



FEDERAL GOVERNMENT OF NIGERIA



NATIONAL POLICY ON HIV/AIDS
2003

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ABBREVIATIONS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ANC	ANTENATAL CLINIC
ARV	ANTI-RETROVIRAL
BCI	BEHAVIOUR CHANGE INTERVENTION
CBOS	COMMUNITY BASE D ORGANISATIONS
CSOS	CIVIL SOCIETY ORGANISATIONS
CSWS	COMMERCIAL SEX WORKERS
ELISA	ENZYME LINKED IMMUNO-SORBENT ASSAY
FGOH	FEDERAL GOVERNMENT OF NIGERIA
FMOH	FEDERAL MINISTRY OF HEALTH
HIV	HUMAN IMMUNE DEFICIENCY VIRUS
HEAP	HIV/AIDS EMERGENCY ACTION PLAN
IEC	INFORMATION EDUCATION AND COMMUNICATION
LACA	LOCAL GOVERNMENT ACTION COMMITTEE ON AIDS
LGA	LOCAL GOVERNMENT AREA
M&E	MONITORING AND EVALUATION
MTCT	MOTHER TO CHILD TRANSMISSION
NACA	NATIONAL ACTION COMMITTEE ON AIDS
NAFDAC	NATIONAL AGENCY FOR FOOD, DRUG ADMINISTRATION
NGOS	NON- GOVERNMENTAL ORGANISATIONS
NPF	NIGERIA POLICE FORCE
OVC	ORPHANS AND VULNERABLE CHILDREN
PABA	PEOPLE AFFECTED BY AIDS
PLWHA	PEOPLE LIVING WITH AIDS,
RPHCC	RURAL PRIMARY HEALTH CARE CLINIC,
SACA	STATE ACTION COMMITTEE ON AIDS
SMOH	STATE MINISTRY OF HEALTH
SRMS	STATE RURAL MOBILISATION REPRESENTATIVES
STI	SEXUALLY TRANSMITTED INFECTION
TOR	TERMS OF REFERENCE
TB	TUBERCULOSIS
TOT	TRAINING OF TRAINERS
TWC	TECHNICAL WORKING COMMITTEE
VCCT	VOLUNTARY CONFIDENTIAL COUNSELING AND TESTING



FOREWORD

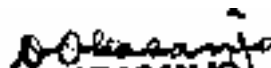
Nigeria is committed to improving the quality of life of all Nigerians and this is expressed in the series of developmental plans it has embarked upon since its independence in 1960. Nigeria is again responding to the threat of the HIV/AIDS pandemic with a plan of action that, when followed through, will put Nigeria on a recovery path to social and economic development.

In 1997, the Government of the Federal Republic of Nigeria, through the Federal Ministry of Health, adopted the National Policy on HIV/AIDS and STI. This was designed to limit the spread of HIV/AIDS in the country. However, this was at a time when the magnitude and wide spread nature and impact of the disease was not completely recognized. For this reason, some essential components that are now known to be necessary to control the spread and the impact of the epidemic were not adequately addressed. The resultant effect is that the HIV prevalence rate continued to rise; the number of AIDS-related deaths increased and its impact on the country worsened.

The country has developed a new approach to the epidemic, ensuring that all sectors of the economy relevant to the control of the epidemic are involved in the planning, implementation and evaluation of the country's response to the epidemic. Similarly, all sectors of the economy that are affected by the epidemic are to jointly develop plans and processes to mitigate its impact. This approach will include strategies to prevent further HIV/AIDS transmission, provide care and support for the people living with HIV/AIDS and mitigate the social and economic impact of HIV/AIDS on the country.

Nigeria, in revising the HIV/AIDS policy, recognizes the importance of a multi-sectoral effort to control the epidemic and its effects; accepts that all Nigerians must together accept responsibility for prevention of HIV transmission and the care and support of those infected and affected by the virus. Our policy identifies the importance of upholding and protecting the rights of all Nigerians including people living with or affected by *HIV/AIDS*; addresses the vulnerability of certain social groups including women and children to the HIV/AIDS epidemic; and develops appropriate measures to ensure that all these relevant issues are addressed.

It is expected that the successful implementation of this policy will bring about the control of the spread of HIV/AIDS in Nigeria. It is hoped this will mitigate its impact to the point where it is no longer of public health, social and economic concern, such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its effects.


OLUSEGUN OBASANJO
June 10, 2003

Acknowledgements.

The revised HIV/AIDS policy is the product of an extensive and comprehensive participatory process in which efforts were made to include the viewpoints of a wide range of national and international stakeholders who are affected or involved with the nation's response to the HIV/IDS epidemic. This process presented opportunities for meaningful participation of a large number of stakeholders and has resulted in the production of a document with widespread ownership. The participants in this large collaborative effort derive from federal and state government line ministries and parastatals, developmental partners, donor agencies, civil society organizations including professional bodies, non-governmental organizations, faith-based organizations, community based organizations, women's organizations, and networks for people living with HIV/AIDS. Thus it is truly a product of multisectorality as all the important stakeholders participated actively in the evolution of the final policy document.

In that regard I wish to extend a special gratitude to all national and international partners whose editorial comments and invaluable assistance have aided and complemented our efforts. We will like to especially note the contributions of the Federal Ministry of Health who provided information about the previous policy that came into being in 1997 and other public sector organizations i.e. other line ministries and parastatals of the Federal Government of Nigeria such as the Nigerian Institute for Policy and Strategic Studies (NIPSS), the Human Rights Commission, the Nigerian Institute for Medical Research (NIMR), the Nigerian Institute of Pharmaceutical Research and Development (NIPRD), and the Nigerian Institute of Management (NIM) all ensured that key contributions were made to this policy especially as it related to their sub-sectors. The USAID, DFID, CIDA and the UN family (UNAIDS, UNICEF, UNDP, UNFPA, UNIFEM, and the World Bank) also deserve special thanks for their contributions and support. We are also grateful for the contributions of our collaborators at state and local levels and those working in the Non Governmental Organizations and private sector, especially representatives of the National Network of People Living with AIDS who gave the human face to all the policy efforts. Representatives of youths and youth serving organizations, the labour unions and professional associations, and the media also deserve commendation for their active participation in this process.

The USAID funded POLICY Project (Futures Group International) deserve special commendation as the agency facilitated the drafting of the policy through the provision of technical assistance for the recruitment of the relevant consultants that were utilized to

coalesce the viewpoints of the various stakeholders and for supporting the various workshops and stakeholders forums for reviewing these outputs.

This HIV/AIDS policy represents Nigeria's commitment and her determination to stem the tide of this epidemic and mitigate its impact on her citizenry utilizing most recently acquired knowledge, skills and a clear understanding of the epidemic. It is also hoped that this policy will serve as the catalyst for a more vigorous, organized and coordinated, long-term and sustained response to the epidemic. This policy should engender greater commitment from all stakeholders; provide clearer guidance for all program implementers and service providers, and serve as a beacon of hope for those already living with the infection and its attendant physical, emotional, social and psychological sequel.



Professor Babatunde Osotimehin
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EXECUTIVE SUMMARY

Nigeria is Africa's most populous nation with a population estimated at well over 120million in 2002. The adult HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 to 5.8% in 2001. Estimates indicate that more than 3.5 million Nigerians were infected with the virus in 2002. The epidemic in Nigeria has extended beyond the commonly classified "high-risk groups" and is now common amongst the general population. With the adult prevalence rate at 5.8 percent in 2001, the nation is now threatened by an exponential and explosive growth of the epidemic.

Impact of the epidemic on the social and economic development of Nigeria has been substantial; it has contributed to the present decrease in life expectancy, increased the number of deaths of young adults; increased the number of orphans in the country; increased the cost of achieving developmental goals and increased the level of poverty in the country. It threatens to cause even worse socio-economic problems if the epidemic is allowed to further escalate.

Like many other developing countries, Nigeria has passed through several phases in her response to the epidemic. In 1997 the Government of the Federal Republic of Nigeria through the Federal Ministry of Health adopted the National Policy on HIV/AIDS and STI. Due to limited information on the effects of the epidemic, some essential components now accepted as necessary were not adequately addressed. In January 2000, the President established a Presidential Committee on AIDS (PCA) and the National Action Committee on AIDS (NACA). A 3-year HIV/AIDS Emergency Action Plan (HEAP) was formulated in 2001 and is now being implemented.

Within the context of the HEAP some issues were identified which could limit the impact of the country's response to the HIV/AIDS epidemic. These include:

- Socio-cultural barriers to proven preventive methods of HIV prevention
- The subjugation and subordination of women in the country;
- A lack of appropriate sex/family life education available in social and educational institutions;
- The high prevalence and poor treatment practices for sexually transmitted infections.
- Stigma and discrimination shown to persons living with and affected by HIV/AIDS
- Lack of access to effective treatment
- Poor coordination of HIV/AIDS preventive and care and support activities in the country

- Lack the technical capacity to manage HIV preventive initiatives

The revised HIV/AIDS policy aims to improve upon the country's response by adequately addressing the overlooked components and improving the previously used strategies by utilising cost effective, practical, socially acceptable, and scientifically sound solutions to ensure that the HIV/AIDS epidemic is brought under control and the country resumes its social and economic development unhindered by the contagion.

The overall goal of the HIV/AIDS policy is to control the spread of HIV/AIDS in Nigeria, and to mitigate its impact to the point where it is no longer of public health, social and economic concern, such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its effects.

In order to achieve the overall goal a number of specific objectives will have to be achieved. To achieve this Federal Government of Nigeria commits itself to:

- i. Promote a national multisectoral and multi disciplinary response to the epidemic;
- ii. Identify sectoral roles and assign responsibilities for the implementation of programmes based on sectors' comparative advantages and core competencies;
- iii. Increase awareness and sensitisation and foster behaviour change among the general population about HIV/AIDS;
- iv. Improve national understanding and acceptance of the principle that all persons must accept responsibility for prevention of HIV transmission and the provision of care and support for those infected and affected;
- v. Provide cost-effective care and support for those infected;
- vi. Protect the rights of those infected and affected by HIV/AIDS as guaranteed under the constitution and laws of the Republic;
- vii. Remove all possible barriers to HIV/AIDS prevention and control.
- viii. Empower people infected and affected by HIV/AIDS through training, counselling, and education to cope with their circumstances.
- ix. Develop standards and guidelines that lead to the institutionalisation of best practices to mitigate the impact of AIDS.
- x. Stimulate research, and monitoring and evaluation of programs
- xi. Ensure that prevention programmes are developed and targeted to vulnerable groups

The main strategies that will be used to achieve the overall goal will include:

- a. **The Prevention of HIV/AIDS transmission;** through the promotion of safer sexual behaviour, appropriate use of condoms; prevention of HIV/AIDS transmission through blood and blood products; voluntary counselling and testing; prevention of mother-to-child transmission; early treatment of sexually transmitted infections (STI) and youth focused interventions
- b. **Law and Ethics;** ensuring the respect for, and protection of the rights of all Nigerians including persons living with and affected by HIV/AIDS;
- c. **Care and Support for those infected or affected by HIV/AIDS;** including the provision of clinical management of diseases and access to care for all PLWHAS; provision of home-based-care; treatment of opportunistic Infections (OI); provision of access to anti-retroviral therapy; care of orphans and vulnerable children; Support for the Infected; Support for the People affected by HIV/AIDS; and the Certification of Traditional Healers and Other Health Practitioners
- d. **Effective communication;** including greater public enlightenment focusing on the removal of socio-cultural barriers; informational barriers; systemic barriers; the improvement in the general public's base knowledge regarding the HIV/AIDS epidemic; and towards the catalysing of community-based responses to HIV/AIDS.
- e. **Effective Program Development and Management;** including the constitution of a permanent statutory body or agency which shall assume principal responsibility for the definition of the HIV/AIDS policy; guide the multisectoral response to the HIV/AIDS epidemic; build up the in-country capacity to plan, implement and monitor HIV/AIDS programs; and monitor and evaluate the progress and impact of the country's response to the epidemic.

PART 1

Problem Identification: Epidemiology, Impact, Response and Problems of HIV/AIDS in Nigeria

INTRODUCTION

The Government and people of the Federal Republic of Nigeria recognize and acknowledge that the HIV/AIDS epidemic in Nigeria is on the threshold of an exponential increase in the country and consequently are committed to accept the challenge of stemming its tide and its impact on the nation through measures known to be cost effective, socially acceptable and scientifically sound.

All tiers of Government in collaboration with non-governmental organizations (NGOs), community based organizations (CBOs), faith-based organisations (FBOs), the private commercial sector, bilateral and multilateral partners, and other international agencies are contributing in various ways towards the national response especially through the implementation of the HIV/AIDS Emergency Action Plan (HEAP) jointly developed by all stakeholders and launched by the President of the Federal Republic of Nigeria in April 2001.

The seriousness that the country attaches to combating this epidemic is also demonstrated by the creation of the multisectoral National Action Committee on AIDS (NACA), recognizing that HIV/AIDS has ceased to be a health problem but has become a developmental problem that affects and requires the involvement of all sectors, for any meaningful impact is to be made through the country's efforts.

The review and modification of this policy, which was first put in place in 1997, is therefore necessitated by the need to recognize the tremendous changes that have taken place in the country as regards the HIV/AIDS epidemic since 1997, and to put in place a new framework and guidelines that give meaning to all the structural changes and interventions now adopted by the country.

Finally, issues not addressed in the previous policy such as access to anti-retroviral drugs (ARV), vaccine development and ethical and legal issues are addressed by this policy.

EPIDEMIOLOGY OF HIV/AIDS IN NIGERIA

Nigeria is Africa's most populous nation with a population estimated at about 120 million in 2002. Since 1986 when the first AIDS case was detected in Nigeria, the epidemic has rapidly grown. According to surveys carried out by the Federal Ministry of Health, the adult HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 to 5.8% in 2001. Estimates

using the 2001 HIV seroprevalence sentinel survey of women attending ante-natal clinics indicate that the more than 3.5 million Nigerians were infected with the virus in 2002. The epidemic in Nigeria has extended beyond the commonly classified “high-risk groups” (sex workers, migrant labourers, etc.) and is now common in the general population. With the adult prevalence rate at 5.8 percent in 2001, the nation is now threatened by an exponential and explosive growth of the epidemic.

Though some parts of the country are more affected than others, there is no state or community that is free from the effects of the HIV/AIDS. Every state in Nigeria is experiencing a growing HIV epidemic within its general population. In the adult population men and women are both affected. Though HIV infects all age groups, in Nigeria, the young adults (20 – 29 years) are more affected. In some regions there is also an alarmingly high prevalence in the 15 – 19 year group. There is almost equal HIV prevalence in major urban and none-major urban communities.

Lately an increasing number of children are being either infected with the virus, through mother-to-child-transmission, or are losing one or both adult parents to the disease. By all indications the HIV/AIDS epidemic has continued to grow largely through heterosexual unprotected sexual encounters, through mother-to-child transmission and through contaminated blood products.

IMPACT OF THE EPIDEMIC

Despite the limited amount of information on the impact of HIV/AIDS on the socio-economic development of Nigeria, the information available suggests that the epidemic has had the same impact as seen in other Sub-Saharan African countries.

Impact on Life expectancy: One important effect of HIV/AIDS epidemic on the health of Nigerians is the reduction in the life expectancy. The HIV/AIDS epidemic has markedly reduced gains in life expectancy which Nigeria had achieved over the past four decades since her independence. The life expectancy in Nigeria fell from 53 years in 1990 to 51 years in 2002, largely due to the HIV/AIDS epidemic. The disparity between what should have been and what will exist will worsen further if the HIV prevalence is allowed to rise further and the epidemic is not adequately controlled.

Impact on health system: The additional care and support burden associated with the HIV/AIDS epidemic further weakens and threatens to overwhelm the already weak Nigeria

health system. The increase in need of resources to control the effects of the epidemic in the health sector could soon exceed 35% of the health budget if the epidemic is not brought under control.

The epidemic's has a mounting effect on bed utilisation. Persons living with HIV related disorders increasingly need hospital services including bed space. This leaves little bed space to treat other important illnesses.

The HIV/AIDS epidemic is closely linked to the resurgence in the number of cases of tuberculosis presently being seen in the country and worldwide. Without adequate control of the epidemic, the high cost of care required to adequately treat tuberculosis patients, will continue to further increase the cost of health care.

Social impact: One major social effect on the society is the increasing number of orphans generated by the epidemic. Due partly to the Nigerian high total fertility rate, the large population size, and the HIV prevalence, Nigeria is estimated to have an exceedingly large number of orphans that have occurred due to AIDS. In 2001, this was estimated to be above 900,000. The social impact of this is expected to be great. There will be tremendous strain on the social systems to cope with such a large number of orphans. Many of these Nigerians may go without adequate healthcare and schooling, increasing the burden on society in future years. The children will be at risk of suffering from child abuse, prostitution and other social crimes, and may themselves become HIV positive.

Other social effects include the increase in poverty, especially in households affected by HIV/AIDS; disruption within families and communities as they respond to issues associated with increased incidence of HIV/AIDS within their families and the communities; reduction in amount of individual and family discretionary funding for essential needs including nutrition, education, health and living conditions; and high medical, emotional, and social costs on people living with HIV/AIDS.

Economic impact: The HIV/AIDS epidemic affects the social and economic development by deterring efforts towards achieving set goals as targeted in the various policies enacted by various governments of Nigeria. It increases the cost of achieving set developmental goals by decreasing the size of the workforce - as it affects mainly adults in their most productive years of life (15 – 49 years). In decreasing the workforce it increases the cost of labour. The work output of persons living with HIV/AIDS also diminishes as the disease progresses. The death of persons in skilled employment also increases the need for the education sector to

replace them faster than would have been necessary without the epidemic while at the same time increases the cost of hiring and training of staff in businesses.

The high manpower-intensive sectors of the economy are the most affected; in Nigeria this includes the agricultural, educational and health sectors as well as the rural economy. In the agricultural sector this leads to a gradual but noticeably reduction in the production of food and cash crops. The rural communities bear a disproportionate share of the burden of AIDS: many urban dwellers go back to their villages on discovering the HIV status; the health system in rural communities is weaker and less accessible; and the knowledge on HIV/AIDS is lower. All this results in a more vulnerable rural populace.

The HIV/AIDS epidemic significantly undermines the education sector's universal basic education goal by: increasing the cost and the time needed to achieve the target of education for all; increasing the number of teachers to be trained to reach the goal; and by decreasing the turnout of students who are able to take adequate advantage of increased educational opportunities. Other sectors affected include the military, the police, and the transport and construction industries.

In summary, the impact of HIV/AIDS on Nigeria's social fabric and on its economic development and well-being continues to be pervasive and, unless controlled, will continue to undermine Nigerian citizens' quality of life.

RESPONSE

Like many other developing countries, Nigeria has passed through several phases in her response to the epidemic. The stages included an initial period of denial; a largely medical response; a public health response; and now a multisectoral response that focuses on prevention, treatment and impact mitigation interventions.

The health response was initially made up of the National Expert Advisory Committee on AIDS (NEACA). In 1988, this advisory board was replaced by the National AIDS and STDs Control Programme (NASCP) coordinated by the FMOH. NASCP still exists and is presently responsible for the health sector's response to HIV/AIDS. It develops guidelines on key health interventions and supports monitoring and surveillance of the epidemic as it affects the health sector.

In January 2000, the President in recognition of the need for a multisectoral approach established a Presidential Committee on AIDS (PCA) and the National Action Committee on AIDS (NACA). A 3-year HIV/AIDS Emergency Action Plan was formulated in 2001 is now being implemented. The implementers of this plan include governmental institutions, non-

governmental organisations, community based organisations, faith-based organisations, developmental partners and persons living with or affected by HIV/AIDS.

PROBLEMS

Program implementation: HIV transmission through sexual intercourse remains the most important mode of spread in Nigeria. Prevention will therefore largely focus on disrupting this mode of transmission. This mode remains the major source of transmission due to the:

- High level of risky sexual behaviour amongst high risk groups such as long distance lorry drivers, migrant labourers, sex workers and their clients, and the general population
- Commercial sex activities
- Early onset of sexual activity
- Ignorance amongst youth about HIV/AIDS and sexuality issues.
- The high prevalence of sexually transmitted infections (STIs) leading to increased susceptibility to HIV/AIDS amongst those infected.

To break the chain of transmission, the sexually active population must change its sexual behaviour. Results of efforts focused on behaviour change in Nigeria have proved difficult and slow to produce. On the other hand, correct, appropriate, and consistent use of condoms to prevent transmission of HIV/AIDS has proved highly effective. The change in behaviour and the increased use of condoms during risky sex is slowly being actualised but is deterred by various factors including:

- Non-acceptance of proven methods of HIV prevention by some social and religious groups;
- Cultural ideologies that deny the known methods of transmission in order to maintain cultural practices;
- Subjugation and subordination of women in the country which limits their ability to decide when and how and with whom they have sex,;
- Lack of appropriate sex/family life education available in social and educational institutions;
- Ineffective treatment methods used to treat sexually STIs in the both orthodox and alternate health institutions and, and the wide spread practise of self medication by the infected.

Removal of these barriers is a challenge that must be met. Changes in the behaviour of both high risk groups and the general population are required before the epidemic will be controlled.

Human Rights: Stigma and discrimination shown to persons living with and affected by HIV/AIDS worsens the spread and the impact of the epidemic. Due to the fear of discrimination, individuals living with HIV/AIDS are less inclined to live freely, declaring and acknowledging their HIV status. This leads to continued under-reporting of the epidemic, a resistance to the use of voluntary confidential counselling and testing services, a persistence of denial tendencies by the general population and a prolongation of the ‘hidden state’ epidemic in spite of its increasing spread and negative impact in the country. Lack of access to effective treatment also contributes to the spread of the epidemic as there is little incentive to know one’s HIV status if there is no access to care for those who are infected..

Attempts to respond to these challenges will require all sectors of the government and the population to realise the importance of protecting the rights of the affected by recognising that in protecting the rights of these persons, the rights of all Nigerians are protected.

Towards this end, government officials, private sector, opinion leaders, and the general population are in need of increased formal and informal education focused on HIV/AIDS’ ethical and legal issues. Many of Nigeria’s laws and regulations require review and revision centred on establishing a national consensus on realistic and practical policies for all aspects society, for the workplace, for the community, and at home. Those responsible for legal and regulatory reform will require a specific orientation centred on assisting them to advocate for these changes, not being conversant with HIV issues.

In Nigeria, poverty is a major factor driving the epidemic, being both a cause and an effect of the HIV/AIDS outbreak. Poverty increases the chances of contracting HIV/AIDS: the poor are less knowledgeable of HIV/AIDS’ transmission modes; less aware of methods to protect themselves and have limited access to healthcare which could increase protection from contracting HIV such as effective treatment for Sexually Transmitted Diseases. Women are more vulnerable than men as poverty also decreases their ability to negotiate safer sex.

Infection with HIV usually results in poverty, through declining income as a result of decreased capacity to work or discriminatory practices that disrupt or limit employment as a result of the associated stigma of HIV/AIDS. The resultant poverty decreases access to necessary health care, including treatment for opportunistic infection and antiretroviral drugs. Due to the downturn in the economy in the past decade, the nation is unable to provide

subsidised or free services on a scale that will be needed to protect all underprivileged persons.

Nigeria assigns a high priority to the care and support of persons infected and affected by the HIV epidemic but recognises that the formal health system as currently structured is unable to cope with providing quality care to persons living with HIV/AIDS thus Nigeria is now planning and gradually implementing community based care as an essential continuum of the care for both people living with and affected by HIV/AIDS. It is expected that when this is fully established it will reduce considerably the costs and burden on the health infrastructure and decrease significantly the level of stigma and discrimination.

Administration and Coordination: While the HIV/AIDS epidemic is clearly a public health problem, Nigeria has acknowledged that controlling the impact of the HIV/AIDS epidemic calls for a multisectoral approach well beyond the responsibilities and resources of the health sector alone. In actualising its new HIV/AIDS response, the government has encountered challenges related to the coordination and administration of the country's response to the epidemic.

The present multisectoral approach still lacks a legal and institutional framework through which to operate and the sectoral roles of the various implementers are yet to be well defined. This has led to poor coordination, multiplicity of effort and an inability to fully maximise investments in the actualisation of the HEAP objectives.

NACA could be said to be a sign of the political commitment at the national level but the State Action Committees on AIDS (SACAs) and the Local Government Action Committees on AIDS (LACAs) were mainly the result of the Federal Government's directives. There is little evidence of true commitment in many state and local governments as shown by initiatives undertaken proactively to control the epidemic in the various states.

Most sectors of the government and economy are just beginning to realise their importance in the country's HIV response. There is little experience in most sectors in HIV program planning, implementation and monitoring and many lack the technical capacity to manage HIV preventive initiatives. The same can be said for many State and local government Action Committees on AIDS.

The problems, though numerous and diverse, are not without solution. This policy recognises the complex nature of the problems: behavioural, social, lack of technical capacity and the previous poor coordination. In realising the multitude of problems Nigeria hereby resolves to take appropriate measures to overcome them by utilising cost effective, practical, socially

acceptable, and scientifically sound and evidenced based solutions. This is to ensure that the HIV/AIDS outbreak is brought under control and the country resumes its social and economic development unhindered by the epidemic.

PART II

Goals, Objectives and Targets

GUIDING PRINCIPLES

The Government and people of Nigeria affirm that:

- The National Policy on HIV/AIDS is complementary to all existing national policies related to the development and corporate existence of the country;
- The Policy shall be based on the principles of human rights, social justice and equity;
- The various governments of the federation acknowledge their responsibility to provide Nigerians with adequate information to take responsibility for, and safeguard their health and well-being.
- The various governments of Nigeria acknowledge their responsibility to provide for the health and well being of the people, which shall be fulfilled by the provision of adequate health and social services.
- The nation will adopt strategies that are cost effective, practical, socially acceptable, and scientifically sound to ensure that the HIV/AIDS epidemic is brought under control.

GOAL

The overall goal of the HIV/AIDS POLICY is to control the spread of HIV in Nigeria, to provide equitable care and support for those infected by HIV and to mitigate its impact to the point where it is no longer of public health, social and economic concern, such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its effects.

OBJECTIVES

In order to achieve the overall goal of controlling the spread and mitigating the impact of the HIV/AIDS, the nation will focus its efforts on a number of objectives which will have to be achieved. In accordance with the guiding principles of the HIV/AIDS policy, the Federal Government of Nigeria commits itself to:

- i. Promote a national multi-sectoral and multi disciplinary response to the epidemic in addition to the establishment of an appropriate legal and institutional framework for its coordination;
- ii. Identify sectoral roles and assign responsibilities for the implementation of programmes based on sectors' comparative advantages and core competencies;
- iii. Increase awareness and sensitisation among the general population about HIV/AIDS;
- iv. Foster behaviour change as the main means of controlling the epidemic;
- v. Improve national understanding and acceptance of the principle that all persons must accept responsibility for prevention of HIV transmission and the provision of care and support for those infected and affected;
- vi. Provide access to cost-effective care and support for those infected, including anti-retroviral drugs;
- vii. Protect the rights of those infected and affected by HIV/AIDS as guaranteed under the constitution and laws of the Republic;
- viii. Remove all possible barriers to HIV/AIDS prevention and control.
- ix. Empower people infected and affected by HIV/AIDS through training, counselling, and education to cope with their circumstances.
- x. Develop standards and guidelines that lead to the institutionalisation of best practices to mitigate the impact of AIDS.
- xi. Stimulate research, monitoring and evaluation of programs, relevant documentation of activities related to the epidemic and the dissemination of information generated to stakeholders and the general population.
- xii. Ensure that prevention programmes are developed and targeted at vulnerable groups such as women and children, adolescents and young adults, sex workers, long distance commercial vehicle drivers, prison inmates, migrant labour etc.

TARGETS

In order to monitor and evaluate the progress and implementation of the policy over time the following targets have been set to guide programme planning and implementation:

The main target of the HIV/AIDS policy is to achieve at least a 25% reduction in the adult HIV incidence.

Others include to:

- Improve the knowledge, attitude, behaviour, and practice (KABP) of high-risk populations, including youths and adolescents, to HIV/AIDS by 20 percent by the year 2005 and 40% by 2010;
- Improve the knowledge, attitude, behaviour, and practice (KABP) of the general population related to HIV/AIDS by 10 percent by the year 2005 and 15% by the year 2010;
- Improve the behaviour, and practice of the general population and high-risk groups related to Safer Sex by 20 percent by the year 2005 and 50% by the year 2010;
- Reduce the prevalence and incidence of Sexually Transmitted Infections in Nigeria by 50% by 2010;
- Reduce by 25% the percentage of persons openly expressing negative attitudes about persons living with HIV/AIDS by 2005
- Ensure that at least 20% of all local government areas will be able to offer home based care services to the people living with HIV/AIDS in their communities by 2010;
- Ensure that by 2010, 50% of health institutions will be able to offer effective quality care and management for HIV/AIDS;
- Ensure that by 2005 10% - and by 2010, 20% - of communities affected by HIV/AIDS will have programmes designed to provide social safety nets for persons infected with HIV/AIDS;
- Reduce the transmission of the HIV virus through mother-to-child-transmission by 50%; by the year 2010,
- By 2010, at least 50% of Nigerians shall have ready access to quality voluntary confidential counselling and testing services;
- By 2010, 100% of Nigerian local government areas will have at least one safer effective blood banking service;
- Ensure the access to antiretroviral drugs in all states of the federation by 2010
- The goal of education for all will be attained by the year 2015

PART III

Policies and Strategies

The following policies and strategies to achieve them are founded on the above stated principles and objectives. Structurally, the policies focus on five strategic components:

1. Prevention of HIV/AIDS
2. Law and Ethics
3. Care and Support
4. Communication
5. Program Management and Development

PREVENTION OF HIV/AIDS

Unprotected, penetrative sexual intercourse is the most common mode of transmission of HIV in the Nigeria. Other modes of infection of include mother-to-child transmission, transmission through blood and blood products, the sharing of sharp instruments including hypodermic needles, and the use of unsterilised tattoo and grooming equipment. Nigeria recognises these modes of transmission and their relative importance in the spread of HIV. Accordingly, the Federal Government of Nigeria policy and strategy will be directed towards reducing the risk of transmission through:

- Promotion of safer sexual behaviour
- Appropriate Use of Condoms
- Prevention of HIV/AIDS Transmission through Blood and Blood Products
- Voluntary counselling and testing
- Prevention of mother-to-child transmission
- Early diagnosis and effective treatment of Sexually Transmitted
- Infections
- Adolescents and Youth focused interventions

Promotion of safer sexual behaviour

- Safer sexual behaviour shall be promoted through education and through the formulation and enforcement of relevant legislation.
- Women shall be empowered, through education and legislation, to protect themselves from unsafer sex;

- Peer education shall be undertaken focusing on reducing HIV and STI transmission among susceptible groups including the military, paramilitary and the police force, sex workers, and youths.
- Abstinence and mutual fidelity will be promoted as the best protection against HIV/AIDS.

Appropriate use of condoms

- Use of condoms as a method of preventing HIV/AIDS shall be promoted through appropriate education using all forms of suitable media.
- Condom outlets shall be established in locations which are easily accessible to high risk groups.
- All mass media marketing of condoms for the prevention of HIV/AIDS shall promote abstinence and mutual fidelity through inclusion of a message that expresses the view of the Federal Government that abstinence and mutual fidelity remain the best protection against HIV/AIDS.
- The elimination of all legal, regulatory, financial and socio-cultural barriers to the universal access to condoms shall be facilitated by the government.
- The government shall formulate and enforce legislation on condom quality.

Prevention of HIV/AIDS Transmission through Blood and Blood Products

- The Federal Ministry of Health in partnership with the State Ministries of Health will develop a minimum standard of practice for blood banking institutions and a format for their accreditation which will be undertaken by the State Ministries of Health.
- Blood banking services shall only be provided in accredited public and private health institutions.
- The Government shall promote universal access to accredited blood transfusion services throughout the nation;
- The Government shall promote the voluntary donation of blood;
- The donation of blood on a remunerative basis shall be discouraged.
- The transfusion of unscreened blood shall be forbidden by law and penalties enforced against offenders;

- Transfusion of blood and blood products shall be carried out only when medically indicated;
- Pre-test and post-test counselling of blood donors shall be undertaken and consent obtained before HIV screening;
- All screening facilities shall apply the prescribed national protocol for HIV testing of blood for transfusion as provided by the Federal Ministry of Health;
- All traditional health care providers using skin-piercing instruments shall be educated on sterilization techniques before being subsequently licensed to practise;
- All health care institutions shall provide equipment and materials for the proper observation of the universal safety precautions and procedures within the institutions.
- All healthcare workers shall observe universal safety precautions and procedures in the management of their patients, handling of corpses, disposal of body fluids and other potentially infectious materials;
- All donors of organs for transplant including sperm for artificial insemination shall be screened for HIV and other blood borne pathogens;
- Activities of all diagnostic laboratories within the states shall be regulated to conform to the guidelines guiding their practice as setup by the FMOH and the State Ministries of Health.

Voluntary Confidential Counselling and Testing (VCCT)

POLICY:

Nigeria, recognising the usefulness of voluntary confidential counselling and testing services, commits itself to the establishment and support of a network of VCCT services that will provide the citizenry with affordable and accessible quality VCCT services:

- The Government shall promote the adoption of socially acceptable and ethically correct programmes that facilitate the early diagnosis of HIV/AIDS in all public and private health institutions.
- Voluntary HIV testing shall be universally available and accessible.
- Appropriate counselling and the maintenance of confidentiality shall be assured during the provision of voluntary HIV testing.
- All screening facilities shall apply the prescribed national protocol for HIV testing provided by the Federal Ministry of Health;

- Voluntary counselling shall be routinely offered to all couples applying for marriage licences and women attending ante-natal clinics; in neither case will it be mandatory.
- Voluntary confidential testing with pre and post-test counselling shall be an integral part of primary health care services. Counselling shall include appropriate information on safer sexual practices, family planning counselling and referrals to family planning services when necessary.
- As part of counselling of HIV positive individuals, counsellors shall encourage positive individuals to live openly and positively with their condition.
- All centres providing VCCT services shall be certified by the Government following guidelines as detailed in the protocols of the FMOH.
- All new HIV screening reagents for use in the country shall be certified and licensed by NAFDAC in collaboration with the Federal Ministry of Health and the National AIDS Control Agency.
- Subsequent lots/batches of these reagents shall undergo periodic quality assurance tests before they are marketed.
- Post voluntary counselling in the event of a positive HIV test should include the information on the risk of HIV transmission to future children, nutritional counselling, counselling on ARV, counselling on safer sexual practices, family planning counselling and referrals to family planning services when necessary.

Prevention of Mother to Child Transmission (PMTCT)

- All antenatal care services shall offer voluntary confidential counselling and testing for all women of childbearing age, including pregnant women as part of existing integrated reproductive health care services and shall include referrals for family planning counselling and services when necessary. Testing will not be mandatory.
- All maternity services shall provide counselling on risks associated with the possible transmission of HIV from mother to child during pregnancy, delivery and breast feeding and the adequate instructions to limit mother to child transmission if the mother's HIV status is known to be positive, and shall include referrals for family planning services;
- Nigeria shall place the highest possible priority on ensuring nationwide access to antiretroviral medication for all pregnant women with HIV and treatment provided at delivery to prevent vertical transmission.

- All institutions offering antenatal care or child health care services shall direct specific attention to maintaining the nutritional status of pregnant women with HIV and the children born to them.
- Appropriate mechanisms shall be put in place to ensure the appropriate training of health care providers at all levels on PMTCT.

Early Diagnosis and Effective Treatment of Sexually Transmitted Infections

- The Government of Nigeria, including the Federal Ministry of Health, shall prioritise the implementation of the control program for STIs, paying particular attention to the early diagnosis and prompt effective treatment of STIs with, post-diagnosis counselling and contact tracing;
- Treatment of STI will be promoted by Government as a priority social service;
- All health workers shall receive relevant and appropriate training in the epidemiology and management of STI;
- Nigeria shall promote the effective use of syndromic management of STI in public and private primary health services;
- Programs will be developed to provide treatment of STI for such high risk groups as sex workers and priority attention will be accorded such initiatives.

Adolescents and Youth Focused Interventions

The various Governments of Nigeria will ensure the availability of youth friendly information and health services that are accessible and socially acceptable, providing services that will reduce the vulnerability of youths to HIV/AIDS

In furtherance of this policy Nigeria will:

- Review and modify national policies and programmes with the view to reducing the vulnerability of young people to HIV/AIDS.
- Ensure youth-friendly access to reproductive health services including STI management, HIV testing and counselling and the provision of advice and services to encourage safer sex.
- Integrate HIV/AIDS education into the curricula of formal schools beginning at the primary level.

- Produce and disseminate appropriate HIV-related IEC material targeted towards the youth;
- Develop HIV/AIDS peer education programs for in-school and out-of-school youth;
- Promote safer sex in tertiary institutions through IEC that promotes sexual abstinence, mutual fidelity and the use of condoms;

LAW, HUMAN RIGHTS AND ETHICS

Law

The lack of appropriate, HIV-relevant legislation affects the ability of persons living with HIV/AIDS to live positively and persons susceptible or vulnerable to the disease from being able to protect themselves from the disease. In recognition that this lack adversely affects the nation's ability to reduce the spread of HIV/AIDS and mitigate its impact, the government of Nigeria commits itself to reviewing existing legislation and enacting appropriate new laws in the following areas.

- HIV/AIDS legislation in the workplace: Protection of worker's rights on the job for those infected
- HIV/AIDS legislation in the workplace: Protection of worker's on the job from being infected as a result of their work;
- Legislation on legal rights and property ownership of persons infected and affected by HIV/AIDS;
- Legislation to improve access to legal services, and care and support for persons infected and affected by HIV/AIDS;
- Legislation to protect the rights of victims of sexual violence;
- The establishment and codification of the nation's HIV/AIDS response structure.
- The codification of HIV relevant legislation

Ethics and Human Rights

The government recognizes the stigma and discrimination facing people infected and affected by HIV/AIDS and realises that the promotion and protection of human rights for all Nigerians can reduce the negative effects associated with the epidemic; therefore the Federal Government of Nigeria affirms the following:

- Persons living with or affected by HIV shall not be discriminated against on the basis of their health status with respect to education, training, employment, housing, travel, access to health care and other social amenities and citizenship rights;
- The denial of appropriate care and support for persons living with HIV/AIDS is an abuse of their human rights, unethical and illegal;
- All persons shall respect the right to privacy and confidentiality of people living with HIV/AIDS and shall not disseminate information on the HIV status of individuals without the individual's consent, or that of the individual's family when the individual is incapable of giving such consent;
- Where the dissemination of information is medically indicated, information being imparted shall be assigned the strictest measures of confidentiality on a strictly enforced "need-to-know" basis;
- HIV and STI testing shall not be included as part of a routine medical examination without the knowledge and prior consent of the client.
- Mandatory HIV testing without consent is illegal except in the case of a person charged with any sexual offence that could involve risk of HIV
- Confidential pre- and post-test counselling services shall be made available to tested individuals and, if requested by an individual, to his/her family in all places where individuals are tested and/or notified of HIV test results.
- Insurance of any kind shall not be revoked or affected by an individual's change in his/her health status following the issuance of an insurance policy;
- The Government of Nigeria shall monitor human rights abuses and develop enforcement mechanisms for redress;

COMMUNICATION

The various governments of Nigeria realise that public support is essential to the success of the policy's goals and objectives, as the programme must compete with other national priorities for resources; is contingent upon policy reforms; and upon attitudinal and behaviour changes in the general public, high risk groups, health care providers and the various sectors of the country.

A comprehensive information, education and communication (IEC) system is central to the nation's efforts to prevent the spread of HIV/AIDS and mitigate its impact. The communication strategies will focus on the main area of need: IEC and Public Enlightenment

IEC and Public Enlightenment

Nigeria commits itself to greater public enlightenment, focusing on the removal of socio-cultural, informational, and systemic barriers; the improvement of the general public's base knowledge regarding the HIV/AIDS epidemic and the catalysing of community-based responses to HIV/AIDS.

- All persons have the right to appropriate, accurate and timely information on HIV/AIDS.
- The government shall promote and support open discussion and education on the health consequences of sexual practices, the individual's role and responsibilities in preventing the spread and mitigating the epidemic's impact. This will be undertaken in educational institutions, health institutions, and in other relevant public institutions.
- The government shall promote and support a coordinated approach to public enlightenment on HIV/AIDS throughout its ministries and its services and via the media, public and private educational institutions, religious organizations, public forums, labour syndicates and other means and venues of public communication;
- Information relating to sexual relationships shall incorporate messages on essential family values such as love, care, respect and faithfulness.
- The Government shall actively promote the breaking of silence brought about by cultural and social inhibitions associated with HIV infection.
- Promotional efforts directed towards the support for the effective prevention of HIV/AIDS, and for the compassionate and comprehensive care and support of persons infected and affected by HIV/AIDS is the responsibility of all citizens.
- Public dissemination of myths and rumours with reference to HIV/AIDS prevention and propagation is an endangerment of the public welfare and will be actively discouraged.
- Promotion, advertisement or sale of uncertified products and services related to the treatment and management of HIV/AIDS shall be actively discouraged and where appropriate, through legislation.
- The government will promote better communication between the government, implementers of programmes and the general public.

CARE AND SUPPORT

Nigeria recognizes its responsibility to provide access to health care for all its citizens. Given that no effective curative therapy currently exists presently for AIDS, effective management of the condition must include an emphasis on compassion and support for the persons infected and affected by HIV/AIDS. The effects of the HIV/AIDS epidemic go beyond health and affects the ability of persons infected and affected to live productively therefore support is needed. The objectives for the strategies for care and support are to provide accessible, affordable and sustainable quality care for those infected by HIV/AIDS and also to provide them and those affected by HIV/AIDS with the ability to live positively in spite of their condition.

Clinical Management

- All health workers and care givers shall receive the appropriate level of training in the modes of transmission and management of HIV/AIDS related conditions, and also be trained in the counselling associated with an HIV/AIDS.
- No health care institution or health care worker shall refuse to provide treatment to AIDS patients or those with HIV infection.
- Health care institutions shall provide health care workers with necessary equipment to ensure safety from blood-borne pathogens in the health care setting.
- HIV testing of patients before or during their stay in hospital solely for the benefit of health-worker safety shall be prohibited
- Persons being treated for HIV-related illness that are not in themselves public health risks should be not be isolated on account of their HIV status.
- Appropriate prophylaxis should be made available for health workers by the institutions where they work when they are accidentally exposed to HIV while going about their work. This should include voluntary confidential counselling and testing
- The government will develop appropriate guidelines for the adequate nutrition of persons living with and affected by HIV/AIDS, and the babies borne to persons living with HIV/AIDS.

Home-Based Care

- Appropriate mechanisms will be put in place to increase the availability of home based care.
- The three tiers of government of Nigeria shall share and clearly define responsibilities with the communities in caring for the people with AIDS and their families.
- The government of Nigeria shall facilitate and promote the care and support of people living with HIV/AIDS, AIDS orphans and vulnerable children and young persons whose parents are HIV positive.

Opportunistic Infections (OI)

- Guidelines on the medical care for HIV related illness shall be written, reviewed and revised periodically to provide facility based health care workers and home-based health workers with direction in the prevention and treatment of opportunistic infections for HIV-positive individuals;
- Nigeria shall ensure nationwide access and availability to cost-effective drugs for the prevention and treatment of the most common opportunistic infections;
- All health care providers shall be trained in the management of opportunistic infections.
- Care provided for patients infected with tuberculosis and all other opportunistic infections shall be governed by established guidelines that have been found to be cost-effective through operational research.

Anti-retroviral Therapy

The government will work towards ensuring that all persons in the country shall have access to the quality of health care that can adequately treat or manage their conditions, including the provision of antiretroviral medication (ARV)

- Cost-effective and affordable care shall be made accessible to all people with HIV-related illnesses, including access to anti-retroviral therapy;
- The use of ARV shall be under medical supervision and shall be governed by established effective guidelines. These will be updated regularly with the results of research.
- A cost-effective drug list for the management of HIV/AIDS shall be developed and incorporated into Nigeria's essential drug list;
- Sale of ARVs shall be provided solely under strict medical supervision;

Certification of Traditional Healers and Other Health Practitioners

From a socio-cultural context, traditional medicine continues to partially respond to the health needs of Nigeria's population. Traditional healers, when armed with accurate information, may become useful resources in pursuit of health care objectives. The following policies and strategies underscore the Federal Government of Nigeria's interest in ensuring that all possible resources are utilized in the prevention and mitigation of HIV/AIDS within our country.

- The role of traditional healers, including traditional birth attendants, in the transmission, prevention and care of HIV/AIDS shall be studied and areas of risk will be eliminated, through appropriate training, supervision and legislation;
- The Government shall encourage traditional healers and other health practitioners to submit their HIV/AIDS remedies to the Government for official verification and certification;
- The Federal Government of Nigeria shall develop, a regulatory framework to enhance and monitor the effectiveness of traditional practitioners in the prevention and mitigation of HIV/AIDS in Nigeria;

Support for the Infected

- The Government of Nigeria shall guarantee and enforce equal access of every Nigerian citizen to employment, housing, health, education, and social services regardless of HIV status;
- The Government of Nigeria shall facilitate efforts in support of micro-credit schemes and other economic initiatives designed to eradicate poverty and provide a financial safety net for PLWHAs;
- The Government of Nigeria shall actively facilitate and support community-level efforts designed to provide a social safety net for PLWHAs.

Support for the People affected by HIV/AIDS including Orphan and Vulnerable Children Care

The government at all three tiers commit themselves to facilitating and promoting community initiatives to sustain the necessary level of care for Nigeria's children who are affected or infected by HIV/AIDS.

- The Federal Government of Nigeria shall enact, disseminate and enforce legislation focused on protecting the rights of orphans and vulnerable children, as citizens of Nigeria, especially as regards their access to basic housing, education, health care, food and clothing;
- The Federal Government of Nigeria shall enact, disseminate and enforce legislation focused on protecting inheritance and property rights of orphans and vulnerable children;
- In determining right of access to government benefits and support, there shall be no discrimination or difference implicitly or explicitly implied between AIDS-related orphans and other classes of orphans;
- The three tiers of Government of Nigeria shall facilitate, approval sought by private organizations, communities and families for organizational, community and family-based orphan and vulnerable children support initiatives.
- The support to orphans and vulnerable shall include strategies and policies which ensure a supportive environment for orphans, and girls and boys infected and affected by HIV/AIDS by providing appropriate counselling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect such children from all forms of abuse including violence, exploitation, discrimination, trafficking and loss of inheritance.

PART V

PROGRAM DEVELOPMENT AND MANAGEMENT

The prevention of HIV/AIDS in Nigeria and mitigation of its impact is a complex and urgent task. In responding to this task, the Federal Government of Nigeria affirms its commitment to mobilize, manage and sustain required public, private, and international resources. The following strategies will promote and enhance program management and development.

- i. Institutional framework for national, state and local statutory organisations
- ii. Resource mobilisation
- iii. Monitoring and evaluation
- iv. International partnerships

Institutional Framework

With a nation as large and as politically complex as Nigeria and with an epidemic that influences so many facets of the nation's social and economic milieu, the response to HIV/AIDS must be designed as a multi-sectoral and a multi-level approach and should be maintained as such. The following policy directives and strategies establish the institutional framework for such an approach

The Federal government of Nigeria shall constitute a permanent statutory body or agency that derives its power from legislation to replace the presently existing National Action Committee on AIDS. The statutory agency situated structurally within the Presidency shall assume principal responsibility for the definition of HIV/AIDS policy, for the development and management of the programme's strategies and shall have a budget appropriate to discharging its obligations. The State and local governments shall constitute similar statutory agencies at their respective levels for the management of the response to the epidemic at the levels.

The Statutory body or agency will have a governing board:

- Membership of the governing board of the statutory *agency* shall be multi-sectoral; they should not have a status less than that of a director general/permanent secretary or chief executive officer of an organisation or association within the sector represented.
- Representation on the governing board of the *statutory agency* shall be structured so as to include all relevant line ministries, members from the States Statutory bodies, civil society organisations, the private sector, faith-based organisations, and people living with

and affected by HIV/AIDS and other relevant organisations. Representation from state statutory bodies will be on a yearly rotation basis and representative of the six geo-political zones.

- Representation on the *statutory agency* governing board shall be structured so as to include all relevant line ministries including but not limited to the Federal Ministry of Agriculture and Rural Development, the Federal Ministry of Defence, The Federal Ministry of Education, the Federal Ministry of Finance, the Federal Ministry of Health, Federal Ministry of Information, the Federal Ministry of Labour, the Federal Ministry of Internal Affairs, the Federal Ministry of Justice, the Federal Ministry of Police Affairs the Federal Ministry of Women Affairs and Youth Development, the National Planning Commission, and the National Population Commission.
- Membership in State and local government statutory agencies shall, to the extent applicable, mirror that of the national statutory body with reference to state and local government institutions.
- Membership of state and local government agencies shall also be multisectoral and shall be approved by the respective heads of the states and local governments.
- Membership in State and local governmental agencies shall, to the extent applicable, mirror that of the national agency with reference to State and Local government institutions.

The functions of the governing board will be to:

- Guide the government's proactive multi-sectoral approach in responding to the HIV/AIDS epidemic
- Encourage the involvement of public, Private and civil society partners in carrying out the national response
- Identify policies and strategies to ensure that the human, financial, and organisational resources are available to support the successful execution of the strategies in the HEAP and the HIV policy.
- Report to the National AIDS Council and the general public on progress achieved in responding to the national strategies and plans
- Direct the agency on general issues regarding the oversight, coordination, facilitation and evaluation of the national response.

- Share representational responsibilities with the agency at international fora.

The Head of the agency will serve as the governing board's secretary. He or she will manage the agency and its directorates to actualise the goals and objectives of the policy. The agency will:

- Oversee and coordinate the national HIV/AIDS response
- Develop and disseminate in a transparent and participatory manner the policies and strategies required to implement the policy and strategies required to slow HIV transmission and mitigate the adverse consequences of the epidemic
- Develop its own capacity and facilitate the development of capacity in the various sectors.
- Facilitate the development of capacity in the State and local government agencies in each of Nigeria's 36 states.
- Report regularly to the to the Agency's governing board, on the progress of the national response and the management of the Agency
- Coordinate the country's role in the international response
- Design, coordinate and oversee the monitoring and evaluation of the national response
- Share a fiduciary responsibility with line ministries and other entities to ensure transparent and accurate reporting on the utilisation of financial and material resources

Resource Mobilization, Management and Sustainability

- The National *Statutory Agency* shall be responsible for coordinating the timely and effective development, execution, monitoring, and revision of the HIV/AIDS Emergency Action Plan (HEAP), the HIV policy and of all subsequent plans;
- The National *Statutory Agency* shall ensure that the government and partners are advised in a timely manner of the level of financial, organizational, and human resource support required to undertake and complete programme initiatives;
- The National *Statutory Agency* shall have oversight over all funds from the federal government for HIV/AIDS initiatives in the country.
- Each relevant sector will develop HIV/AIDS programs and be responsible for the implementation of programs based on the sectors' comparative advantage.

- The government at all levels shall adequately fund the activities of the statutory bodies and where necessary source for assistance from international partners to compliment local resources
- Every Federal state and LGA shall define a budgetary line item for HIV/AIDS prevention and control.
- Private sector, parastatals and non-governmental institutions shall mobilise resources and participate fully in the prevention and control of the epidemic within the framework of the strategic plan.
- All institutions engaged in the implementation of HIV/AIDS activities shall ensure that effective monitoring and evaluation mechanisms are built into projects/programs.
- All institutions engaged in the implementation of HIV/AIDS activities are expected to commit a minimum of 5% of their project budget to facilitate the monitoring and evaluation of their activities.
- The national agency shall monitor and report annually upon progress achieved in responding to identified HEAP objectives and to those objectives incorporated in subsequent plans;
- The national agency shall share a fiduciary responsibility with implementing agencies in the interest of ensuring transparent and accurate reporting on the utilization of financial and material resources;
- Private Sector, Parastatals, and Non Governmental Institutions, in collaboration with National, state and local governmental agencies shall mobilize resources and participate fully in the prevention and control of the epidemic within the framework of strategic plans.
- Funds that are attracted to the country for financing the country's response to AIDS epidemic should be decentralised. A strategy will be developed to ensure that funds meant for the HIV response are available at the level for which it was given.
- The national agency should ensure that funds generated internationally and locally reach the appropriate lower levels at which implementation of HIV/AIDS control activities occurs, according to set guidelines.
- A fast track approach will be instituted to ensure the quick disbursement of funds for program activities without reducing transparent and accurate reporting on the utilisation of financial and material resources

Monitoring & Evaluation, Research, Vaccine development

Surveillance

In order to monitor the trends of the epidemic, and to determine the effects and impact of strategies undertaken to reduce the spread and impact of the HIV/AIDS, proper surveillance is essential. Accordingly, Nigeria shall mandate relevant institutions to collect continuously information on HIV and AIDS and factors that influence the spread of HIV.

- Nigeria shall support epidemiological surveillance for the purpose of monitoring the growth of the HIV/AIDS epidemic through unlinked and anonymous screening at selected sites throughout the country;
- Compilation and analysis of state-specific epidemiological data and mapping, and notification of HIV shall be actively encouraged and supported;
- In monitoring the growth of the epidemic and the underlying social determinants of the impact, confidential behavioural surveillance surveys shall be conducted with full consent of subjects among various target groups.

Research and Development

Nigeria recognizes the critical importance of quality research and analysis to the success of its fight against HIV/AIDS. While promoting the increase in HIV-related academic and operational research, Nigeria intends to ensure that research initiatives focused on HIV/AIDS are ethically defined and action-oriented and that their results are readily available and effectively analyzed and applied.

- Nigeria will encourage and promote HIV related research, especially operational research related to the determining the effectiveness of strategies articulated in this policy.
- All research on HIV/AIDS shall be approved by an accredited human research and ethics committee at either national or local level;
- Legislation regarding the use of research findings and the export of data and materials, including the human products shall be reviewed, publicised and enforced;
- Individuals serving as subjects of research initiatives shall have access to all research findings and conclusions which have a bearing on their own circumstances;
- Access to identifiable confidential information on individuals serving as subjects of research initiatives shall not be available for public review or dissemination without the individuals' expressed and informed consent;

Vaccine Development

The Federal Government of Nigeria through its academic and research institutions and ministries, will extend the fullest possible cooperation, collaboration and support to the international effort to develop AIDS vaccines and drugs;

- The Federal Government of Nigeria, in collaboration with nationally accredited research institutions, shall define and implement strategic initiatives designed to promote an accelerated development of nationally-based vaccine research protocols;
- Copies of all material related to HIV vaccine research carried out in Nigeria shall be made available to the National AIDS Control Agency, charged with the responsibility of leading the Nigerian response to HIV/AIDS and to the Federal Ministry of Health who are responsible for the health of all Nigerians.

International Partnerships

Nigeria's recognises the importance of international technical and financial support in combating the HIV/AIDS epidemic. It also appreciates the need for cooperation between countries to prevent the further spread of the epidemic within and between countries; and the successful mitigation of the impact of the epidemic, especially within the developing world. Accordingly, the Federal Government of Nigeria commits itself to these policies designed to promote a climate of cooperation with international partners in the war against AIDS.

The Federal Government of Nigeria shall give priority to the facilitation of international partnerships whose foci are directed towards the prevention of the further spread of HIV/AIDS and the mitigation of its impact in Nigeria and the world;

- International partners contributing to the prevention and mitigation of HIV/AIDS in Nigeria shall be encouraged to be active participants within the HIV/AIDS Expanded Theme Group;
- The national statutory body shall be informed of all internationally funded initiatives focused on the prevention and mitigation of HIV/AIDS in Nigeria.
- All internationally funded initiatives shall be implemented in collaboration with the national agency or the state or local governmental agency managing the HIV/AIDS response in the area the intervention is expected to benefit.

- All internationally-funded initiatives focused on the prevention and mitigation of HIV/AIDS within Nigeria shall adhere to policies established by the Federal Government of Nigeria with reference to HIV/AIDS.