

A Historical Description of the National HIV/AIDS Multi-Sectoral Responses in Nigeria, 2001-2007

Saheed Amusa

Department of History, Obafemi Awolowo University

Ile-Ife, Nigeria

Tel: 234-8076415676 E-mail: saheedamusa43@yahoo.com

Abstract

One of the primary responsibilities of a responsible government is the provision of healthcare services to the people. In the contemporary time, due to increase in population and rise in government's expenditure, it has become practically impossible for government alone to adequately cater for health needs of the entire citizenry. This is the reason for public-private partnership (PPP) in the provision of healthcare services in most countries of the world today. The HIV/AIDS epidemic represents a good example of health challenges which receive the responses of not only the government's health sector but all sectors of life in most countries today. This paper describes the nature of the national multi-sectoral responses to HIV/AIDS epidemic in Nigeria from 2001 to 2007 by examining the role of the National Agency for the Control of AIDS (NACA) which is the government coordinating agency of the multi-sectoral responses to HIV/AIDS in Nigeria.

Keywords: HIV/AIDS, PLWHA, Multi-sectoral responses, Nigeria, Poverty, AIDS transmission

1. Introduction

The HIV/AIDS epidemic ranks among the worst disease epidemics in the history of mankind. Indeed, Kofi Annan, the former Secretary-General of the United Nations, described it as one of the greatest humanitarian and development challenges facing the global community today (United Nations Children Education Fund, Association for Reproductive and Family Health and National Youth Service Corps, 2003: xxii). Arguably, the HIV/AIDS pandemic is the greatest scientific, political and moral challenge of the 20th and 21st Centuries having killed more than 25 million people worldwide as at 2008 (Irwin, Millen and Fallows, 2008; UNAIDS, 2009). The HIV/AIDS epidemic became an issue of public knowledge in 1981 in the United States of America and by the end of the 1980s, the syndrome had been reported in all parts of the world. It gained an epidemic status in the 1990s and sub-Saharan Africa became the worst-hit region with the highest number of people living with HIV/AIDS (PLWHA), AIDS death and AIDS orphans (Osmond, 1994; UNAIDS, 2009).

In Nigeria, the first cases of HIV/AIDS were identified in 1985 and publicly reported in 1986. By 2005, the HIV/AIDS situation in Nigeria ranked the country third globally among the countries worst affected by the syndrome (Federal Ministry of Health, 2005: 15). The youths, long distance drivers and traders, students, sex workers and so on constituted the most-at-risks people (MARPs) in Nigeria during the period under review. The key modes of HIV/AIDS transmission in Nigeria were sexual transmission (heterosexuality, homosexuality and anal sex), mother-to-child transmission, blood transfusion and all surgical and cultural practices that have to do with body/skin cuttings (Yalwa, 2005). Expectedly, the health sector led by the Federal Ministry of Health was the first to lead, direct and coordinate the national responses to HIV/AIDS epidemic in Nigeria. This was done through the establishment of the National AIDS and STI Control Programme (NASCP) based in the Federal Ministry of Health and with branches at the state and local government Ministries of Health (Federal Ministry of Health, 2005: 34). Between 1986 and 2001, the Nigerian national response to HIV/AIDS was led by the health sector under the coordination of the Ministry of Health.

Globally, towards the end of last millennium, it was acknowledged that the HIV/AIDS epidemic was not only a health problem and therefore the health sector alone could not successfully control it. This led to the emergence of what is described as multi-sectoral responses. In most countries of the world today, the HIV/AIDS epidemic is receiving a multi-sectoral response whereby all sectors of human endeavours contribute to the efforts aimed at controlling and preventing it. These sectors include government agencies and parastatals, non-governmental agencies (NGOs), religious and faith-based organizations, media organizations, people living with HIV/AIDS, women groups, youth organizations, international and multi-national agencies and so on. Premised on this background, this paper examines the background to, and the nature of the national multi-sectoral responses to the HIV/AIDS epidemic in Nigeria with particular emphasis on the role and activities of the National Agency for the Control of AIDS (NACA) between 2001 and 2007.

2. Sources and Methods

Since this is a study in the official government AIDS interventions in Nigeria from 2001 to 2007, it relies

essentially on historical analysis of information from extant government publications and newspaper reports of the period under coverage. Oral pieces of information were also collected from key officers of the National Agency for the Control of AIDS (NACA) through well-crafted interview guides. The pieces of information gathered from different sources were carefully examined, compared, criticized and discussed from a historical perspective. The paper adopts a historico-descriptive form of analysis.

3. Historical Background to National HIV/AIDS Multi-Sectoral Interventions in Nigeria

As indicated earlier, the earliest national responses to HIV/AIDS epidemic in Nigeria were led by the health sector under the Federal Ministry of Health. This continued till the year 1999 when the military returned the political governance to the civilians under the leadership of President Olusegun Obasanjo. It must be emphasized that in spite of the efforts of the health sector to control the HIV/AIDS epidemic in the country since 1986, there was still a heavy and growing disease burden of HIV/AIDS in Nigeria towards the end of the last millennium (National Agency for the Control of AIDS, 2007a: 5). To this end, it was acknowledged that HIV/AIDS epidemic was not an ordinary health problem and therefore it could not be effectively and successfully controlled by the health sector alone (Personal Communication with Niyi Ojuolape, 5/11/2008). As a result, the National Council on Health (NCH) formally endorsed a multi-sectoral approach in 1997 which would involve all sectors of the national economy in the struggle against HIV/AIDS (Federal Ministry of Health, 2005: 43).

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The mandates of NACA include, among others, to: coordinate and sustain advocacy by all sectors and at all levels for HIV/AIDS expanded responses in Nigeria; develop the framework for collaboration and support from all stakeholders for a multi-sectoral and multi-disciplinary response to HIV/AIDS in Nigeria; develop and present to the President Council on AIDS (PCA), all plans on HIV/AIDS in Nigeria for policy decisions; develop and articulate a strategic plan for an expanded national response to HIV/AIDS in Nigeria; coordinate, monitor and evaluate the implementation of the Strategic National Plan for the control of HIV/AIDS/STDs in Nigeria; and undertake any other duties as assigned by the PCA from time to time (National Agency for the Control of AIDS, 2008). At the state level, there is what is called State Action Committee on AIDS (SACA) while at the local council level, we have Local Action Committee on AIDS (LACA) as replicas of NACA with the same mandates at their levels under NACA's coordination and control. Thus, there are 36 State Action Committees on AIDS (SACAs) across the 36 States of the federation and 774 Local Action Committees on AIDS (LACAs) in all the 774 local governments of the federation (Personal Communication with Sam Achibong, 06/11/2008). The key government partners of NACA in the national multi-sectoral response to HIV/AIDS are the Federal Ministry of Finance, Federal Ministry of Internal Affairs, National Planning Commission (NPC), Federal Ministry of Education, Federal Ministry of Information, Federal Ministry of Women Affairs, Federal Ministry of Culture and Tourism and of course, Federal Ministry of Health (Personal Communication with Sam Achibong, 06/11/2008).

Apart from these government partners, NACA also partners with the Civil Society Network for HIV/AIDS in Nigeria Network (CISNHAN), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Nigeria Faith-Based Coalition on HIV/AIDS (NFACA), Nigerian Business Coalition Against AIDS (NIBUCM) and the National Youth Network on HIV/AIDS (NYNETHA) (National Agency for the Control of AIDS, 2007a: 13). NACA collaborates and partners with all these governmental and non-governmental partners in the national multi-sectoral responses to HIV/AIDS epidemic. Apart from financial supports from the federal government, NACA gets much of its funding from international agencies and development partners such as the World Bank, United States Agency for International Development (USAID), British Department for International Development (DFID), Global Fund, Clinton Foundation, World Health Organization (WHO) and a host of others (Personal Communication with Victor Udoidiong, 05/11/2008).

The multi-sectoral responses under the coordination of NACA focused on prevention of new HIV/AIDS infections, care and treatment of PLWHA and people affected by AIDS through such intervention strategies as Behavioural Change Communication (BCC), the Family Life and HIV/AIDS Education (FLHE), the Voluntary Counselling and Testing (VCT), Home-Based Care and Support (HBCS) for Orphans and Vulnerable Children (OVC), Antiretroviral Therapy (ART) and so on (Personal Communication with Victor Udoidiong, 05/11/2008).

Indeed, the multi-sectoral responses to HIV/AIDS epidemic in Nigeria recorded significant achievements from its inception up to 2007. Consequently, NACA transformed from a mere action committee to a full-fledged federal government agency in 2007. Its name was changed from the National Action Committee on AIDS (NACA) to the National Agency for the Control of AIDS (NACA) with the same mandates but higher status. Its Chairman also became known as Director-General to reflect the new status. At inception in 2001, the NACA's Chairman was Professor (Mrs.) Ibronke Akinsete who headed the committee till 2003 when Professor Babatunde Osotimehin became the Chairman (Personal Communication with Victor Udoidiong, 05/11/2008). NACA has a 16- member Governing Board under the Chairmanship of Emeritus Professor Umaru Shehu, a foremost Professor of Medicine and former Vice Chancellor of the University of Nigeria, Nsukka (National Agency for the Control of AIDS, 2008).

4. Assessing NACA and the HIV/AIDS Multi-Sectoral Interventions, 2001-2007

According to the National Policy on HIV/AIDS in Nigeria, the multi-sectoral response to HIV/AIDS in Nigeria under NACA focuses on HIV/AIDS prevention, treatment and impact mitigation interventions (National Agency for the Control of AIDS, 2004: 6). In order to effectively achieve its objectives and mandates, NACA collaborated with all other sectors of the economy in the public and private establishments to design and execute national action plans and strategies to control HIV/AIDS. In 2001, NACA came up with the first ever long-term strategic plan for HIV/AIDS interventions in Nigeria called the HIV/AIDS Emergency Action Plan (HEAP) which covered the years 2001-2004 (Federal Ministry of Health, 2005: 102). This plan covered all sectors and was jointly executed by the government of Nigeria, international donor agencies, civil society groups, faith-based organizations, people living with HIV/AIDS and a host of others. The HEAP identified more than 200 intervention activities which were to be carried out across the country towards an effective control of HIV/AIDS in Nigeria. In 2005, the second multi-sectoral plan for HIV/AIDS control was developed by NACA and titled the National Strategic Framework (NSF) and covered the years 2005 to 2009 (National Agency for the Control of AIDS, 2005). Nigeria, through NACA has adopted the use of the THREE ONES principle recommended by the international community. The meaning of the THREE ONES principle is that, in a bid to control HIV/AIDS, a country should have one National Framework, one Strategic Plan and one Monitoring and Evaluation (Federal Ministry of Health, 2005: 110). Between 2001 and 2007, NACA carried out a number of programmes and activities targeted at controlling HIV/AIDS epidemic in Nigeria either through prevention of new infections, care and compassion for PLWHA and PABA and treatment of PLWHA. It must however be emphasized that NACA's role and activities in the national multi-sectoral responses to HIV/AIDS in Nigeria are mainly in the areas of policy formulation and directives as well as monitoring and evaluation of their implementation by all implementers across all sectors of the national economy.

It should be stressed that, under the coordination of NACA, the Federal Government of Nigeria (FGN) came up with the formulation and publication of the *National Policy on HIV/AIDS* for the first time in 2003 (Federal Government of Nigeria and National Agency for the Control of AIDS, 2003). This document is a comprehensive and revised HIV/AIDS policy with a great improvement on the national policy on HIV/AIDS and STI adopted by the Federal Republic of Nigeria through the Federal Ministry of Health in 1997. The National HIV/AIDS policy has been the constitution which regulates and directs the national multi-sectoral responses to HIV/AIDS in Nigeria. The document not only gives historical background to HIV/AIDS epidemic in Nigeria but also gives information relating to HIV/AIDS problems identification epidemiology, impact as well as the national goal, objectives, targets, policies and strategies toward controlling it in the country. Prevention of new HIV infections is central to a successful control of HIV/AIDS epidemic (Irwin, Millen and Fallows, 2008: 59).

Considering the fact that HIV/AIDS prevalence in Nigeria was increasing since its official inception in 1986, the national multi-sectoral response under NACA emphasized prevention strategies with a special focus on the youth and females. The prevention strategies specifically addressed the major routes of HIV transmission in the country which are sexual intercourse, mother – to child transmission, blood transfusion, intravenous drug use and use sharp or piercing objects without proper sterilization (National Agency for the Control of AIDS, 2004: 5-6). NACA used most of the resources available to it to carry out programmes aimed at sexual behavioural changes among the general population and particularly the most-at-risk- people (MARPS) such as female sex workers, police and other uniformed officers, long distance drivers, students, intravenous drug users etc (National Agency for the Control of AIDS, 2004: 30-31). Key messages in NACA's responses centre on the promotion of abstinence, mutual fidelity and proper condom use. Through the efforts of NACA and its states and local governments' agencies, civil society organizations, faith-based organizations (FBOS), network of people living with HIV/AIDS in Nigeria (NEPWHAN) and community leaders played important roles in HIV prevention across the federation.

Furthermore, since voluntary counselling and testing (VCT) is acknowledged to be entry point into most HIV/AIDS prevention and care programmes (Federal Ministry of Health 2006: 13; National Agency for the

Control of AIDS, 2007b: 11), NACA had engaged actively in promoting VCT in Nigeria. This is due to the fact that it is very important that people know their HIV status as this would enable them make plans for the future of themselves and their families. NACA in close partnership with the Ministries of Health at the federal, state and local government levels had adopted both the 'opt-out' and 'opt-in' strategies of VCT and had carried out operations across the various states of the federation. The 'opt-out' HIV test is routinely recommended and provided to each patient and the patient is informed of his/her right to refuse the test while the 'opt-in' refers to where providers in general wards and clinics offer the VCT to patients who are at risk for HIV or show signs and/or symptoms of HIV/AIDS (Federal Ministry of Health 2006: 11). Nigeria has deliberately adopted the 'opt-out' strategy to boost access to VCT within clinical settings and the universal human rights requirements for confidentiality, consent and counselling were respected as would be discussed later. In carrying out HIV/AIDS counselling and testing all over the states and communities of the federation, the Federal Ministry of Health constituted the National Task Team for HIV Counselling and Testing (NTT-HCT) and this is replicated at the state and local government levels by the State Task Team for HCT and Local Task Team for HCT (Federal Ministry of Health 2006: 14-16). The membership of these task teams for HCT comprises the academia, civil society representatives, developmental partners and technical consultants and their role is to carry out a number of activities relating to efficient HCT services across the federation (Federal Ministry of Health 2006: 14).

However, it has been argued that lack of voluntary and routine HIV testing is one of the contributing factors to the spread of HIV/AIDS in Nigeria (HIV and AIDS in Nigeria, 2008). In a 2003 survey, only about 6% of women and 14% of men had ever been tested for HIV and received the results in Nigeria and in 2005, only around 1 percent of pregnant women were being tested for HIV in the country (HIV and AIDS in Nigeria, 2008). In order to encourage Nigerians to go for HVCT, President Olusegun Obasanjo publicly received HIV test and counselling on the occasion of World AIDS Day celebration on December 1, 2006 and called on all Nigerians to do so (HIV and AIDS in Nigeria, 2008). In actual fact, a lot still needs to be done to scale up HVCT in Nigeria in order to bring the HIV/AIDS epidemic under effective control.

In order to create an environment conducive for a successful AIDS control, NACA established the National Ethics Board in 2001 and this led to the formulation and publication of the National Ethics and Operational Guidelines for Research on Human Subjects in Nigeria between 2001 and 2003 (National Agency for the Control of AIDS, nd.). The major guiding principles of the National Ethics and Operational Guidelines for Research on Human Subjects in Nigeria include the: Principle of non-maleficence: Research must not cause harm to the participants in particular and to people in general and any pain, suffering or discomfort must be minimized, carefully justified and accurately described to the participants, the patients and the people in general; Principle of autonomy: Research must respect and protect the rights and dignity of participants; Principle of justice: The benefits and risks of research should be fairly distributed among people and those who bear the burdens of research must not be denied the benefits (National Agency for the Control of AIDS, nd.: 8-18).

Although the National Ethics and Operational Guidelines for Research on Human Subjects apply to all researches on human subjects, it was specifically designed to educate and guide researchers and the press on HIV/AIDS related information dissemination and broadcast. Across the country, sensitization seminars and workshops have been organized for researchers and newsmen on HIV/AIDS terms and terminologies. Today, such terms as AIDS patients, AIDS carriers, AIDS orphans and so on are not en-vogue again. We now hear such mild terms as people living with HIV/AIDS (PLWHA) for AIDS carriers or patients and children affected by AIDS or orphan and vulnerable children (OVC) for AIDS orphans (Personal Communication with Peter Michael, 05/11/2008). All these were meant to mitigate the impact of HIV/AIDS in Nigeria since language is central to how AIDS stigma is expressed (Personal Communication with Peter Michael, 05/11/ 2008).

Another important dimension of AIDS control in Nigeria introduced and popularized by NACA is the gender-focused intervention. Since it is generally acknowledged that women are more biologically and physically susceptible to HIV infection than men, then gender issues were very critical to HIV/AIDS transmission, prevention and control in Nigeria. Also, since the factors responsible for women high vulnerability to HIV/AIDS infection are rooted in biological and socio-cultural practices in Nigeria, NACA's gender – focused interventions emphasized: Expanding economic empowerment through access to micro-credit programmes, job and skills training; Facilitating access to education for primary and secondary school girls and improving HIV and AIDS information and curricula that target girls; Increasing support services for victims of rape and sexual assault, include counselling , testing and legal and financial services; Supporting expanded treatment for women and their families, including prevention of mother-to-child transmission (PMTCT); Improving access to justice, especially in cases of sexual violence as well as succession planning, widowhood, property and inheritance rights (National Agency for the Control of AIDS, 2006: 25-26).

In order to implement and achieve these goals, NACA, in collaboration with the Federal Ministry of Women Affairs (FMoWA), the Office of the First Lady of Nigeria and its counterparts across the 36 States of the federation and other stakeholders have come up with two major policy strategies and interventions. The first one

was the formulation, publication and the commencement of the implementation of the National Gender Policy in 2006 by the federal government through the Federal Ministry of Women Affairs and Social Development under Honourable Minister Mrs. Inna Maryam Ciroma (Federal Government of Nigeria and Federal Ministry of Women Affairs, 2006). The National Gender policy is aligned with relevant regional and international protocols and instruments such as the Beijing Platform for Action (BPFA), New partnership for African Development (NEPAD), African Union Solemn Declaration for Gender Equality, African Protocol on People's Rights and the Rights of Women (APRRW), the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) the Millennium Development Goals (MDGs) and so on and it was meant to achieve all round improvement in women's living standard in Nigeria ((Federal Government of Nigeria and Federal Ministry of Women Affairs, 2006: v). Between 2006 and 2007, the implementation of the National Gender Policy began with the development of the National Gender Strategic Framework (NGSF) with tremendous achievements afterward (Personal Communication with Hajia Maimuna Mohammed, 06/11/2008).

The second major action plan adopted by NACA to strengthen the gender component of National Strategic Framework Action, 2005-2009 in collaboration with the Office of the First Lady of the Federation was the inauguration of the National Women Coalition on AIDS (NAWOCA) (National Agency for the Control of AIDS, 2007c). The NAWOCA was inaugurated on August 22, 2007 and hosted by its national leader, Hajiya Turai Umaru Yar-Adua, the First Lady of the Federal Republic of Nigeria. The idea for the formation of NAWOCA was initiated by the Gender Technical Committee (GTC) of NACA based on the 2006 United Nations Development Fund for Women (UNIFEM) Concept Paper to that effect (National Agency for the Control of AIDS, 2007c: 6). The NAWOCA is a unified advocacy platform for addressing the disproportionate vulnerability of women and girls to HIV infection and its strategic tasks include: Promoting women access to information and education on HIV prevention; Promoting women access to HIV treatment, care and support; Leading the crusade against stigma and discrimination of those infected; Mobilizing support for women and girls centred policies and programmes; Promoting the sexual and reproductive health in rights of girls and women; Promoting girl child education and; Promoting girls and women empowerment (poverty eradication) initiatives (National Agency for the Control of AIDS, 2007c: 16). Between August 2007 and October 2008, NAWOCA has been inaugurated in the six geo-political zones of the country and has been an active partner in the national multi-sectoral response to HIV/AIDS since its establishment.

Moreover, since youths are the most affected people by HIV/AIDS, the World Health Organization (WHO) emphasized preventive efforts that focus on young people and held that this would likely be the most effective approach to confronting the epidemic, particularly in high prevalence countries (Cited in Awake, 2004: 9). In fact, the tenth World AIDS Day (WAD) on December 1, 1998 was dedicated to the youths with the theme: "Force of Change: AIDS Campaign with Young People" (The Guardian, 1998: 11). Therefore, in line with this WHO recommendation, NACA adopted youth-focused intervention strategies. It worked in partnership with the National Youth Network on HIV/AIDS in Nigeria (NYNETHA) which is an umbrella body for all youth associations in Nigeria. It also collaborated with private bodies to establish youth friendly centres in communities and institutions of learning across the federation where young people have access to useful information about ways to protect themselves from contracting HIV/AIDS.

NACA also supported the formal responses of Institutions of Higher Learning in Nigeria such as Universities, Polytechnics and Colleges of Education to the HIV/AIDS by urging them to develop and start implementing their HIV/AIDS policies. One NGO that is working assiduously in this area is the Development Partnership in Higher Education (DeLPHE) which has organized series of workshops aimed at assisting Institutions of Higher Learning in fashioning out and implementing HIV/AIDS policies. However, up till the present, less than one third of the Institutions of Higher Learning in Nigeria has HIV/AIDS policy and HIV/AIDS control activities are mainly in the forms of irregular awareness campaign and health education. In other words, there has been no well-coordinated, holistic and sustained response to HIV/AIDS epidemic from the authorities of the Institutions of Higher Learning in Nigeria.

Furthermore, NACA has also adopted the principle of Greater Involvement of People Living with HIV and AIDS (GIPA) as conceived by the representatives of 42 national governments at the Paris AIDS Summit in December 1994 (Federal Ministry of Health, 2005: 29). This principle presupposes that the involvement of people living with HIV/AIDS is critical to ethical and effective national responses to HIV/AIDS in all countries. In line with this, NACA is one of the key partners of the Network of People Living with HIV/AIDS (NEPWHAN) which is the umbrella administrative body of all registered support groups of people living with HIV/AIDS in Nigeria (Network of People Living with HIV/AIDS in Nigeria, nd: 12). The first idea of forming NEPWHAN was muted in 1998 among some faith-based organizations and non-governmental organizations (NGOs) at a meeting in Kaduna. Mr. John Ibekwe became the president of the proposed Network which became functional in the year 2000 when a new executive was constituted (Network of People Living with HIV/AIDS in Nigeria, nd: 12). In broad terms, the major objectives of NEPWHAN are: (1) Mobilization of PLWHA all over

the country, organizing them into support groups and empowering them to join in the national response with the aim of reducing and eventually eliminating further spread of the virus (2) Mitigating the impact of HIV and AIDS on the life of PLWHA, people affected by AIDS, orphans and other vulnerable children (Network of People Living with HIV/AIDS in Nigeria, nd: 2). To achieve these two broad objectives, the NEPWHAN, in partnership with NACA and other international and national agencies and NGOs, carried out a number of programmes and projects across the federation.

Between 2000 and 2007, the NEPWHAN succeeded in giving further mobilization of PLWHA in Nigeria, massive enlightenment of PLWHA and the general populace in reducing HIV stigma and discrimination, intensive education of PLWHA on HIV and the attendant diseases that complicate its infection and extensive economic support for people living with HIV/AIDS in Nigeria. According to Peter Michael, the current Programme Officer of NEPWHAN, the number of support groups in NEPWHAN rose from 5 to 46 between 1998 and 2003 (Personal Communication with Peter Michael, 05/11/2008). It is quite impressive that in 2007, there were over 450 registered support groups within the umbrella of NEPWHAN and these spread across all the 36 States of the federation (Michael, 2008). PLWHA have actively engaged themselves in mass campaigns against HIV/AIDS stigma and discrimination in all spheres of our national life. For instance, in the year 2003, NEPWHAN members carried placards bearing several messages condemning AIDS discrimination and went to the National Assembly Complex in Abuja to bring to the notice of federal legislators the enormity of the challenges against the control of HIV/AIDS epidemic in Nigeria. NEPWHAN also encouraged and facilitated marriages between and among its members in order to create sense of belonging among its members (Network of People Living with HIV/AIDS in Nigeria, nd: 16). Without mincing words, it could be categorically stated that the involvement of the PLWHA in the national multi-sectoral response, particularly through NEPWHAN, has greatly contributed to the effective control of HIV/AIDS in Nigeria, especially in the area of AIDS stigma and discrimination reduction and impact mitigation (Personal Communication with Peter Michael, 06/11/2008).

Another important sector of the Nigerian national life that is actively involved in the national response to the HIV/AIDS epidemic is the armed forces. It is noteworthy that military personnel rank consistently among the HIV/AIDS high risk groups in the world and it has been estimated that 10% to 20% of soldiers in the Nigerian army are HIV positive (Balogun, 2003: 93). Through the Armed Forces Programme on AIDS Control (AFPAC) founded in 1990, the Nigerian Army, Nigerian Navy and Nigerian Air Force have contributed immensely to the prevention and control of HIV/AIDS epidemic in Nigeria (Njoku, 1995: 10). Other important sectors of national life that are actively involved in the national response to HIV/AIDS epidemic in Nigeria are the music and film industries. They have contributed immensely to AIDS control through the promotion of AIDS awareness and enlightenment through a number of musical albums and local movies. It is significant to state that through songs and movies, a lot of HIV/AIDS control messages have reached the people at the grassroots (Adesioye, 1994: 12).

Since it is globally acknowledged that the protection and assurance of the human rights of all people are central to an intelligent strategy to combat the HIV/AIDS epidemic (Obbo, 2009: 1), another important component of the national multi-sectoral response to HIV/AIDS in Nigeria under the coordination of NACA was the formulation and implementation of the National Workplace Policy on HIV/AIDS (Federal Ministry of Labour and Productivity and National Agency for the Control of AIDS, 2005). Since AIDS stigma, discrimination and exclusion constitute some of the major problems militating against an effective national control of HIV/AIDS (Jimoh, 1991: 9), NACA, in collaboration with the Federal Ministry of Labour and Productivity, formulated the National Workplace Policy on HIV/AIDS in 2005 and has since begun its implementation (Federal Government of Nigeria, Federal Ministry of Labour and Productivity and National Agency for the Control of AIDS, 2005). This policy was formulated in line with the International Labour Organization (ILO) code of practice on HIV/AIDS in the world of work which emphasizes the principles of human rights, social justice and equity and it was targeted at all employers, all employees and prospective employees, all workplaces and contracts of employment, all human resource policies and practices of any organization and all self-employed persons and workers in the informal sector.

According to the Nigerian National Workplace Policy on HIV/AIDS (2005), the overall goal of the policy was to provide guidelines to government, employers, workers and other stakeholders and identify strategies and programmes for: Providing workers' access to HIV/AIDS information and services to enable them take appropriate actions to protect themselves; Management and mitigation of the impact of HIV/AIDS within the workplace and; Elimination of stigma and discrimination based on real or perceived HIV status (Federal Government of Nigeria, Federal Ministry of Labour and Productivity and National Agency for the Control of AIDS, 2005). Since the National Workplace Policy on HIV/AIDS is complementary to the Constitution of the Federal Republic of Nigeria, the National Policy on HIV/AIDS, the National Health Policy, all Labour Laws and Policies pertaining to the rights and dignity of workers, its implementation is jointly carried out by NACA, the Federal Ministry of Labour and Productivity, the Nigerian Employers Consultative Association (NECA), the Nigerian Labour Congress (NLC), Nigerian workers in the public and private sectors and other stakeholders. To

adequately ensure the protection of the rights of PLWHA, NACA played a leading role in the rejuvenation of the National Assembly Response to AIDS (NASSRA) in order to facilitate the passage of the Bill for the rights of PLWHA and an Act to prohibit AIDS stigmatization and discrimination (National Agency for the Control of AIDS, 2006: 36-39). When this is achieved, the rights of PLWHA will be adequately protected and AIDS stigma drastically reduced. Significantly, the development and implementation of the National Workplace Policy on HIV/AIDS since 2005 has contributed immensely to the national multi-sectoral response to HIV/AIDS, particularly in the areas of job protection and security for PLWHA and protection from stigma, discrimination and exclusion.

Another important strategy adopted by NACA in the effective control of HIV/AIDS in Nigeria's since 2001 is the Behaviour Change Communication (BCC) strategy. In fact, NACA came up with the National HIV and AIDS Behavioural Change Communication 5-year Strategy, 2004-2008 in the year 2004 which was based on the Behaviour Change (BC) theory for a successful control of HIV/AIDS in Nigeria (National Agency for the Control of AIDS, 2004). The major objective of this strategy was to promote some desired attitudes and behaviours among relevant segments of the population that encompasses such AIDS control efforts as abstinence, condom use treatment of sexually transmitted infections, partner reduction, care, support and compassion for all PLWHA in Nigeria. Table 1 at the bottom of this paper shows the major HIV/AIDS control issues, the targeted audience and the desired behaviours as contained in the National HIV and AIDS Behaviour Change Communication Strategy. In line with these issues, targeted audience and desired behaviours, the National HIV and AIDS BCC strategy as developed by NACA BCC Committee included key messages to be preached to the various categories of the priority audience. The adoption of the BCC strategy as developed by NACA and its implementation by NACA since 2004 has resulted in better behaviours and attitudinal dispositions among various categories of Nigerians involved in HIV/AIDS control programmes at all levels (Personal Communication with Niyi Ojuolape, 05/11/2008).

It is significant to stress that since the emergence of NACA in 2001, there have been tremendous improvements in the monitoring and evaluation of HIV/AIDS response in Nigeria. It must be stated here that lack of effective and regular monitoring, evaluation surveillance and reports of HIV/AIDS interventions and situation was a major setback in AIDS control in Nigeria before the emergence of NACA in 2001. This was because the first ever national monitoring and surveillance of the epidemic took place in 1991, six years into the emergence of the epidemic in the country (Federal Government of Nigeria and National Agency for the Control of AIDS, 2004: 8-9). However, this was not an attempt to monitor the country's response and its effects but rather to determine the prevalence and severity of the epidemic in Nigeria. Significantly, the emergence of NACA and the adoption of the multi-sectoral response have led to the development of the Nigeria National Response Information Management System (NNRIMS) to monitor the implementation of HIV/AIDS prevention and control activities and assess the impact of the various strategies in the outcome. Specifically, the NNRIMS is focused on the collection, analysis, dissemination and utilization of information from the various intervention programmes. It also includes situation analysis and impact assessment at sector and programme levels, utilizing information from population and sentinel surveys, operational research carried out by programmers, research work done by various bodies including research institutions and international development partners. NACA has also recorded a huge success in disseminating the findings from the various monitoring and evaluation efforts at all levels by using the print and electronic media.

5. Conclusion

In conclusion, a historical assessment of NACA in the control of HIV/AIDS epidemic in Nigeria between 2001 and 2007 reveals that some levels of progress have been made. The indices of such progress include increased HIV/AIDS awareness and enlightenment among Nigerians at different levels, classes and professional callings. There has also been reduction in the level of AIDS stigma and discrimination as well as scale up of care and support for PLWHA. Indeed, the most important achievement of NACA in the national response to HIV/AIDS in Nigeria between 2001 and 2007 was the perceptible decline in HIV/AIDS prevalence from 5.8% in 2001 to 5.0% in 2003 and 4.4% in 2005 (National Agency for the Control of AIDS, 2007a: 20). This really shows that NACA is indeed "fighting HIV/AIDS to finish" as its motto says. There are, however, some problems and challenges facing NACA and the national multi-sectoral responses to the HIV/AIDS epidemic in Nigeria. These problems include the perceived rivalries between the Federal Ministry of Health (FMoH) and the National Agency for the Control of AIDS (NACA). Also, there was a problem of proper harmonization of the multiple actors, multiple programmes and different planning/funding cycles involved in AIDS control at various levels in Nigeria. In other words, the *Three Ones* principle has not been fully embraced in the national multi-sectoral response to HIV/AIDS in Nigeria (National Agency for the Control of AIDS, 2007a: 33) Also, NACA greatly depends on external donors' fund to fighting HIV/AIDS epidemic in the country (Odetoyinbo, 2009: 24). This is what John Iliffe actually means when he argues that the failure of the early efforts of the Nigeria's health sector to

HIV/AIDS epidemic was not unconnected with the lack-lustre attitude of the military governments to funding HIV/AIDS control programmes designed by the then Minister of Health, Professor Olikoye Ransome Kuti (Iliffe, 2006: 72). Furthermore, NACA's subsidiaries at the state and local levels, that is SACAs and LACAs respectively, have not made significant impacts on HIV/AIDS control at the grassroots level.

Apart from these institutional problems, successful HIV/AIDS intervention in Nigeria is also hindered by socio-economic problems in Nigeria like poverty, unemployment and low standard of living with make people engage in HIV/AIDS risks deliberately. Therefore, for a successful multi-sectoral HIV/AIDS response in Nigeria, the governments, at all levels, must address the social and economic problems contributing to the spread of the epidemic in Nigeria. Also, there is a need for NACA and other relevant governmental and non-governmental agencies to launch vigorous and sustained awareness campaigns targeted at youths, women and other HIV/AIDS vulnerable groups and strengthen partnerships with all other stakeholders both at the domestic and international levels.

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Notes on Respondents

All the people interviewed in the course of preparing this paper are all top officers of the National Agency for the Control of AIDS (NACA) with the exception of Mr. Peter Michael who is of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) which is the umbrella body of about 400 associations of people living with HIV/AIDS in the country. They were all interviewed at two locations in Abuja, Nigeria's Federal Capital City between 5 and 6 of November 2008. The designations of the respondents and the places and dates of interviews are as follows:

1. Mr. Niyi Ojuolape, NACA Communications Coordinator, NACA Corporate Headquarters, Central Business District (CBD), Abuja (05/11/2008)
2. Mr. Sam Achibong, Head of NACA's Corporate Communications, NACA Corporate Headquarters, Central Business District (CBD), Abuja (06/11/2008)
3. Mr. Victor Udoidiong, Information Officer, NACA Corporate Headquarters, Central Business District (CBD), Abuja (05/11/2008)
4. Hajia Maimuna Mohammed, NACA's Director of Government Affairs, Coordination and Support, NACA Corporate Headquarters, Central Business District (CBD), Abuja (06/11/2008)
5. Mr. Peter Michael, a PLWHA and National Programme Officer of Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), NEPWHAN National Headquarters, No 4, Jaba Close, Area 11, Garki, Abuja, (05/11/2008)

Author's Biography: AMUSA Saheed Balogun, born in 1976, is a Nigerian. He attended Adekunle Ajasin University, Akungba-Akoko and Obafemi Awolowo University, Ile-Ife both in Nigeria for his Bachelor and Master's degrees in History respectively. He currently teaches at the Department of History, Obafemi Awolowo University, Ile-Ife, Nigeria, where he is also a doctoral student. He obtained his Master of Philosophy (M.Phil.) in 2010 and his thesis titled "A History of HIV/AIDS Epidemic in Nigeria, 1981-2007" was well received as a major contribution to contemporary Nigerian health history. His articles have appeared in African Journal of AIDS Research (South Africa) and Journal of the Historical Society of Nigeria (JHSN). He has tens of other journal articles and contributions to edited volumes. His major areas of research interest are issues in Nigerian social history in contemporary period particularly health and security.

Table 1: Key HIV/AIDS Issues, Targeted Audience and Desired Behaviours

Issue	Audience	Desired Behaviour
ABC of prevention	People most at risk	Understanding causes, transmission and all means of prevention
Preventing mother to child transmission (PMTCT)	Young women, pregnant women, married couples	Go for HIV testing, take preventive treatment
Stigma	General population, all the priority and their secondary audiences	Cessation of stigmatization of HIV/AIDS infected and/or affected persons
Advocacy	Relevant gatekeepers and leaders for all priority audiences	Create an enabling environment, provide active support for increased response to HIV/AIDS epidemic, making increased resources available.
Care, support and compassion	Religious and community leaders	Advocate for and actively engage in care and supports without stigma
Treatment	Government, health ministries	More positive treatment policies, increased allocation of resources for provision of ARVs and testing sites.
Capacity building	Health providers, community leaders, NGOs, CBOs	Ability to confront HIV/AIDS knowledgeably, openly, sympathetically without stigma.

Source: NACA, National HIV and AIDS Behaviour Change Communication (BCC)

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