units of donated blood reactive on first ELISA or rapid test shall be discarded even though this is not enough to indicate that the donor is HIV positive;
- vi. All screening facilities shall apply the prescribed national protocol for HIV testing provided by the Federal Ministry of Health;
- vii. For epidemiological purposes, two positive ELISA of different antigenic properties shall be considered confirmative of HIV infection;
- viii. For diagnosis, two positive ELISA of different antigenic properties or one positive ELISA and one positive rapid/western blot test shall be deemed confirmative of HIV infection.

- ix. All new HIV screening reagents for use in the country shall be certified and licensed by the Federal Ministry of Health through the National AIDS/STIs Control Programme in collaboration with NAFDAC;
- x. Subsequent lots/batches of these reagents must undergo periodic quality assurance tests before they are marketed;
- xi. All traditional health care providers using skin-piercing instruments shall be educated on sterilization techniques;
- xii. All healthcare workers shall observe universal safety procedure in the management of their patients, handling of corpses, disposal of body fluids and other potentially infectious materials;
- xiii. All donors of organs for transplant including sperm for artificial insemination shall be screened for HIV;
- xiv. Pre-test and post-test counselling of blood donors shall be undertaken and consent obtained before HIV screening;
- xv. State Governments shall be charged with the responsibility of regulating the activities of all diagnostic laboratories screening for HIV within the State; and
- xvi. The Federal Ministry of Health through the National AIDS/STIs Control Programme shall provide the operational guidelines and monitor compliance.

3.3 Prevention Of HIV Infection Through Perinatal Transmission

3.3.1 An important mode of HIV transmission is from mother to child. This occurs before, during, after delivery or through breast feeding. It is therefore expedient to provide:

- i. Voluntary counselling and HIV testing for all women of child-bearing age including pregnant women attending ante-natal care clinics or those infected with HIV and intending to get married;
- ii. All Family Planning clinics with AIDS/STIs counselling facilities; and
- iii. Counselling for HIV positive pregnant women and breast feeding mothers with a range of medical management options.

3.4 Reduction Of The Personal And Social Impact Of HIV/AIDS On Infected Persons And Their Families

3.4.1 It is generally known that HIV infected persons and People Living with AIDS (PLWA) and their families are subjected to discrimination and stigmatisation, because of misconceptions about the infectivity and the fatal nature of the disease. There is therefore a need to guarantee the fundamental rights of such persons as entrenched in the Constitution of Nigeria. In this connection, Government shall ensure that:

i. Under no circumstance shall HIV infected persons and AIDS patients be discriminated against either in the family, school, workplace or other areas of public life;

ii. HIV/AIDS/STIs patients shall, on no account be discriminated against in any public or private health care facility;

iii. People living with AIDS or other STIs have the right to the best available medical care and understanding;

iv. The fundamental human rights of people living with AIDS and other STIs and their families shall be respected at all times;

v. All HIV/AIDS/STIs screening centers and healthcare facilities caring for people living with AIDS and other STIs shall ensure absolute confidentiality of their clients' test results and conditions;

vi. Test results shall not be divulged to any other person(s) except with the expressed consent of the tested person;

vii. International clinical, ethical standards shall be observed in all HIV/AIDS/STIs prevention and control issues;

viii. Pre-test, post-test and supportive counseling shall be provided at all screening centers and consent of patients obtained before their blood is screened for HIV;

- ix. Government shall co-operate and collaborate with interested individuals, organisations, agencies or bodies in promoting community home-based care (CHBC) for AIDS patients;
- x. Appropriate educational and preventive measures against HIV infection and STIs shall be made available to prisoners;
- xi. condoms and educational materials on HIV/AIDS/STIs shall be made available by the hospitality industry throughout the country as a routine service to their clients. The industry shall assume the responsibility for utilising basic information and educational media in order to reach its clients;
- xii. There shall be no compulsory HIV testing of any group or persons in Nigeria for any purpose including insurance; however;
- xiii. The nationals of any country that requires compulsory or mandatory HIV testing of Nigerians for any purpose, shall be subjected to the same condition in Nigeria;
- xiv. Any individual has a right to know his/her HIV serostatus;
- xv. For the purpose of monitoring the trend of HIV/AIDS and the effect of interventions, periodic epidemiological surveys shall be conducted nationwide.

3.5 Public Enlightenment

In order to heighten public awareness and minimise the impact of HIV/AIDS on the society, Federal, State and LGA health authorities shall:

- i. Collaborate with media practitioners in the use of multi-media strategies for the achievement of HIV/AIDS/STIs Information, Education and Communication (IEC) objectives;
- ii. encourage the establishment of community-based HIV/AIDS/STIs information and education programmes, especially at Local Government Area level following existing guidelines;
- iii. integrate HIV/AIDS/STIs IEC into the existing Primary Health care (PHC) system.

3.6 Notification And Reporting

- 3.6.1. Notification and reporting of screening results for HIV infection to Health Authorities shall be made compulsory, anonymous and unlinked in conformity with other national diseases reporting/notification guidelines.

3.7 Legislation

- 3.7.1. Government shall enact specific legislations prescribing sanctions against those who violate the fundamental rights of people living with AIDS as

well as those infected individuals who wilfully engage in activities likely to transmit HIV/AIDS virus to other citizens; and on those who knowingly render services that are potentially hazardous to innocent citizens e.g. transfusing unscreened blood etc.

4.0 **MOBILIZATION AND COORDINATION OF NATIONAL AND INTERNATIONAL EFFORTS AND RESOURCES IN THE FIGHT AGAINST AIDS**

The implementation of this policy objective obviously demands effective programme management, co-ordination, of national and international efforts in order to achieve the desired results. This shall be done through research, international cooperation and multi-sectoral collaboration.

4.1 **Programme Management And Structure**

4.1.1. To ensure effectiveness and efficiency, a ministerial or extra-ministerial body with a high degree of autonomy is required to deal with the immediate and future challenges brought about by HIV infection and AIDS. Accordingly, the National AIDS/STIs Control Programme shall be vested with the responsibility of mobilising and coordinating national and international response to HIV infection and AIDS in Nigeria. In addition, the NASCP shall:

- i. Develop and promote inter-sectoral, inter-Ministerial and inter-Governmental collaboration and support;

ii. Initiate, support and collate HIV/AIDS/STIs research;

iii. Promote research networking and encourage the application of research findings for the benefit of society;

iv. Ensure proper testing of drugs and vaccines originating both from outside and within the country. Without substantial evidence of previous trials and successful outcome, all new anti-HIV drugs and vaccines shall be prohibited from use by Nigerians;

v. Support and co-ordinate HIV/AIDS/STIs Control activities at State and LGA levels; and

vi. Obtain and collate comprehensive reports of HIV/AIDS/STIs control activities from the states.

4.2 **STANDING COMMITTEES**

4.2.1 **National Level**

There shall be established a National HIV/AIDS/STIs committee (NAC). The committee shall advise Government on policy objectives, intervention programmes and their implementation throughout the country. The committee shall consist of various experts with relevant skills. The Honourable Minister of Health shall be the Chairman of the committee.

4.2.2 The members are:-

1. The Permanent Secretary; (FMOH)
2. Director, Primary Health Care and Disease Control (DPHC & DC);
3. Director, Hospital Services (DHS);
4. Director, Foods and Drug Services (DFDS);
5. Director, Planning, Research and Statistics (DPRS);
6. Legal Adviser (FMOH)
7. National AIDS/STIs Programme Coordinator (NASPC);
8. Executive Director, National Primary Health Care Development Agency (NPHCDA);
9. Executive Director, National Agency for Food & Drugs Administration & Control (NAFDAC);
10. Representatives of:
 - Nigerian Medical Association (NMA)
 - Federal Ministry of Education (FME)
 - Federal Ministry of Information and Culture (FMI&C)
 - Federal Ministry of Finance (FMF)
 - Ministry of Foreign Affairs (MFA)
 - Federal Ministry of Women Affairs and Social Development
 - Federal Ministry of Agriculture (FMA)
 - Armed Forces programme on AIDS Control (AFPAC)
 - Mass Media Organisations
 - Relevant Non-Governmental Organisation
 - Religious Bodies
 - Pharmaceutical Society of Nigerian (PSN)
 - Federal Ministry of Women Affairs and Social Development:

- Academic community;
- Traditional/Community Leaders
- National Drug Law Enforcement Agency (NDLEA)
- Nigeria Labour Congress (NLC)
- National Association of Nigerian Nurses and Midwives (NANNM)

The National AIDS/STIs Control Programme shall provide secretariat support for the NAC.

4.2.3 Technical Advisory Committees

Technical Advisory Committees of the NAC shall include:

- Information, Education and Communication;
- Mass Media
- Epidemiology, Surveillance and Laboratory Support
- Clinical Management
- Research and Ethics

Membership of the sub-committees shall be drawn from the relevant professions and vocations by the NAC and shall meet periodically to deliberate on relevant issues. Their terms of reference (TOR) shall be provided by FMOH.

4.3 Standing Committees (State)

There shall be established an HIV/AIDS/STIs Control Programme within the Department of PHC and Disease Control in each State Ministries of Health.

These shall focus on HIV/AIDS/STIs Control activities at the State level as well as supervise AIDS control activities at LGA level.

4.3.1 There shall be established in each State a multi-sectoral AIDS/STIs Committee under the Chairmanship of the Honourable Commissioner for Health. The State AIDS Committee (SAC) shall have responsibilities at State level similar to that of the NAC at the National level.

4.3.2 **Membership of the SAC shall include:**

- (1) Director, Primary Health Care and Disease Control
- (2) Director, Hospital Services
- (3) Primary Health Care Coordinator
- (4) State AIDS/STIs Control Programme Coordinator
- (5) A representative of the:-

- Ministry of Information
- Ministry of Education
- Ministry of Agriculture and Rural Development
- Ministry of Finance
- Ministry of Justice
- Local Government Service Commission / Dept of Local Government and Chieftaincy Affairs
- Media Organisations
- Nigerian Medical Association (State Branch)
- Nigerian Institute of Laboratory Technologists (State Branch)
- State Branch of the Nigerian Bar Association
- Women Commission
- State Police Command

- Traditional and Religious Leaders
- Social Workers
- Academic Community
- NGOs active on AIDS Control

The State AIDS/STIs Co-ordinator shall act as Secretary. The SACPs shall provide Secretariat support.

4.4 **Local Government Level**

4.4.1 An AIDS/STIs Action Unit shall be established in the Department of Health in each Local Government Area headed by an AIDS Action Manager.

4.4.2 The Unit shall provide the necessary focus and undertake the coordination of HIV/AIDS/STIs Control activities at Local Government and Community Level.

4.4.3 There shall be established a multi-sectoral HIV/AIDS/STIs Action Committee under the Chairmanship of the Local Government Area Chairman. The Committee shall have the responsibility of advising the Local Government Council on policy matters and programme implementation at LGA level.

4.4.4 Membership of the Committee shall include:-

- Councillor for Health
- Councillor for Education
- Councillor for Finance
- Head of Department, Health
- Head of Legal Department
- Councillor for Agriculture

- Traditional and Religious Leaders
- Media Organisation
- Representative of NGOs
- AIDS Action Manager will be Secretary

5.0 FUNDING

5.1 All levels of Government shall make statutory budgetary allocation for HIV/AIDS/STIs Control annually. Such allocation shall be deducted from the Federation Account.

5.2 The Government shall promote the establishment of a Nigerian AIDS Foundation as a means of augmenting resources for HIV/AIDS/STIs Control.

5.3 There shall be in operation a separate Bank account at State/LGA levels designated HIV/AIDS/STIs Account.

6 WORLD AIDS DAY

It shall be established that the first day of December every year be observed as World AIDS Day in Nigeria.

7 WORLD AIDS CAMPAIGN

In order to sustain the heightened awareness created during the world AIDS Day, a period of prolonged world AIDS campaign shall be observed BEYOND December 1st.