FEDERAL GOVERNMENT OF NIGERIA

NATIONAL POLICY ON HIV/AIDS

OCTOBER 2009

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FOREWORD

As 2015 deadline for attaining/achieving the MDGs draws closer, the challenge of our HIV response goes beyond meeting these goals; it lies in preventing needless loss of lives and human tragedy. Our success will be measured by the number of new infections averted and lives saved.

Much has happened in Nigeria since the commencement of the multisectoral response and the birth of NACA in 2002. We have seen more political commitment from government and all stakeholders resulting in an expanded response with the launch of the Universal Access to HIV prevention, treatment, care and support. Recently the Nigerian response has taken more action to promote the needs and rights of vulnerable groups including women, young people and children. In the same light, the response is breaking the barriers of stigma and discrimination and giving PLWHAs their rightful position as meaningful leaders in the fight against HIV. We are also seeing more coordinated responses and stronger partnerships locally and internationally.

The first National Policy towards addressing the HIV/AIDS epidemic was developed in 1997 by the Federal Ministry of Health and designed to limit the spread of HIV and AIDS in the country at a time the epidemic was evolving and the information and knowledge of the epidemic was limited. By 2001, the country enacted a new National Policy on HIV/AIDS and adopted the multisectoral approach to her response in order to ensure the full involvement of all sectors of the economy relevant to the control of the HIV epidemic (in planning, implementation and evaluation of the country HIV response). In addition all sectors were encouraged to develop plans and process frameworks to mitigate the impact of the epidemic.

This current policy review on HIV and AIDS has been a product of extensive and comprehensive participation of all stakeholders and a wide representation from all tiers of society in the spirit of a multisectoral, multidisciplinary approach to prevention and control of HIV. In addition, consultations included the mainstreaming of gender concerns and the needs and rights of vulnerable groups. In line with the current dynamics of the epidemic in the country, plans to actualize this policy have been developed simultaneously and costed at the centre, in all the states and many relevant sectors including line ministries and civil society platforms.

This policy is an improvement on previous ones and has been the result of a detailed evaluation of our current position and what we want to achieve in future halting and reversing the HIV epidemic in Nigeria. This policy makes clear our commitment to play the leadership and ownership role in reaching the goals of universal access, halting and reversing the HIV epidemic. It makes comprehensive HIV prevention the priority and focus, as this is the only way of curbing as well as minimizing the impact of the epidemic.

This policy places individuals (people) at the centre of the response. HIV is an infection that can affect any individual man, woman, or child, rich or poor. We therefore need to empower individuals, families, communities with the knowledge and ability to protect themselves from infection and provide support for those individuals and families living with or affected by HIV to lead healthy and productive life.

Through this policy, the Government of Nigeria and all partners are committed to working tirelessly to realize the common goal of halting and reversing the spread of HIV in Nigeria and mitigating its impact on the people.

Professor John Idoko
Director General
National Agency for the Control of AIDS
October 2009.

ACKNOWLEDGMENT

Glory and Honor be to the Almighty God for His providence and enablement in getting this done.

NACA wishes to thank all Stakeholders who in one way or the other contributed to the review of the National Policy on HIV/AIDS (2003) implementation in Nigeria and the development of this revised Policy.

There is a need to mention the excellent direction and resource mobilization efforts of the members of the Core and Advocacy group that constituted the Governance teams to the process. Also appreciated is the immense contributions and sacrifices of all stakeholders involved in the Policy Review consultations (Federal Ministries, Development Partners, Civil Society Networks- CiSHAN, NEPWHAN, NiBUCAA & NEPWHAN, State AIDS Control Agencies and the National Assembly), validation of the review report, policy drafting meeting as well as consensus and validation meetings of the revised National Policy.

The Lead Consultant Dr Adesegun Fatusi and the Co-Lead Consultant Dr Ifene Enyantu deserve special appreciation for carrying out this task efficiently and effectively in a timely manner despite their very tight schedules leading to the production of this timeless document. Specific mention must be made also of the Directors and Deputy Directors at NACA for chairing the review meetings and the thematic drafting meetings.

At this juncture, I wish to appreciate all our partners within the National Response to HIV/AIDS in Nigeria for their immeasurable support and abiding faith in the system. Specifically, UNAIDS, UNDP, UNFPA, ENR/SFH and the United States Government deserve to be commended for their technical, human and financial support to the process.

This piece will be incomplete without appreciating the role played by Dr Naamara Warren, Lord Dartey, Dr Godwin Asuquo, Chidozie Ezechukwu, Fatima Kolo, Jumai Danuk, as well as the facilitators at the thematic drafting meeting-Dr Uwem Esiet, Dr Kola Oyediran, Dr Kalada Green, Dr Omokhudu Idogho and Dr Hadiza Khamofu, Dr. Comfort Agada and all others too numerous to mention.

May I thank the Director General of NACA Professor John Idoko for his leadership and all my colleagues especially Directors for their inputs to the process from conceptualization to development Dr Kayode Ogungbemi, Dr Akudo Ikpeazu, Mrs. Maimuna Yakubu Mohammed, Barrister Patrick Abah and Mr. Edward Okpaire.
Finally, to the Secretariat of the entire process, the coordination of which was led by Mrs. Esther Ikomi with the support of Mrs. Tine Worji and Seun Oshagbami who did wonderfully well; Nigeria and Nigerians appreciate you all.

It is only the full implementation of this National Policy on HIV/AIDS in good faith that can lead to significant impact on the National Response to HIV/AIDS in the country and positively impact on our people, so let the work commence now!

Alex Ogundipe mps,
Director, Policy & Strategy
National Agency for the Control of AIDS (NACA)
October 2009

ACRONYMS AND ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Antiretroviral Therapy
BCC	-	Behavior Change Communication
CPT	-	Cotrimoxazole Preventive Therapy
CSOs	-	Civil Society Organisations
DOTS	-	Directly Observed Treatment Short Course
EID	-	Early Infant Diagnosis
FBOs	-	Faith-Based Organisations
FCT	-	Federal Capital Territory
FMoH	-	Federal Ministry of Health
FSWs	-	Female Sex Workers
GIPA	-	Greater involvement of People with AIDS
HAPSAT	-	HIV/AIDS Program Sustainability Analysis Tool
HCT	-	HIV Counselling and Testing
HEAP	-	HIV/AIDS Emergency Action Plan
HIV	-	Human Immunodeficiency Virus
ICT	-	Information Communication Technology
IDU	-	Injecting Drug Users
IEC	-	Information, Education and Communication
IPT	-	Isoniazid Preventive Therapy
LACAs	-	Local Government Action Committee on AIDs
M&E	-	Monitoring and Evaluation
MAP	-	Multi-Country AIDS Programme
MARPs	-	Most-at-Risk Populations
MDAs	-	Ministries, Departments and Agencies
MIPA	-	Meaningful Involvement of People with AIDS
MSM	-	Men who have Sex with Men
MTCT	-	Mother to Child Transmission of HIV
NACA	-	National Agency for the Control of AIDS
NAFDAC	-	National Agency for Food and Drug Administration and Control
NARHS	-	National HIV/AIDS and Reproductive Health Survey
NASCP	-	National AIDS and STI Control Programme
NDHS	-	Nigeria Demographic and Health Survey
NEACA	-	National Expert Advisory Committee on AIDS
NGOs	-	Non-Governmental Organisations

NNRIMS	-	Nigeria National Response Information Management System
NSF	-	National Strategic Framework
OIs	-	Opportunistic Infections
OVC	-	Orphans and Vulnerable Children
PABA	-	People Affected By HIV/AIDS
PHC	-	Primary Health Care
PHDP	-	Positive Health, Dignity and Prevention
PITC	-	Provider-Initiated Testing and Counselling
PLHIV	-	People Living with HIV/AIDS
PMTCT	-	Prevention of Mother to Child Transmission of HIV
SACAs	-	State Action Committees on AIDS/State Agency for the Control of AIDS
SRH	-	Sexual and Reproductive Health
STIs	-	Sexually Transmitted Infections
TB	-	Tuberculosis
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNGASS	-	United Nations General Assembly Special Session

CONTENTS

1. BACKGROUND

1.1. Introduction

The first case of Acquired Immune Deficiency Syndrome (AIDS) in Nigeria was reported in 1986. Since then, infection with Human Immunodeficiency Virus (HIV) has spread to become a generalised epidemic affecting all population groups and sparing no geographical area in the country. HIV/ AIDS has negatively impacted every sector of the economy, and continues to threaten the national development gains of the past decades. The effect of HIV and AIDS remain great as it continues to devastate individuals, families and households, affecting their physical, social, psychological, and economic well-being. Unarguably, HIV and AIDS constitute a leading development challenge and a major threat to the general advancement of the nation as well as her capacity to achieve the Millennium Development Goals (MDGs).

Despite mounting various responses over two decades, the challenge of HIV/AIDS has continued to increase in Nigeria, particularly in terms of the number of people infected and affected. Estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS), for example, show a rise of 400,000 in the number of people living with HIV/AIDS in Nigeria between 2001 and 2008. With an estimated 2.95 million people living with HIV in Nigeria in 2008, Nigeria ranks as one of the countries with the highest burden of HIV infection in the world, next only to India and South Africa. These realities compel urgent review of the national response and re-strategising to achieve a more effective control of the epidemic; the national policy constitute a cornerstone and veritable instrument for renewed national vision and efforts to combat the HIV/AIDS challenge.

1.2. Epidemiology

Nigeria has witnessed fluctuations in HIV prevalence level in the last 15 years, but with an overall picture of significant increase within the period. The result of the periodic national HIV sero-prevalence survey, which is obtained through sentinel survey of antenatal care attendees, showed an increase from 1.9 percent in 1991 to 5.8 percent in 2001. The HIV prevalence then declined to 5.0 percent in 2003 and further to 4.4 percent in 2005. This decline, unfortunately, has been followed by a recent rise to 4.6 percent in 2008. Based on the latest result, NACA estimates that 2.95 million people in Nigeria are currently infected, of which 278,000 are children and 1.72 million (58.3 percent) are females. Young people are also disproportionately infected, with the prevalence in age group being 5.6 percent. In general, the most-at-risk groups include

sex workers and their clients, injecting and other drug users, and men who have sex with men (MSM), and mobile populations such as long-distance drivers and uniformed services personnel. Young people, prisoners and people in other custodial settings also constitute highly vulnerable groups. The result of mode of transmission analysis in Nigeria, carried out by the National Agency for the Control of AIDS (NACA) in 2008, showed that about 62 percent of new infection occur among persons perceived as practicing "low risk sex" in the general population including married sexual partners. The rest of the new infections (38 percent) are attributable to injecting drug users (IDU), female sex workers (FSWs), MSM and their partners who constitute about 3.5 percent of the adult population.

The leading route of HIV transmission in Nigeria is heterosexual sex, accounting for over 80 percent of the infections. Mother-to-child transmission and transfusion of infected blood and blood products rank next as common routes of infection, each accounting for almost ten percent of infections. However, other modes of transmission, particularly intravenous drug use (IDU) and same-sex intercourse, are slowly growing in importance. The drivers of the HIV epidemic in Nigeria include: low risk perception, multiple concurrent partners, informal transactional and inter-generational sex, lack of effective services for sexually transmitted infections (STIs), and poor quality of health services. Gender inequalities, poverty and HIV/AIDS-related stigma and discrimination also contribute to the continuing spread of the infection.

The epidemiological picture regarding HIV shows considerable diversity across Nigeria's geographic landscape, both in terms of the level of infection and the trend. The 2008 national survey, for example, shows the HIV sero-prevalence level as ranging from 1.0 percent in Ekiti State (in South-West geo-political zone) to 10.6 percent in Benue State (North-Central geo-political zone). Seventeen states and the Federal Capital Territory (FCT) recorded sero-prevalence of at least five percent. Sero-prevalence level was seven percent or higher in seven states: Benue (North-Central zone) 10.6 percent, Nasarawa (North-Central zone) 10.0 percent, Kaduna (North-West zone) 7.0 percent, Akwa Ibom (South-South zone) 9.7 percent, Bayelsa (South-South zone) 7.2 percent, Cross River (South-South zone) 8.0 percent, and Rivers (South-South zone) 7.4 percent. The median sero-prevalence rate for the geo-political zones varies considerably: North-Central 5.4 percent; North-East 4.0 percent; North-West 2.4 percent; South-East 3.7 percent; South-South 7.0 percent and, South-West 2.0 percent. The FCT, with a sero-prevalence level of 9.9 percent is one of the worst affected geographical areas in the country.. Again, whereas urban population recorded higher prevalence than the rural in most states, the reverse is the case in nine states and the FCT. The geographic dissimilarities in the dynamics of the epidemics suggest that the influence and contributions of various high-risk behaviours may vary in their relative importance in the various communities and geographical settings within the country.

1.3. National Response

Nigeria's national response commenced shortly after the official declaration of the first AIDS case in 1986 with the establishment of a National Expert Advisory Committee on AIDS (NEACA) with mandate to report directly to the Minister of Health. The establishment of the National AIDS and STI Control Programme (NASCP) in the Federal Ministry of Health in 1988 marked the beginning of more coordinated response, albeit essentially health sector response. The era of multi-sectoral response began in 1999 with the National Action Committee on HIV/AIDS established to coordinate the multi-sectoral response and to report to the just established Presidential Committee on AIDS. The National Action Committee later transformed into a full agency the National Agency for the Control of AIDS (NACA) in 2007 by an Act of the National Assembly to further strengthen its coordinating role and the overall national response. The State Action Committee on AIDS (SACA) and the Local Government Action Committee on AIDS (LACA) are the coordinating bodies at the sub-national level. Similar to the transformation of NACA, several SACAs have become self-accounting government agencies.

The country had previously developed two national policies on HIV/AIDS (in 1997 and 2003 respectively) as part of the efforts to strengthen the national response. To further strengthen the response in the immediate multi-sectoral era, the HIV/AIDS Emergency Action Plan (HEAP) was developed to guide the national response between 2001 and 2003 periods. HEAP was replaced by the National Strategic Framework (NSF) in 2005. Nigeria National Response Information Management System (NNRIMS) for HIV/AIDS has also been developed under the multi-sectoral response. These developments had enabled the country's national response to operate under the framework of the "Three Ones" principle One coordinating agency (NACA), one strategic plan (NSF), and one monitoring and evaluation framework (NNRIMS).

Nigeria has experienced a number of other positive results in her HIV/AIDS national response since 1999. Among others, is an increase in the level of awareness of HIV/AIDS and reduction in the level of stigma between 2003 and 2007 as the results of the National HIV/AIDS and Reproductive Health Survey (NARHS) show. A comparison of the 2003 and 2007 NARHS results also show that the proportion of people who took HIV test increased from 6.6 percent to 14.4 percent for females, and from 7.7 percent to 14.7 percent for males. The Nigeria National Response to HIV/AIDS Update published by NACA in 2009 indicates that 675,555 pregnant women have received HIV counseling and testing in the context of prevention of mother-to-child transmission of HIV (PMTCT) by December 2008. While the number of people living with HIV accessing antiretroviral therapy was about 13,500 in 2004, the Sustainability Analysis of HIV/AIDS Services in Nigeria (HAPSAT) of 2009 reported the figure to have increased to 269,000 by March 2009.

However, considerable challenges still remain in the HIV response. Among others, the proportion of the population that have access to and are accessing HIV counseling and testing (HCT), though increasing, is still low; there is inadequate and inequitable access to antiretroviral therapy (ART); and, the number of orphan and vulnerable children (OVC) is rising. Several population-based surveys, including Nigeria Demographic and Health Survey (2003, 2008), NARHS (2003, 2005, 2007), and HIV/AIDS Behavioural surveillance Survey (2005), have reported a gap between awareness and comprehensive knowledge of HIV prevention on the one hand, and between knowledge and behaviour on the other hand. The preliminary report of the 2008 Nigeria Demographic and Health Survey (NDHS), for example, indicates that while awareness of HIV was almost universal (88 percent of women aged 15 to 49 years and 93 percent of men aged 15 to 59 years), only half of women and two-thirds of men (48 and 68 percent, respectively) know that using condoms and limiting sexual intercourse to one uninfected partner are both means of preventing the spread of HIV. While educational level was associated with higher level of HIV knowledge, the 2008 NDHS report also shows that higher-risk sexual behaviour such as sexual intercourse with a person who is neither a spouse nor a cohabiting partner was higher among the more educated people. Furthermore, only a third of women aged 15 to 49 years and half of men aged 15 to 59 years (33 and 53 percent, respectively) who had sexual intercourse with a non-spousal or non-cohabiting partner between 2007 and 2008 used condom during the last of such sexual encounter. The result of the Integrated Biological and Behavioural Survey conducted in 2007 also shows a fairly high level of risk behaviour among selected groups of most-at-risk populations for HIV and AIDS, including transport workers, injecting drug users (IDUs), and members of the police force. Additionally, a high level of stigma is still attached to certain risk-behaviour groups like female sex workers (FSWs), drug users, and MSM, delimiting the volume and quality of outreach to such groups in the country. Furthermore, there is inadequate funding as well as capacity for HIV/AIDS programme management particularly at sub-national levels. The diversity of players in the national response to the epidemic and their range of activities have also generated coordination challenges between hierarchies of institutions and among programme categories.

1.4. Impact of the HIV/AIDS Epidemic

While clear data are lacking in terms of quantification of impact in many areas of the national life, there is absolutely no doubt that HIV and AIDS epidemic has impacted every area of the Nigerian society negatively. The most obvious impact is in the area of morbidity and mortality. The April 2009 update from NACA indicates that an estimated 2.99 million people, consisting of 1.38 males and 1.61 females, have so far died from HIV-related causes in Nigeria. The Federal Ministry of Health, in the report of the 2008 HIV sero-prevalence sentinel survey, further estimates the current figure of annual

deaths from HIV-related causes as 280,000. Thus, the prospect for the future is grim except effective control is achieved and urgently too.

As reported by the Federal Ministry of Health in the report of the 2008 National HIV Sero-prevalence Survey, Nigeria had witnessed a negative trend in life expectancy lately. Citing the Human Development Report produced periodically by the United Nations Development Programme, the report noted that whereas the life expectancy in the country increased from 45 years in 1963 to 51 years in 1991, it has subsequently decreased to 46.5 years by 2005. The HIV/AIDS epidemic is likely to have been one of the major contributors to this reduction in life expectancy.

The high impact of HIV/AIDS is also evidenced in the fast rising number of children orphaned by AIDS. The Federal Ministry of Women Affairs and Social Development, in its Orphan and Vulnerable Children National Plan of Action (2006-2010) reported that 1.8 million children were orphaned by AIDS in Nigeria in 2003 while the Federal Ministry of Health, in the 2008 HIV sentinel survey report, estimated the figure to be 2.23 million for 2008. Given the slow progression of HIV to AIDS, the number of children orphaned by AIDS will continue to rise in the next decade even if the transmission of the infection is drastically reduced within a short time.

With the high number of death, AIDS is likely to pose significant human resources challenge to the country. With the epidemic picture, which shows urban and young population having higher sero-prevalence, it is likely that the disease will disproportionately affect young professionals. It will likely impact on every area of human endeavour, including the educational, health, agricultural and defense sectors, among others.

Already, HIV is straining the currently over-burdened health system; the human and logistic challenge of providing ARV services, for example, is overwhelming vis-à-vis the capacity of many facilities despite the fact that only 269,000 of the estimated 740,000 clinically eligible people for ARV are currently receiving such as reported by the 2009 HAPSAT. As HAPSAT report further notes, approximately 4500 new patients are being added to the treatment list monthly. With reduced number of health workers that may be occasioned by HIV/AIDS-related death and diminished economic resources that may result from HIV impact on the economy, the situation could be worse in the future except effective interventions are mounted.

1.5. Rationale for the Policy

The goal of the revised National Policy on HIV/AIDS (2003) is to control the spread of HIV/AIDS in Nigeria and mitigate its social and economic impact. To achieve this goal, the policy focuses on five strategic components: (1) Prevention of HIV/AIDS (2)

Law and ethics (3) Care and Support (4) Communication, and (5) Programme Management and Development. The National Strategic Framework (NSF) provides the broad structure for multi-sectoral implementation of the policy.

However, as the epidemic progresses, it is apparent that despite achievements of the broadened approach to HIV/AIDS and some positive results, difficult policy issues around the strategic components are emerging. These include the differential impact of the epidemic on women, the rising deluge of orphans, pervasive violations of human rights of persons living with AIDS, and conflicting messages around abstinence and condom promotion and sex education in schools. Other critical issues are the medical and social implications of increasing access to treatment and care, the roles and responsibility of people living with HIV (PLHIV), research ethics and the evolving roles of stakeholders in the national response. These and other issues make the need for a comprehensive review of national policy evident and urgent.

2. POLICY FRAMEWORK

2.1. Policy Context

This revised policy has been developed within the context and in agreement with selected key national and international framework that are germane to the national response to HIV/AIDS in Nigeria:

The 1999 Constitution of the Federal Republic of Nigeria, which affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and to freedom from discrimination. The constitution recognises a three-tier level of governance.

Complementary Government documents provide the framework for this policy, including the *NACA Act*, *Medium Term Strategy*, *National Economic Empowerment and Development Strategy* (NEEDS) I and II, *National Gender Policy*, and the *Seven-Point Agenda* of the Federal Government of Nigeria.

This Policy also responds to government ratification of and commitment to numerous international conventions including *Universal Declaration of Human Rights (1948*), the *Convention on Economic, Social and Cultural Rights* (1976), the *Convention on the Elimination of All Forms of Discrimination against Women* (1979), *Convention on the Rights of the Chil*d (1989), and the *African Charter on Human and People's Rights* (July, 2003).

Specifically it is derived from agreed goals of international community to fight the epidemic and mitigate its impact which Nigeria ratified. These include: *Programme of Action of the International Conference on Population and Development ICPD* (1994), *The Political Declaration and further action and initiatives to implement the Beijing Declaration and Platform for Action (2000), Political Declaration at the World Summit for Social Development* (1995), The United Nations Millennium Declaration (September, 2000) which target 2015 for reversal of epidemic trajectory. Others are the *Greater Involvement of People with AIDS* (GIPA) and M*eaningful Involvement of People with AIDS* (MIPA) Principles, *The Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and other related*

diseases in Africa (April, 2001) and *The United Nations General Assembly Special Session on HIV/AIDS* (UNGASS) (June, 2001) at which countries committed to ensure an urgent, coordinated and sustained response to HIV/AIDS. Other relevant international document include the New York Call to Commitment linking HIV/AIDS and sexual and reproductive health (SRH), and the Glion call to action on family planning and HIV in women and children.

The policy's goal and focus also derived from Nigeria's commitment to Universal Access to comprehensive HIV prevention, treatment, care and support as enunciated in the following: the 2005 Gleneagles G8 Universal Access Targets, the 2006 United Nations Political Declaration on HIV/AIDS, the African Union's Abuja Call for Accelerated Action towards Universal Access to HIV/AIDS (2006), and the 2006 Brazzaville Commitment on scaling up towards Universal Access to HIV and AIDS prevention, treatment, care and support services in Africa by 2010.

2.2. Policy Considerations

The following are some of the key considerations which inform the articulation of this Policy:

HIV/AIDS epidemic in Nigeria threatens the well-being of many Nigerians, burdens families, impoverishes communities, weakens institutions and threatens the social and economic development of the country.

As a public health issue, HIV/AIDS directly affects the health of millions of infected persons, contributes to maternal and under-five mortality rates and places unprecedented stress on already overburdened health care system.

Prevention, treatment, care, support, and impact mitigation are mutually reinforcing elements of a comprehensive response to HIV/AIDS; advancing a public health-based response that integrates principles of these elements is critical for success of the national response.

Significant sections of the population are most at risk of infection due to social, cultural and economic conditions which create and sustain vulnerability to HIV infection. The most vulnerable are women and girls, young people, the physically challenged people and mobile populations.

HIV/AIDS-related stigma remains all pervasive and that people infected or affected by HIV/AIDS are discriminated against and denied access to compassion, care and support and social services.

Culture, traditions and religion have a strong influence on behaviour, attitudes and practices of majority of Nigerians and traditional and faith based institutions as gate keepers of attitudes and behavior and joint facilitators of social transformation are critical assets in the fight against the disease.

Effective response to HIV/AIDS requires respect for, protection of and fulfillment of all human rights civil, political, economic, social, and cultural and upholding the fundamental freedoms of all people in accordance with the country's constitution and existing international human rights principles, norms and standards.

2.3 Guiding Principles

This policy shall be based on, and governed by the following principles:

Strong political leadership and commitment to transparency and prudent management of financial and other resources at all levels for sustained response to HIV/AIDS.

Multi-sectoral approach that is community-based, community-driven, gender-responsive and forges broad partnerships, dialogue, consultations and effective coordination among stakeholders.

Commitment to scale up prevention among the general population as well as among high risk and other groups vulnerable to HIV infection.

Protection and promotion of the rights and access of PLHIV to comprehensive health care and other social services.

Commitment to protecting rights of PLHIV, reduction of stigma and discrimination and ensuring greater involvement of PLHIV in national HIV/AIDS program at all levels.

Commitment to promote and protect rights and reduce vulnerability of women, children, young people and marginalised groups to HIV infection.

Promotion of comprehensive approach that strongly links HIV prevention, treatment, care and support and geared towards universal access.

HIV/AIDS-related stigma remains all pervasive and that people infected or affected by HIV/AIDS are discriminated against and denied access to compassion, care and support and social services.

Culture, traditions and religion have a strong influence on behaviour, attitudes and practices of majority of Nigerians and traditional and faith based institutions as gate keepers of attitudes and behavior and joint facilitators of social transformation are critical assets in the fight against the disease.

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Commitment to promote and protect rights and reduce vulnerability of women, children, young people and marginalised groups to HIV infection.

Promotion of comprehensive approach that strongly links HIV prevention, treatment, care and support and geared towards universal access.

Strengthened linkages and forged synergies between HIV/AIDS programmes and poverty alleviation initiatives to break the vicious cycle of the disease and its relationship with economic disempowerment.

Determination to address social, economic and cultural factors responsible for disproportional vulnerability of women and girls to HIV infection.

Mainstreaming of gender into all policy-related and programming activities and related structures to ensure that all interventions and programmes are gender-sensitive and gender-responsive, appropriately meeting the separate as well as related needs of females and males.

Promotion of consistent and effective partnerships and collaboration with development partners.

2.4 Overall Goal

The overall goal of the National Policy on HIV/AIDS is to provide a framework for advancing the national multi-sectoral response to the HIV/AIDS epidemic in Nigeria so as to achieve effective control by reducing the rate of new infections, providing equitable care and support for those infected and affected, and mitigating the impact of the infection, thereby enabling all people in Nigeria to be able to achieve socially and economically productive lives free of the disease and its effects.

2.5 Main Target

The main target of the policy is to have halted and begun to reverse the spread of HIV, provide quality treatment for people living with HIV, and offer care and support to people infected and affected by HIV/AIDS by 2015 as Nigeria moves towards fulfilling its Universal Access commitment.

2.6 Strategic Thrusts

The strategic thrusts of the policy are as follows:

2.6.1. *Behaviour change and prevention of new infections*: focuses on prevention of new infections through the adoption of safer use of preventive technologies and health promoting services, including sexual and reproductive services, and empowering individuals and communities to drive an inclusive and participatory social process;

2.6.2. *Treatment*: addresses issues of access to antiretroviral, tuberculosis/HIV collaborative activities and prevention and management of opportunistic infections;

2.6.3. *Care and support for infected and affected persons*: relates to provision of holistic care and support to various groups of infected people as well as the affected, including children orphaned by AIDS and other vulnerable children; it also involves empowering communities to provide support structures for PLHIV;

2.6.4. *Institutional architecture and resourcing*: the focus is on the design and strengthening of the structure of the coordinating mechanism of the multi-sectoral response within the framework of Nigeria's federal system and the issue of sustainability through adequate resource allocation, mobilisation and management; HIV and AIDS will be mainstreamed in the work of key public sector ministries, departments and agencies;

2.6.5. *Advocacy, legal issues and human rights*: focuses on addressing legal issues, legal rights and advancing the rights of people living with HIV and those affected by the infection;

2.6.6. *Monitoring and evaluation*: aims at strengthening the quality of programme management through effective monitoring and evaluation to generate and appropriately disseminate and utilise data;

2.6.7. *Research and knowledge management*: focuses on generation and dissemination of knowledge to provide required support for evidence-based policy-making and programming.

3. BEHAVIOUR CHANGE AND PREVENTION OF NEW INFECTIONS

3.1 Rationale

Prevention remains the most important strategy as well as the most feasible approach for reversing the HIV epidemic since there are no vaccines and no medical cure. The majority of Nigerians are HIV-negative; keeping them uninfected is critical to the future of the epidemic and underscores the importance of prevention as a cornerstone of the national HIV and AIDS response. Furthermore, the national situation of persistent high level of HIV-risky behaviour in the face of high level of HIV awareness calls for continuous and concerted focus on effective preventive interventions that will address the specific needs of each key population segments and stimulate the adoption of appropriate behaviour that reduces the risk of HIV transmission.

3.2 Thematic Goal

The goal of this thematic focus is to reduce the incidence of HIV.

The focal areas under this goal are:

Safer sexual behaviour through communication-related interventions;
Appropriate use of male and female condoms and lubricants;
Prevention of biomedical transmission of HIV;
HIV counselling and testing;
Prevention of mother-to-child transmission;
Early diagnosis and effective treatment of sexually transmitted infections; and
Positive health, dignity and prevention interventions by and for PLHIV.

3.3 Thematic Objectives

The objectives are to:

Promote safer HIV/AIDS-related behavior among the general population, including sexual abstinence, mutual sexual fidelity and condom use in higher-risk sexual encounters, to reduce potentials for new infections;

Promote appropriate HIV/AIDS-related behaviour change among most-at-risk populations, including transport workers, uniformed service personnel, sex workers, injecting drug users, men having sex with men and other sexual minorities, prison inmates, and population of humanitarian concern such as

displaced people and populations affected by conflicts;
Promote and scale up HIV counselling and testing, including both client-initiated and provider-initiated HIV counselling and testing;

Promote and scale up interventions for the prevention of mother-to-child transmission of HIV;

Prevent biomedical transmission of HIV through blood, blood products and tissue safety, injection safety, safe healthcare waste management, adherence to universal precautions, access to post-exposure prophylaxis and other relevant interventions;

Promote early treatment and strengthen the control of sexually transmitted infections to reduce the risk of HIV transmission;

Promote access of PLHIV to comprehensive prevention interventions;
Promote the adoption of appropriate HIV/AIDS related behavior, including health seeking-practices, and holistically address prevention-related needs among vulnerable populations, particularly females of all ages and status, and young people, as well as other special population groups such as children with special needs (physically and/or mentally-challenged), healthcare workers, out-of-school youths, young people in institutions of higher learning, discordant couples, and people in specific work environments

Strengthen collaboration between HIV-related prevention interventions to improve synergy and increase impact; these include drug demand reduction programmes, blood transfusion services, family planning) and other reproductive health services, population and family life education and other adolescent and youth-focused interventions;

Ensure appropriate constellation of preventive services at facility and community levels and strong linkage with treatment, care and support; and

Improve acceptance of individual and collective responsibility for prevention of HIV transmission and the provision of care and support.

3.4 Policy statements

A. Promotion of safer sexual behaviour through communication-related interventions

Safer sexual behaviour shall be promoted at all levels and targeted at all people

and population sub-groups through relevant HIV communication interventions, including information, education and communication (IEC) and behaviour change communication (BCC).

Abstinence and mutual sexual fidelity will be promoted as the best protection against HIV and AIDS.

Safer sexual behaviour interventions shall be gender-sensitive and specifically designed and implemented to appropriately respond to the needs of various population sub-groups including vulnerable populations, most-at-risk populations, and other special populations including PLHIV.

Creative and innovative youth-friendly approaches, including information and communication technology (ICT), shall be used to reach young people with HIV-related communication interventions using existing youth-related structures and networks, such as schools, National Youth Service Corp Scheme, adolescent-friendly health services, youth centres, holiday camps, skills development centre, sporting events, youth organisations, and faith-based youth programmes.

Government and partners, including networks of employers of labour and professional bodies, shall ensure that all private and public workplaces develop and implement workplace policies with strong communication-related components, which is well linked to other preventive services as well as to treatment, care and support.

Communicating programmes on safer sexual behaviour shall also take advantage of appropriate institutional settings, including workplaces and schools, and community structures to ensure their cost-effectiveness, and integration with existing programmes, where necessary, to support their institutionalisation.

Government shall effectively address poverty as well as other factors that increase vulnerability to unsafe sexual behaviour.

B. Promotion of appropriate use of male and female condoms and lubricants

Correct and consistent use of both male and female condoms as methods of preventing HIV, STIs and unwanted pregnancy shall be promoted through multi-media communication approaches.

All mass media marketing of condoms for the prevention of HIV and AIDS shall promote abstinence and mutual fidelity through inclusion of a message that expresses the view that abstinence and mutual fidelity remain the best protection against HIV/AIDS a message that is in consonance with scientific evidence and respond to the cultural sensitivity of the country.

The elimination of all legal, regulatory, financial and socio-cultural barriers to the universal access to condoms shall be facilitated by the government.

Condom outlets shall be established in locations which are easily accessible to all population groups, including vulnerable and high risk groups.

The government shall formulate, enforce relevant legislation, and monitor condom quality.

All condoms shall be distributed with instructions on their proper use and disposal; additionally, efforts will be made to train users on the proper use of condoms.

In view of the low awareness of female condom, communication activities shall be undertaken to promote knowledge of female condom among health workers, males and females of reproductive age group, and MARPs and to increase its adoption by all sexually active people. Advocacy efforts shall also be targeted at government and other development partners to ensure its availability at little or no cost and increase the accessibility to it.

Availability of water-based lubricants shall be promoted to improve the effectiveness of condom use particularly among high-risk groups such as men having sex with men and others engaged in similar sexual practices.

C. Prevention of Biomedical Transmission of HIV

The government shall promote universal access to safe blood transfusion services throughout the nation, and transfusion of blood and blood products shall be carried out only when medically indicated.

The government will develop/strengthen and enforce legislations at all levels to forbid transfusion of blood that has not been screened for HIV and other transfusion transmissible infections as well as establish relevant standards, including minimum standard of practice for blood banking institution.

Blood banking services shall only be provided in public and private health institutions accredited by relevant government agencies for such purposes and the quality of services shall be continually monitored by relevant agencies and professional groups with such mandate.

The government, her agencies, as well as other relevant development partners, including civil society organisations, shall vigorously promote the voluntary non-remunerated donation of blood and concomitantly strongly discourage the donation of blood on remunerative basis.

All donors of blood, blood products, and organs for transplant including sperm for assisted reproductive technology shall be screened for HIV and other blood borne pathogens; all healthcare institutions providing such services must comply with government prescribed minimum standard and apply the relevant national protocol with regards to the transfusion or transplantation services as well as the HIV screening.

Government shall make and enforce relevant legislation to address other relevant issues relating to biomedical transmission of HIV, such as injection safety, injecting and non-injecting drug use and male circumcision.

All health workers both orthodox and non-orthodox shall be educated on methods of preventing biomedical transmission of HIV, including universal precautions, safe healthcare waste disposal, injection safety, blood and tissue safety, and sterilization/disinfection procedures.

All health care institutions shall provide equipment, materials and drugs for the proper observation of universal safety precautions and the implementation of other relevant activities to prevent biomedical transmission of HIV.

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 traditional health care providers using skin-piercing instruments shall be educated on sterilization techniques before being licensed to practice, and will be subsequently monitored by relevant government agencies to ensure compliance with accepted standard of practice.

All surgical procedures will be carried out with only appropriately sterilized or otherwise disinfected equipment in accordance with standard medical

practices, and shall also conform with other standard infection prevention procedures.

Infectious control units (or points) shall be established in all private and public health institutions and shall be charged, among others, with monitoring, reporting and addressing issues regarding the adequacy of prevention practices with respect to biomedical transmission of HIV.

All public and private health institutions shall have provisions for post-exposure HIV prophylaxis, and shall offer same to their health workers needing such services in the line of their work as well as clients/patients that need such.

Activities of all diagnostic and medically-related laboratories as well as other healthcare institutions and practitioners in the country shall be monitored and regulated by appropriate government-approved agencies to ensure conformity with the guidelines relating to their professional practice.

D. HIV Counselling and Testing (HCT)

Nigeria, recognising the central place of HIV counseling and testing (HCT) in the national response, commits herself to the establishment and support of a network of HCT services that will provide universal access to quality, affordable and accessible quality HCT services.

The promotion of HCT shall be intensified among the general population as well as groups that have high vulnerability to HIV.

All HIV services shall strictly observe confidentiality, include pre- and post-test counselling, and be carried out with the informed consent of the client.

All centres providing HCT services shall be certified by the Government following guidelines as detailed in the protocols of the Federal Ministry of Health (FMoH), and all screening facilities shall apply the prescribed national protocol and process for HIV testing.

Both client-initiated and provider-initiated HIV testing and counseling shall be vigorously promoted.

HIV counselling and testing shall be routinely offered to all men and women of reproductive age, including couples applying for marriage licenses; however, refusal shall not be a reason for denial of granting such marriage licenses.

HIV counseling and testing shall be part of the routine services for all pregnant women attending ante-natal clinics and patients with STIs, and patients with or suspected to have tuberculosis.

Voluntary confidential testing with pre and post-test counselling shall be an integral part of primary health care services, and shall be universally available in secondary and tertiary facilities.

Post-test counselling in the event of a positive HIV test shall include provision of 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. Post-test counselling shall also be provided to those with HIV-negative results to encourage them to maintain their status.

HCT will be made accessible to most-at-risk people, including FSWs, drug users, and MSM.

All new HIV screening reagents for use in the country shall be certified and licensed by National Agency for Food and Drug Administration and Control (NAFDAC) in collaboration with the Federal Ministry of Health and the National Agency for the Control of AIDS (NACA),and continual monitoring of the products shall be maintained afterwards.

E. Prevention of Mother to Child Transmission (PMTCT)

Nigeria is committed to the promotion and provision of comprehensive PMTCT services, consisting of a four-pronged approach of: (i) primary prevention of HIV infection among women of childbearing age; (ii) prevention of unintended pregnancies among women living with HIV; (iii) prevention of HIV transmission from women living with HIV to their infants, and (iv) provision of appropriate treatment, care and support to mothers living with HIV and their children and families.

All maternal health care services shall offer HCT 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.

Provider-initiated testing and counseling (PITC) shall be greatly encouraged in PMTCT services without compromising the ethical standards of informed consent and confidentiality. PITC shall be targeted not only at women

presenting in antenatal care period, but also those presenting for delivery and postnatal care whose HIV status is unknown in order to reduce missed opportunities.

Recognising the current low level of utilisation of formal health services and skilled attendants for antenatal care and delivery, innovative partnerships shall be encouraged between formal health care services and non-formal maternal health service providers such as traditional birth attendants to promote the access of all pregnant women to PMTCT.

As part of primary prevention of HIV in the context of PMTCT services, HCT will be offered to all women of reproductive age using multi-pronged approaches and multiple outlets, including family planning services, well-woman clinics, and community-based outreach settings.

All maternity services shall provide counselling on the potentials for mother to child transmission of HIV (MTCT) during pregnancy, delivery and breast feeding; in this regard, HIV-positive mothers shall be thoroughly counseled on ways to reduce the potential of transmitting the virus to her child as well as other relevant services for herself, including referrals for family planning, STIs and cervical screening services;

In recognition of the effectiveness of antiretroviral medications to prevent mother-to-child transmission of HIV, Nigeria commits herself to ensuring universal access of all HIV-positive pregnant women and their children to antiretroviral medication and other relevant medical interventions to prevent vertical transmission of HIV and enhance the health and quality of life of the woman.

Appropriate mechanisms shall be put in place to ensure the appropriate training of health care providers at all levels to provide quality PMTCT services.

All HIV-positive pregnant women shall be offered quality counselling on nutritional care for themselves and their children according to the best nationally and internationally applicable evidences and protocols, taking due cognizance of the woman's specific physical, mental and social circumstances.

Early Infant Diagnosis (EID) service shall be offered to all babies delivered by HIV positive women and appropriate comprehensive HIV-related services, including medication, offered freely afterwards in public sector facilities to prevent vertical transmission to those who are HIV-negative or ensure survival and quality of life for those found to be HIV-positive. EID will also be carried

out for babies of mothers with unknown HIV status who die at childbirth or during postpartum period.

All PMTCT services shall have strong linkage with or integrated focus on malaria prevention and treatment services for HIV-positive women, including promotion of insecticide-treated nets and intermittent presumptive treatment, in view of the scientific knowledge on the interactions between malaria and HIV in pregnancy.

Male involvement and active participation shall be strongly encouraged as part of PMTCT programmes; PMTCT services shall explore creative mechanisms and innovative ways to invite men's participation, address men's concern and HIV-related treatment issues, and leverage their support as partners with strong stake in PMTCT in the context of overall family health and well-being. These will include men-targeted communication activities, couple counselling, couple-focused HCT, referrals to HIV treatment and SRH services, and linkage to support services as relevant to the health needs and HIV status of the man.

F. Early Diagnosis and Effective Treatment of Sexually Transmitted Infections

The government and her agencies, including the Federal Ministry of Health, shall prioritise the implementation of the control programme 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 shall be promoted by Government as a priority social service, and syndromic management of STI will be the priority approach for treatment in public and private primary health services.

All health workers shall receive relevant and appropriate training in the epidemiology and management of STI.

Programme will be developed to provide treatment of STI for such high risk groups as most-at-risk populations (MARPs) and priority attention will be accorded such initiatives.

Prevention and treatment for STIs shall be strongly linked as part of comprehensive STI control services.

Provider-initiated HIV counselling and testing services are recommended for all STI patients with informed consent and confidentiality observed.

G. Positive Health, Dignity and Prevention Interventions (PHDP)

The government and partners recognise that prevention services for people living with HIV is an important element in the national response, not only to reduce HIV transmission but also to ensure the health, quality of life, and dignity of PLHIV; It centers on the efforts of PLHIV to learn and practice ways to promote their own health and prevent disease and shall be vigorously promoted and supported by government and other stakeholders.

Services targeted to PLHIV shall inculcate a human rights approach, combating stigma and discrimination, and they shall be offered in gender-sensitive and gender-responsive ways, and address social vulnerabilities such as poverty and gender-based violence.

Prevention services for PLHIV shall be offered in the context of continuum of care, with a strong link to treatment, care and support.

Provide pre- and post-test risk reduction counselling and access to affordable and confidential treatment, care and support for all people living with HIV, including quality STI treatment.

Ensure the access of all PLHIV to comprehensive sexual and reproductive health services, including family planning services with special emphasis on male and female condoms to prevent unintended pregnancies among HIV-positive women.

Promote the consistent and proper use of male and female condoms (and water-based lubricants) among PLHIV and ensure their availability, affordability and consistent supply.

Ensure the access of pregnant PLHIV to maternal health care, including antenatal, delivery and postnatal approaches that will reduce the risk of transmission of HIV from the mother to the child.

Promote the access of all PLHIV to general health promotion services as an integral part of PHDP, including nutrition education, self care, environmental health issues and physical exercises.

Access of PLHIV to HCT and diagnostic testing procedures to monitor HIV and immune system shall be promoted.

Regular screening and related diagnostic and treatment services for tuberculosis and STIs shall be provided to all PLHIV.

Prevention of opportunistic infections through drug prophylaxis and treatment services when infection occur shall be offered to PLHIV.

Psychological services, counselling and other relevant mental health services, including those targeted at building self confidence and self-esteem, relationship counselling shall be offered to all PLHIV using both institutional and community structures and facilities.

Risk-reduction counselling shall be promoted, including both individual counselling and skills-building sessions on dating, disclosure, and communication with partners.

Provide support for couples and family based counselling, testing and referral; special attention shall be given to the concerns and challenges of sero-discordant couples.

Harm reduction services shall be offered to HIV-positive drug users.

Adherence training shall be provided to PLHIV, members of their social support system, health workers and other service providers.

Facilitate the formation of support networks and self-help groups, recognising the diversity in populations and needs of people living with HIV, and provide support for self-help groups and networks of people living with HIV.

4. TREATMENT OF HIV/AIDS AND RELATED HEALTH CONDITIONS.

4.1 Rationale

Increased access to anti-retroviral drugs has had significant and positive impact on the HIV epidemic in Nigeria, particularly in terms of improved quality of life of people living with HIV/AIDS, better public perception of HIV and AIDS, as well as decreased infectivity of PLHIV and potential for transmission of HIV. Yet, considerable geographical, gender and age inequity exist in terms of access to these drugs; overall, a high proportion of those needing treatment still has no access to the drugs. Additional challenges exist in terms of variations in the quality of treatment services, poor referral practices, and emerging drug resistance problems. Although the effects of opportunistic infections (OIs) account for most of the ill health associated with HIV infection, a minimum package for diagnosis, prophylaxis and treatment is yet to be defined to ensure standardisation and equitable access to these services. Also, the increasing incidence of tuberculosis (TB) among PLHIV and associated increased morbidity and mortality necessitates the scale up of TB/HIV collaborative activities. The challenge of access is further compounded in the case of PLHIV that belong to MARP groups such as FSW, MSM and drug users; their access to treatment is further constrained by issues like stigma and discrimination. Thus, more needs to be done not only to equitably reach eligible adults and children with ART, OIs, and TB/HIV co-infection services but also to ensure quality of these services.

4.2 Thematic Goal

The goal of this thematic focus is to ensure that all eligible PLHIV have access to quality treatment services for HIV/AIDS and opportunistic infections as well as TB treatment services for PLWHIV co-infected with TB.

4.3 Thematic Objectives

The objectives of the thematic focus of treatment are to:

Increase access of men and women living with HIV and AIDS to quality treatment;

Strengthen quality assurance system for all treatment and care options;

Strengthen logistics management system to facilitate sustainable supply of drugs, laboratory materials and other commodities; and

Expand access to comprehensive treatment and care by strengthening collaboration between HIV services and other health interventions such as TB, malaria and reproductive health.

4.4 Policy Statements

A. Treatment of HIV/AIDS and Related Health Problems

Government shall ensure that affordable HIV care and treatment is made available to people living with HIV and AIDS equitably without bias to risk behaviour or sexual orientation and on nation-wide basis.

To ensure quality in HIV treatment services, government shall ensure the availability of adequate infrastructure, skilled health workers, and effective logistic system to support care and treatment services and ensure uninterrupted supply of drugs and commodities including appropriate formulations for young children at all levels.

HIV and AIDS management, including treatment of HIV/AIDS-related conditions, shall be appropriately integrated into pre-service and in-service training for health workers at all levels.

Government shall ensure the availability of up-to-date national protocols and guidelines for management of HIV/AIDS and related conditions for all levels of care and in all health facilities.

Government shall ensure the availability of an enabling environment for the local manufacture of HIV diagnostic kit and ARVs as part of the effort to ensure sustainability in drug supply.

ARVs and other drugs for the management of HIV/AIDS and related conditions shall be appropriately included in the essential drug list at every level.

Government and her agencies shall ensure that hospital policies are PLHIV-friendly and in no way constitute barriers to the uptake of drugs and related services by all groups of individuals, including women, youth and children.

Treatment literacy shall be vigorously promoted as an essential part of HIV/AIDS treatment programmes at all levels and will be targeted to PLHIV, people affected by AIDS, population sub-groups with high vulnerability to HIV and AIDS, health workers and the general community.

Government shall establish a national framework for quality assessment and continuous quality improvement for HIV diagnostic and treatment services.

Integrated care shall be ensured as much as possible to meet the multiple health needs of PLHIV in a timely fashion and ensure quality of services through collaborative activities between HIV and other health interventions, especially tuberculosis, malaria, and reproductive health care.

Government shall spearhead and support the development/review of appropriate guidelines, standard of practice and other relevant tools for the management of HIV and related disorders effective care and treatment of PLHIV.

Referral network pertaining to HIV/AIDS treatment services shall be appropriately strengthened to ensure continuum of care, and all development partners are required to follow the health system structure and national guidelines in referring patients and clients.

Professional practice and activities of alternate care practitioners, including advertisements and products, shall be carefully monitored by government agencies and professional bodies with relevant mandates to ensure that they are scientifically and ethically sound in every respect to ensure that they truly add value to the HIV control efforts and to protect PLHIV, people affected by AIDS (PABA) and the general community from being endangered health-wise, misled or exploited by false claims.

B. TB/HIV Collaborative Activities

TB/HIV advisory committees shall be established and strengthened at the national, states and local government levels, and state and facilitators designated at state and facility level.

Expand access to HCT, DOTS, isoniazide preventive therapy (IPT) and co-trimoxazole preventive therapy (CPT) through provision of these services at all levels of care

Build the capacity of health workers in the public and private sector on TB/HIV collaborative activities

Ensure continuous rapid testing for HIV in TB patients and screening for active TB in PLHIV

Ensure the screening for TB in the general outpatient department in all clinics including ART and PMTCT.
Ensure that all contacts for TB patients are traced at outpatient level and are screened for HIV.

Ensure the screening for active TB in children.

Develop and/or review the national guidelines and protocols regarding TB infection including the HCT algorithm to include all TB suspects

Ensure the expansion and decentralisation of TB microscopic sites especially in ART sites.

Integrate CPT and IPT required fields in the ART electronic data and promote the development of joint M/E plan to monitor the scale up of activities.

5. CARE AND SUPPORT OF INFECTED AND AFFECTED PERSONS

5.1 Rationale

As the number of people infected and affected by HIV and AIDS (PABA) rises, the burden of the epidemic on individuals, families, and communities is increasingly evident, and is exacerbated by widespread poverty. Some of the critical indicators of the social consequences of the epidemic are the increasing numbers of orphans and vulnerable children (OVC) and a general stigmatisation of PLHIV. At household and community levels, the challenge of providing care and support for infected and affected persons falls disproportionately on females, and may negatively affect their schooling, productivity and quality of life. Also, access to ART means that more PLHIV are having longer and improved lives. Thus, there is a big challenge to the nation to provide the increasing care and support including palliative care for infected and affected persons. This challenge will continue for a very long time even when the epidemic is brought under control in terms of significantly reduced incidence of HIV.

Government recognises that provision of high quality care and support to infected and affected people is not a drain on the economy; rather, such care and support is a matter of human rights, and an investment in the sustenance of the quality of life of PLHIV and PABA and continued productivity which have significant added value to the social and economic status of the country.

5.2 Thematic Goal

The goal of this thematic focus is to promote the survival and improve the quality of life of PLHIV and people affected by HIV/AIDS especially OVC.

5.3 Thematic Objectives

The objectives are to:

Promote access to gender sensitive continuum of integrated comprehensive care, treatment, counselling, clinical and home-based care and community support;

Improve access to gender sensitive information, social and economic opportunities for PLHIV and PABA

Establish and strengthen gender-sensitive referral and coordination systems that link hospital services for PLHIV to community-based care in the context of an integrated, complementary and sustainable approach.

Ensure the protection, care and empowerment of orphans and vulnerable children.

5.4 Policy Statements

A. Persons Living with HIV/AIDS

Government shall:

Ensure universal and sustained access to a continuum of gender-sensitive information and care including palliative care, ART and nutritional support.

Ensure that PLHIV, including MARPS living with HIV and AIDS, access appropriate and adequate information about location and availability of health services.

Ensure that HIV-positive women access information that enables decision-making regarding pregnancy, child birth, and infant feeding.

Link care and support programmes to poverty alleviation and other development initiatives to promote self-help among PLHIV.

Adopt special measures that ensure equitable access to HIV/AIDS prevention, treatment, and care by marginalised persons, including women, young persons and physically challenged persons who are infected.

Establish, strengthen and sustain wide network of gender sensitive referral systems linking community based services to health facilities.

Ensure the accessibility of PLHIV, including MARPS living with HIV and AIDS, to appropriate and adequate information on available economic and development opportunities, and the location of related services.

Deliberate target PLHIV, including MARPs living with HIV and AIDS, with poverty reduction, social protection and other development initiatives; ensure

economic empowerment and equitable participation of PLHIV, including MARPs living with HIV and AIDS, in national development by linking HIV/AIDS activities to development initiatives including poverty alleviation programmes.

Adopt affirmative approaches to ensure that HIV-positive women and other MARPs living with HIV, young people and physically challenged persons have access to economic empowerment initiatives.

Facilitate greater involvement of PLHIV in HIV/AIDS prevention, care and support efforts.

Promote support groups and encourage positive living among PLHWA to protect them from re-infection, avoid risk to others and curb wilful spread of the virus.

Ensure that PLHIV, including MARPs living with HIV and AIDS, are protected from all forms of violence.

Ensure meaningful participation of PLHIV in community discussion, decision-taking, action and evaluation.

Ensure the availability of relevant support services, including psychosocial and spiritual services, to PLHIV.

Ensure that relevant legal protection is available to people living with HIV.

B. Persons Affected by HIV/AIDS

Government commits to:

Ensure that PABA have equitable access to appropriate and adequate information on available economic and development opportunities and services.

Ensure participation and economic empowerment of PABA by linking HIV/AIDS activities to development initiatives including poverty alleviation programmes.

Enact, disseminate and enforce legislations to protect PABA, particularly vulnerable groups such as widows, against human rights abuse including exploitation, discrimination, and loss of inheritance.

Facilitate greater involvement of PABA in HIV/AIDS treatment, care and support efforts.

Promote the active participation of PABA in support groups.

Ensure the availability of relevant support services, including psychosocial and spiritual services, to PABA.

C. Orphans and Vulnerable Children

Children and young persons, particularly orphans and vulnerable children, are especially susceptible to HIV/AIDS infection and its impact. In response to these challenges, government undertakes to;

Enact, disseminate and enforce legislations to protect orphans and vulnerable children against abuse including sexual abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

Ensure gender sensitive access to food, shelter, healthcare, clothing and education, and psycho-social support for OVC.

Strengthen economic capacity of households and care givers and support community-based initiatives by various categories of development partners, including non-governmental organisations, community- and faith-based organisations, women-led associations and the private sector, to mitigate impact on OVC.

Establish gender-responsive coordinating mechanisms and build capacity of states, local governments and other stakeholders to leverage resources to support gender-sensitive community initiatives.

Ensure the availability of relevant support services, including psychosocial and spiritual services, to PLHIV.

6. INSTITUTIONAL ARCHITECTURE AND RESOURCING

6.1 Rationale

Despite achievements towards control of HIV/AIDS the epidemic continues to pose a significant challenge to national development. While the response has experienced increased inflow of resources from government and development partners significant funding and resource gaps still exists. Also, the national response is largely donor dependent and for most part, donor driven. At the state level, political commitment is generally weak as, any states have recently provided no financial allocation to HIV/AIDS activities, outside of the counterpart funding to access the World Bank MAP funds. Many several federal agencies are also solely dependent on World Bank funds for their HIV/AIDS programs. With the international financial meltdown signaling potential reduction in financial contributions by development partners, governments and citizens at all levels need to own and assume responsibility for scaling up and sustaining HIV/AIDS response. These realities compel urgent review and realignment of the institutional framework, coordination mechanisms and resources issues for the national response.

Besides financial resources and physical infrastructure, availability and capability of human resources are pivotal to sustainability of HIV/AIDS response. Although it is generally agreed that Nigeria has a good supply of health professionals, compared with other countries in the sub-region, there are wide regional disparities and the vast majority are based in urban areas. It is also true that the HIV/AIDS epidemic has significantly increased pressures on health care delivery systems that are already overstretched. While, in general, the numerous strands of human resource needs of the national HIV/AIDS are appropriately addressed within thematic areas response some themes of the human resource required to ensure a sustainable response are generic as well as cross-cutting.

6. Thematic Goal

The goal of the thematic focus is to **s**trengthen structures and systems for the coordination of a sustainable and gender-sensitive multi-sectoral HIV/AIDS response in Nigeria.

6.3 Thematic Objectives

The objectives are to:

Support improved resource mobilisation, management and accountability at all levels within the national response;

Clarify the roles and responsibilities of key players to optimise comparative advantages of stakeholders and forge synergies to strengthen the national response;

Facilitate strengthened coordination at all levels and components of the multi-sectoral national response.

6.4 Policy Statements

A. Coordinating Structure at National Level

The National Agency for the Control of AIDS (NACA) is mandated to provide leadership and coordinate the national response. Its functions include but are not limited to the following:

Facilitate and coordinate activities of various sectors in the National Response Strategic Framework;

Facilitate engagement of all tiers of government and all sectors on all HIV/AIDS-related issues;

Advocate mainstreaming of HIV/AIDS interventions into all sectors of society;

Support HIV/AIDS research;

Mobilise resources and coordinate equitable application for HIV/AIDS activities;

Provide and coordinate linkages and collaboration with the global community on HIV/AIDS;

Monitor and evaluate all HIV/AIDS activities in the country;

Facilitate the development and implementation of the policies and strategies of all sectors to leverage human, financial and organisational resources to support successful execution of national HIV/AIDS response;

Develop and strengthen human capacity for effective management of national response;

Perform such functions as may, from time to time be assigned to it by the Government; and

Ensure that membership of advisory bodies of the national, state and local coordinating entities shall reflect multi-sector and broad representations of stakeholders such that at least 30% are women.

Government through NACA undertakes to ensure the following:

Strengthen management capacity of NACA to provide effective leadership of the national response;

Establish and sustain relationships with public sector institutions including SACAs, LACAs, civil society organisations including NGO, FBO and community organisations, private sector and development partners;

Strengthen and sustain coordination arrangements among implementing institutions at all levels;

Establish and support appropriate interaction and coordinating platforms between NACA and SACA and between NACA and stakeholder groups; and

Align, harmonise and strengthen collaboration and reporting relationships between National Planning Commission, development partners, SACA and NACA.

B. National Level Resource Mobilisation and Sustainability

Government, through NACA, undertakes to do the following:

Expand and diversify resource mobilisation options for the national response;

Develop and sustain robust private-public partnership to leverage local and international resources for programme sustainability;

Strengthen state institutions and non-state stakeholders' capacity to forge and sustain partnerships to leverage local and international resources;

Provide direct funding of programme and reduce administrative bottlenecks in resource allocation;

Develop options for leveraging greater resources and responsibility by federal, states and local governments including the establishment of HIV/AIDS Tax or Derivation Fund;

Mobilise extra resources for the national response from external resources and through partnership with multilateral and bilateral agencies;

Strengthen human resource capacity at all levels to leverage and effectively manage resources for service delivery;

Establish and maintain transparent and accountable financial and programme management systems that is able to effectively track resources allocation and utilisation at all levels and covering all stakeholders in the national response; and

Support development of local capacity to manufacture ARV and other consumables for HIV/AIDS services.

C. State Level Coordination System and Resourcing

State Governments at their levels shall:

Provide leadership and strong ownership of the HIV/AIDS prevention and control programme;

Establish, support and sustain states agencies and local council coordinating entities through provision of relevant legislative and legal framework, and adequate human, material and financial resources, among others;

Devise their own strategies and develop programmes to effectively address the HIV challenge keeping the national objectives in view;

Provide direct funding of programme and reduce administrative bottlenecks in resource allocation;

Mobilise extra resources for state programmes through partnership with other development partners, including private enterprises and international development organisations;

Establish and maintain transparent and accountable financial and programme management systems that is able to effectively track resource allocation and utilisation within their area of jurisdiction; and

Support local government councils through LACA to develop and implement strategic plans for control of HIV/AIDS.

7. HUMAN RIGHTS AND LEGAL ISSUES

7.1 Rationale

Despite compelling evidence that reducing stigma, protecting human rights and promoting greater involvement of PLHIV advance HIV/AIDS control, Nigeria's achievements in this regard remain slow and hesitant. More than two decades after the identification of the first case of HIV in Nigeria, violations of human rights of persons infected and affected is still rampant and stigma remains pernicious and pervasive. This situation is compounded by attitudes and practices discriminate against widows and Children orphaned by AIDS and other MARPs. Furthermore, current approach of the national response appears to accentuate the differential access to information, services and participation by marginalised sections of the population. The epidemic trends and trajectory compels policy shifts to address the disproportional incidence and impact of HIV/AIDS on Nigerian women, girls, young people, physically challenged persons, drug users, prisoners and persons engaged in transactional sex or same sex relationships.

7.2 Thematic Goal

The goal of this thematic focus is to protect the rights of PLHIV and PABA and empower them as well as other HIV vulnerable or marginalised groups so as to reduce their social, cultural, legal and socio-economic vulnerability and ensure their full participation in the national HIV/AIDS response and development initiatives.

7.3 Thematic Objectives

The objectives are to:

Protect the rights, empower and facilitate greater participation of persons living with HIV and AIDS; and

Protect women, children and other socially vulnerable and marginalised groups from HIV infection.

7.4 Policy Statements

A. Promotion and Protection of the Rights and Empowerment of PLHIV

In fulfillment of its constitutional obligations and in response to its commitments under numerous international declarations and conventions, government shall protect the rights and dignity of persons living with HIV/AIDS by creating a conducive legal, political, economic, social and cultural environment for full expression of such rights.

Therefore, under this Policy government shall:

Enact and enforce laws against discrimination and promote measures to reduce stigma against PLHIV;

Ensure that HIV status, suspected or actual is not grounds for denial of employment and access to social services including housing, health, and education;

Ensure that mandatory HIV testing is not a prerequisite for employment or school enrolment;

Health workers and other persons working with PLHIV must conform to highest ethical standards of patient/client-service provider relationship and ensure confidentiality regarding the HIV status of their clients or patients;

Support gender-sensitive participation of PLHIV in all decision-making on the design, implementation of HIV programmes at all levels;

Ensure that sector policy-makers, in both public and private sectors establish gender-responsive workplace policies and programmes to address stigma and discrimination;

Support PLHIV whose rights are infringed to access independent and speedy administrative or legal redress; and

Support intensive community based advocacy, gender-sensitive support systems and services at family, community and national levels to promote disclosure of HIV sero-status.

B. Protection, Participation and Empowerment of Vulnerable Populations

Women, Girls and HIV/AIDS

Nigerian women and girls are disempowered by social, cultural, economic and legal factors which deny them the right to autonomous decision-making in sexual and reproductive matters. As a result, they are vulnerable to physical and sexual abuse. Also a high proportion being illiterate and poor, many women are often unaware of or powerless to exercise their rights. These factors and the gender-insensitive manner in which many HIV/AIDS programmes are currently implemented combine to create differentials in three critical areas: access to information, access to services and denial of participation in decision making and programme activities.

In response governments at all levels through this Policy shall:

Ensure that women and girls, regardless of marital or HIV status, have equal access to culturally appropriate, gender-sensitive youth-friendly HIV/AIDS and reproductive health information and services;

Reinforce and enforce legal measures to deter rape, violence against women and sexual harassment of girls;

Enact and enforce laws, domesticate international conventions that advance the social, cultural and economic rights of women and girls;

Support traditional and religious institutions to eliminate harmful traditional practices against women;

Support gender-sensitive integrated prevention, care, and support programmes linked with girl education, employment and poverty alleviation programmes; and

Promote gender sensitive family life education for in school and out-of-school young persons to empower girls as well as boys to protect themselves from HIV infection or live positively with HIV/AIDS if infected.

Protecting Children and Young People against HIV/AIDS

Young persons aged 19-25 years; particularly females have the highest incidence of new HIV/AIDS infections. Besides, children, particularly orphans, vulnerable children and girls are at grave risk of HIV infection from sexual abuse. Children below the age of 15 years present opportunities for the national response because health seeking behaviour imbibed early in life makes them effective promoters of HIV/AIDS prevention. Overall, it is evident that current epidemiological trends compel intensive scale up of prevention interventions targeting young people.

In response to these challenges, 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, governments at federal, state and local councils shall:

Review and modify national policies and programmes with the view to

reducing the vulnerability of young people to HIV/AIDS;

Expand access to gender-sensitive, age and culturally appropriate youth-friendly HIV/AIDS, STI and reproductive health information and services;

Expand prevention programmes targeting children aged 414 years (Window of Hope Period) to reduce future risky sexual behaviour;

Integrate HIV and AIDS education into the curricula of formal schools beginning at the primary level and support school-based and support out-of-school family life education programmes;

Improve access of out-of-school youths in both urban and rural areas to prevention and other relevant HIV/AIDS-related services through organisations, youth clubs, tertiary educational institutions, faith based groups, work place programmes and customised programmes for most-at- risk- young people;

Expand access of young people to youth-friendly facilities that provide prevention, HCT and care, treatment and support services;

Establish and sustain functional linkages between HIV/AIDS programmes and employment and poverty reduction initiatives**;**

Intensify prevention programmes targeting tertiary institutions and out- of-school youths; and

Support traditional and faith based institutions to invigorate family and moral values and inculcate fidelity, abstinence and delay sexual debut among young people.

Physically Challenged Persons and HIV/AIDS Vulnerability

Physically challenged people are vulnerable to HIV infection because they rarely have access to formal education and are often denied participation. Yet lacking education, employment and economic opportunities, many engage in risky sexual behavior and are subjected to sexual abuse.

Government, through this Policy, undertakes to do the following:

Ensure that physically challenged persons have access to appropriate and customised gender-sensitive HIV/AIDS and reproductive health information and services; and

Protect and enforce human rights of physically challenged people and ensure their participation in all decision-making processes and structures.

Vulnerability of Poor People to HIV/AIDS

Poverty is a critical determinant of vulnerability to HIV/AIDS. The vast majority of poor Nigerians who lack employment and support are at risk from risky sexual behavior. Furthermore, they lack financial and physical access to HIV/AIDS prevention information, care and treatment services.

Government, through this Policy undertakes to:

Ensure equitable access to HIV/AIDS prevention information and services by poor people in urban, rural and hard-to-reach areas;

Provide sustainable prevention, care, treatment and support that are financially and physically accessible to poor people who are infected by HIV, including PMCTC services;

Promote public-private partnerships including collaboration with CSOs to expand prevention, care, ART and OI treatment services to the poor and expand service coverage to rural and hard-to-reach migrant, refugee and nomadic populations; and

Mainstream HIV/AIDS prevention strategies into poverty reduction interventions in all sectors.

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People Engaged in Transactional Sex

Although Nigeria's epidemic is generalised, persons engaged in transactional sex, in particular females, still constitute a critical most-atrisk group which requires intensified HIV/AIDS prevention interventions.

Government, through this Policy commits to:

Support access to confidential and considerate reproductive health, HIV/AIDS/STIs prevention information and services by persons engaged in transactional sex;

Support widespread availability and accessibility of female and male condoms;

Ensure that sex workers living with HIV/AIDS have access to care, support and treatment including anti-retroviral and opportunistic infections medications; and

Support skills acquisition and economic empowerment of people engaged in transactional sex to enable them assume responsibility for protecting themselves and their clients.

Men who have Sex with Men

There are strong cultural taboos against same-sex sexual relations which drive the practice underground. Thus due to prevailing attitudes, the national response remains silent about this most-at-risk group, particularly, men who have sex with men. Yet failure to address their sexual behaviour through appropriate reproductive health and HIV/AIDS interventions endanger the public since in the Nigeria environment many MSM also engage in opposite sex relationships.

Government shall:

Ensure that MSM have access to full range of integrated HIV and STI prevention, HCT, treatment, care and support.

Injecting Drug Users

The use of contaminated needles among injecting drug users is one of the most efficient ways of transmitting HIV; thus, HIV spread through injecting drug users is among the most explosive. Many drug users often have multiple risks, including higher-risk sexual behaviours including sex work and multiple sexual partners. Unmet challenges/issues related to illegality of drug use and of harm reduction programmes can drive drug users away from services and/or into prisons and fuel the spread of HIV.

Government, through this Policy commits to:

Increase access of drug users to full range of harm reduction measures and to service providers offering treatment for drug dependence, sexually transmitted infections, AIDS and tuberculosis;

Train relevant health and other service providers to increase familiarity with and effective work with injecting drug users;

Expand the access of sexual partners of injecting drug users to HIV prevention, antiretroviral treatment and care services, including post-exposure prophylaxis;

Provide targeted reproductive health and prevention of mother-to-child transmission services to respond to the needs of women injecting drug users and women partners of injecting drug users and;

Create safe virtual or physical spaces (for example telephone hotlines, or drop-in centres, respectively) for injecting drug users to seek information and referrals for care and support.

Prisoners

Prisoners need to be empowered to make informed sexual health decisions because they are at high risk of HIV infection arising from abusive sex within their prison environment.

Government, through this Policy, commits to:

Ensure that prisoners and prison staff have access to HIV/AIDS prevention information, education, HCT, treatment, care and support;

Provide capacity and resources to all correction institutions to protect inmates from rape, sexual violence and coercive sex and provide timely access to post-exposure prophylaxis to victims of rape and sexual violence;

Ensure separation of juvenile offenders from adult prisoners to protect them from abuse

8. MONITORING AND EVALUATION

8.1 Rationale

Monitoring and Evaluation (M & E) constitute a cornerstone of evidence-based planning and decision-making for all components of HIV/AIDS programmes; they are essential for guiding future strategies and interventions as well as informing new policies, strategies and plans. Data generated through M & E activities are critical for tracking the progression of the epidemics, assessing the status of response efforts, and documenting gaps, needs and results of interventions. To achieve maximal benefit from the national M & E plan, which is an element of the "Three Ones" principle, and to build on past gains such as the development of Nigeria National Response Information Management System (NNRIMS), it is critical to further strengthen M & E infrastructure, framework and related activities at every level, including dissemination and use of information in HIV/AIDS programming.

8.2 Thematic Goal

The goal of the thematic focus is to strengthen and embed a sustainable systems-based approach to delivering a cost-effective, multi-dimensional monitoring and evaluation system which supports the continuous improvement of the national response.

8.3 Thematic Objectives

The objectives are to:

Harmonise and strengthen the use of the national monitoring and evaluation framework for the national response;

Strengthen institutional and human capacity for monitoring and evaluation;

Promote timely dissemination of monitoring and evaluation results and their use in programme management; and

Promote and support evidence-based approach in HIV/AIDS interventions.

8.4 Policy Statements

In line with her commitments to the "Three Ones" principle, the government shall continuously promote the use of one national monitoring and evaluation plan in the national response.

The government is committed to the implementation of a comprehensive and responsive national HIV monitoring and evaluation framework to assess the success of the HIV response and shall commit and mobilise adequate resources

to support relevant activities, including public health surveillance, surveys, and HIV expenditure tracking on a regular basis

Human and material resources to effectively manage and coordinate the national M&E system and its activities shall continuously be strengthened

The government is committed to establish and maintain a network of organisations/partners and all stakeholders involved in HIV and AIDS response at national, sub-national and service delivery levels.

Data generated from national M & E activities and related national studies shall be widely disseminated to all tiers of government, all sectors, development partners and the general public to promote their use for policy-making and programming

Mechanisms for quality assurance and continuous data quality improvement shall be established by the government

The Federal Government, through NACA, shall actively advocate that a minimum of eight percent (8%) of the HIV/AIDS programme budget of all institutions engaged in the implementation of HIV/AIDS activities be committed to monitoring and evaluation activities in line with the recommendation of the international M & E Reference Group

The Federal Government, through NACA, is committed to regular updating and dissemination of strategic information, and the implementation of the national HIV M & E plan, supporting states to develop and monitor the implementation of state-specific HIV M & E plans, and strengthening HIV databases at national and state levels

The Federal Government, through the collaboration of NACA and other relevant agencies, shall develop a core set of Indicators/data that all stakeholders in the national response must submit to NACA on a regular basis, irrespective of whatever agencies and institutions they are also required to submit data to.

Advocacy and communication will be used to develop the culture of monitoring and evaluation and data use by all stakeholders at all levels to ensure transparency and accountability.

9. RESEARCH AND KNOWLEDGE MANAGEMENT

9.1 Rationale

The evolution of the HIV/AIDS epidemic has been intriguing and complex in both its biological and social dimensions. Gaps exist till date not only in the knowledge of the disease but also in terms of intervention; research provides the best tool to address them. Yet, research constitutes perhaps the weakest link in the HIV response in Nigeria as it is accorded low priority by many stakeholders. Existing challenges relating to HIV/AIDS research include gaps in defining national research priorities, funding priority research, coordinating research efforts, and ensuring compliance with ethical standards. Results generated from the largely individually-driven research endeavours, even when such are of national relevance, are often poorly disseminated and hardly used to inform policies, programmes and practices. Overall, to make the national response more effective, it is important that research be conducted locally and the results used to inform policies, practices and other interventions.

9.2 Thematic Goal

The goal of this thematic area is to promote continuous generation and use of nationally-driven, high-quality, scientifically-credible, and ethically-sound evidence to improve the understanding of HIV/AIDS epidemic and to guide HIV/AIDS-related policy, practice and interventions.

9.3 Thematic Objectives

The objectives are to:

Promote the establishment of sustainable framework for defining, funding and implementing national research priorities in HIV/AIDS in the context of multi-sectoral programming;

Promote the conduct of operations research, basic biomedical research and social sciences and economic impact research as relevant to the country's HIV/AIDS response;

Promote the conduct of population-based surveys and special surveys to track the HIV epidemic and behavior trend;

Strengthen the framework for collating and disseminating relevant research findings; and

Promote the use of research findings to strengthen HIV/AIDS-related policy and programmatic interventions.

9.4 Policy Statements

The Federal Government, through NACA and other relevant research institutions, shall encourage and promote biomedical, basic, social and operational research in current and emerging areas of HIV/AIDS and related interventions.

The government shall ensure the availability of adequate resources for funding the coordination and implementation of HIV/AIDS research activities as well as the documentation, archiving of past and ongoing HIV/AIDS related research and dissemination of findings.

The government, through NACA, shall annually identify and publish, based on the best available evidences, a list of national HIV/AIDS research priorities, and widely disseminate such to all stakeholders.

Government agencies, academic and research institutions, and health facilities shall promote the teaching of research ethics in HIV/AIDS training curricula and ensure that all HIV/AIDS related research involving human participants complies with standard ethical and human rights requirements as embodied in national and international guidelines as well as respect national norms and cultural sensitivities.

The government shall promote the accessibility of national survey dataset in an ethical manner to researchers such that further analyses could be undertaken and at the same time ensure the confidentiality with regards to the individual research participant.

10. POLICY IMPLEMENTATION: ROLES AND RESPONSIBILITIES

With the adoption of a multi-sector, multi-tiered approach, management of the national response to HIV/AIDS has become increasingly complex. It is evident that the roles and responsibilities of key actors and other stakeholders at multiple levels should be defined, clarified, aligned to strengthen the national response. This Policy undertakes to define and streamline the roles, responsibilities of and relationships among key state and non-state actors in the national response to reduce duplication, minimise conflict and strengthen coordination for effective service delivery.

10.1 Public Sector

10.1.1 The Office of the President

The Office of the President, through the NACA shall:

Provide political leadership and adequate funding for the national response to HIV/AIDS epidemic.

Ensure strong and sustained political and resource commitment, leadership and accountability by state and local governments.

Support the involvement of all sectors and leverage commitment of local stakeholders and development partners.

10.1.2 National and State Assemblies

Given its powers to enact laws, make appropriations and provide oversight for execution, the Legislatures at national, state and local councils shall:

Provide overall legislative and political support for legal and institutional reforms and enact appropriate laws to facilitate the implementation of this Policy.

Review laws related to population and reproductive health and ensure that required resources are appropriated and released by all tiers of government for HIV/AIDS programmes.

Ratify and domesticate all international instruments for empowerment of marginalised persons including women, children and physically challenged persons.

Provide leadership and mobilise support for HIV/AIDS activities within legislatures and their constituencies at all levels and support CSO in their communities.

Promote policy dialogue and lead advocacy to reduce stigma and eradicate discrimination against PLHIV.

10.1.3 Ministries, Departments and Agencies.

This Policy undertakes to ensure that all Ministries, Departments and Agencies are supported to design, implement, and monitor and evaluate sector specific HIV/AIDS prevention, care and support programmes including workplace policies for their employees. Beyond this, some ministries have specific contributions to the multi-sector non- health response.

In this regard:

A. The Ministry of Finance shall:

Ensure release of budgeted funds as well as accountable and transparent utilisation of funds released to line ministries and other government agencies for HIV/AIDS interventions.

Ensure that government meets its financial obligations towards execution of bilateral and multilateral support for HIV/AIDS.

B. The National Planning Commission shall:

Collaborate with NACA, recipient line ministries and states to coordinate development partners' activities at all levels of the national HIV/AIDS response.

Ensure effective and transparent reporting relationship between development partners and NACA on the one hand and benefiting states and other community stakeholders.

C. The Ministry of Health shall:

Pursue the implementation of health-sector based interventions to prevent the sexual, blood-borne and MTCT of HIV in particular and of sexually transmitted infections in general.

Provide appropriate health facility-based care for persons with HIV-related conditions and AIDS, including counseling and home-based care and support.

Build capacity of health care delivery personnel and strengthen health care delivery systems.

Ensure adequate availability and equitable distribution of healthcare workers, infrastructure, equipment, drugs and other commodities as well as technical materials that will facilitate effective health sector response to HIV and AIDS.

Coordinate the health sector HIV and AIDS response.

D. The Ministry of Education shall:

Involve parents, through Parent-Teacher Associations and other appropriate mechanisms to promote school-based reproductive and HIV/AIDS education.

Strengthen educational curricula at various levels to support HIV prevention and other control approaches

Provide accessible and free youth friendly reproductive health services including HCT related to HIV and STIs control and care to students at all levels of educational system.

Collaborate with all relevant ministries, departments and agencies (MDAs) to develop and strengthen HIV/AIDS/STIs programmes for young people.

Coordinate the educational sector HIV and AIDS response.

E. The Ministry of Justice shall:

Provide assistance for the review and reform of legislation relating to HIV/AIDS and public health.

Generate public interest litigation to protect rights of PLHIV.

Prepare legislation on reproductive health, HIV/AIDS and related matters as approved by Cabinet.

F. The Ministry for Women Affairs and Social Development shall:

Establish criteria and standards of care for support to families and care givers of orphans and vulnerable children access needed support.

Develop programmes and mechanisms for the provision of welfare support to address the basic needs of OVC.

Develop and implement AIDS prevention programmes for relevant groups within the Ministry's purview, for example, women, girls, in-school and out-of-school youth, and orphans.

Develop, and sustain a comprehensive multi sector coordination and collaboration platform to address factors responsible for women's differential vulnerability to HIV infection.

G. The Ministry for Youth Development shall:

Mainstream HIV/AIDS control activities into all areas of youth-related programmes under the purview of the Ministry.

Develop and implement AIDS prevention programmes for youths using facilities established by the Ministries such as youth centres as well as through the mechanism of her parastatals such as the National Youth Service Corp.

Develop capacities of youths to develop and implement HIV/AIDS-related programme.

Develop programmes that address factors that contribute to the vulnerability of young people to HIV using multi-dimensional approaches, including communication approaches, development of life and livelihood skills, and provision of gender-sensitive recreational and counselling services through youth centres.

Collaborate with all relevant MDAs to develop and strengthen HIV/AIDS/STIs programmes for young people.

10.2. Media

The media shall:

Provide sustained accurate and culturally appropriate information, enlightenment and education to general public on HIV/AIDS.

Report and project challenges and responses by sectors and stakeholders in control of HIV/AIDS.

Disseminate scientific publications epidemiological, research and surveillance publications in user-friendly formats to promote safe practices by public

Investigate, accurately document and widely disseminate information on the performance of governments, MDAs, CSOs, international development organisations and other development partners vis-à-vis HIV activities and regularly report on the trend in the national response and the implementation of this policy, highlighting both successes and challenges.

10.3. Civil Society

10.3.1 Non-Governmental Organisations

With respect to the involvement of Non-governmental organisations in the national response, the government shall:

Enhance collaboration between governments and NGOs and ensure their representation in advisory bodies of national state and local HIV/AIDS agencies and structures.

Expand and strengthen CSO participation in prevention, care and support of PLHIV and OVC interventions.

Strengthen capacity of women and youth focused organisations to engage in community level programmes.

Encourage networking and facilitate coordination arrangements among NGOs to avoid duplication and increase national coverage of programmes/ NGO.

10.3.2 Faith-Based Organisations

Faith-Based Organisations shall:

Integrate messages and information about abstinence, prevention, care and support into activities and promote family and moral values.

Advocate for care and support of PLHIV, OVC and vulnerable groups including children and widows and promote stigma and discrimination reduction.

Advocate the rights of women and eliminate harmful practices against women.

Partner with government and other development partners in developing and implementing HIV programmes.

Encourage members of faith communities to actively participate in government initiatives on HIV control and to seek care from orthodox health services in timely manner as relevant to their health status.

10.3.3 Traditional and Religious Leaders

As custodians of culture and gatekeepers of behavior in communities, traditions and religion shall:

Provide leadership to eliminate negative cultural practices which increases the vulnerability of women and girls STIs and HIV/AIDS and STIs.

Support HIV/AIDS programmes in their community and advocate reduction of stigma and discrimination against HIV infected and affected persons.

Uphold, promote and mobilise communities to disseminate cherished traditional values such as fidelity, delay of sexual debut and abstinence and support families to inculcate same in children and young people.

Facilitate inclusion and participation in community dialogues and action.

10.4 Private Sector Organisations and Enterprises

Private Sector Organisations and Enterprises shall:

Develop workplace policies and implement prevention, care and support HIV/AIDS programmes for workforce.

Support related communities and constituents to develop and implement programmes as corporate social responsibility.

Support and leverage local and international private sector competencies, financial and other resources to strengthen the national response.

10.5 International Development Partners

Development Partners shall:

Support NACA as the focal agency for the national response and strengthen capacity of governments at all levels to effectively implement the national response.

Strengthen local and international resource mobilisation and build technical and institutional capacity to sustain effective and efficient national response.

Ensure that their contributions are within and aligned with the national response.

Collaborate with NACA to ensure equitable coverage of services and establish partnership platforms , systems, and instruments to strengthen the integrity, credibility, transparency and accountability of national response

10.6 Rights, Roles and Responsibilities of People Living with HIV and AIDS

10.6.1 Rights of PLHIV:

The rights of all PLHIV include:

Access to prevention, treatment, care and support interventions;

Freedom from discrimination and stigma;

Equitable access to economic and development opportunities, including education and employment, and rights to participate in national development initiatives; and

Rights to participate in the design and implementation of HIV/AIDS-related policies and programmes

10.6.2 Roles of PLHIV in national response:

Development and implementation of innovative HIV/AIDS prevention, care and support projects and activities, in line with the priorities articulated in this national policy and national strategic plan.

Mobilise communities for HIV/AIDS prevention and care activities.

Advocate for appropriate legislation and services to protect and promote their rights.

Advocate for the involvement of various sectors of government, leaders at national, state and community levels in HIV/AIDS prevention and care.

Establish support groups to facilitate easy and equitable access of their members to care and support.