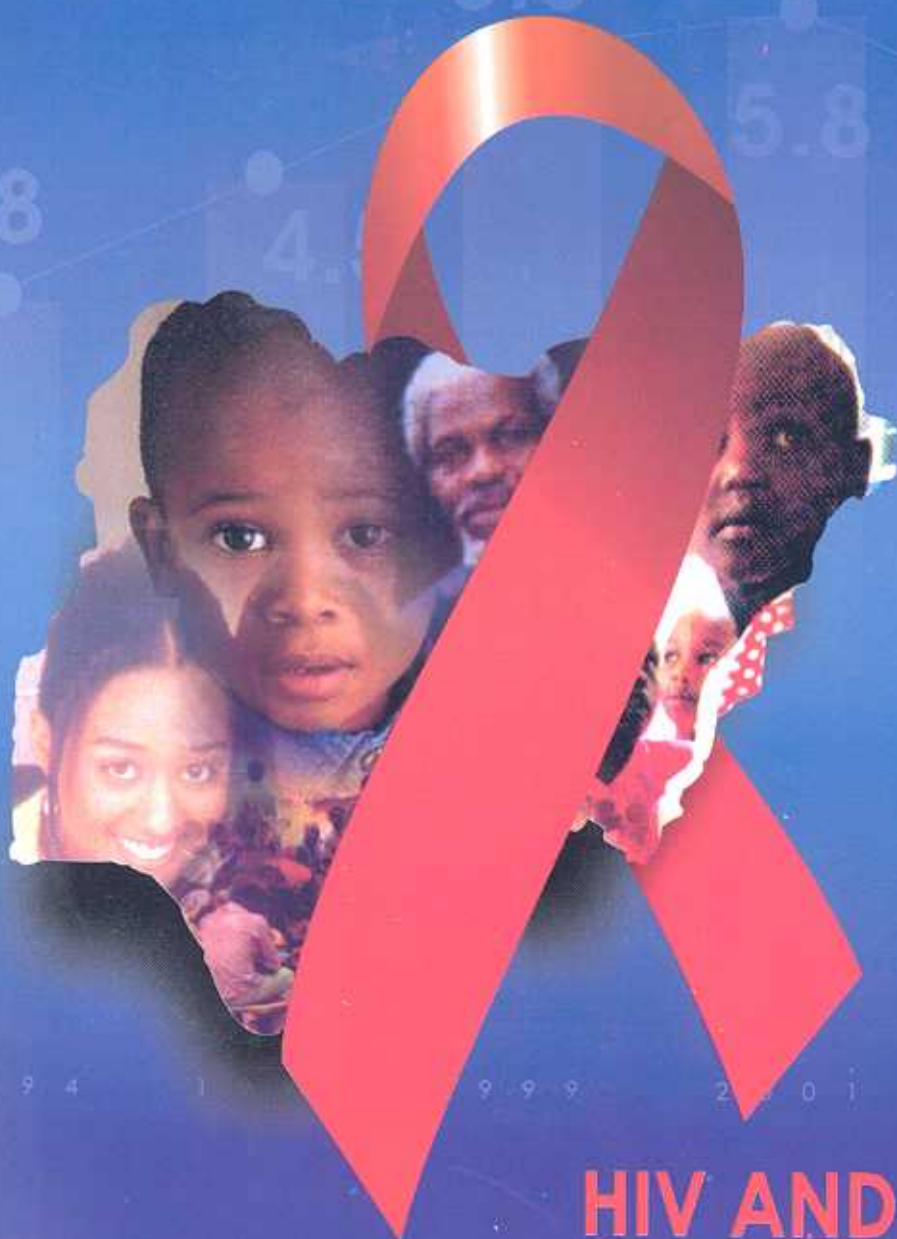


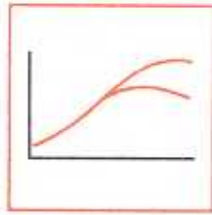


HUMAN DEVELOPMENT REPORT

**NIGERIA
2004**



HIV AND AIDS:
A CHALLENGE TO SUSTAINABLE
HUMAN DEVELOPMENT



HIV and AIDS: A Challenge to Sustainable Human Development

The analysis and policy recommendations of this report do not necessarily reflect the views of the United Nations Development Programme, its Executive Board or its Member States. The Report is an independent publication commissioned by UNDP Nigeria. It is the fruit of a collaborative effort by a team of eminent consultants and advisors.

Foreword

This report takes an in-depth look at HIV and AIDS in Nigeria and its effect on the dimensions of human development including the capacity for people to lead long and healthy lives, to be knowledgeable and to have a decent standard of living. The Millennium Development Goals address vital aspects of human development in relation to eradicating extreme poverty and hunger; achieving universal primary education; gender equality and women's empowerment; reducing childhood mortality; improving maternal health; combating HIV and AIDS, malaria and other diseases and ensuring environmental sustainability. HIV and AIDS has begun to take a definite toll on human development in Nigeria exacerbating the problems of poverty, malnutrition, low educational attainment, and gender disparities, which threaten the attainment of the MDGs.

The HIV and AIDS epidemic is a world-wide phenomenon, however, sub-Saharan Africa with only 10% of the world's population has over two thirds of the people living with HIV (25 million people). It is estimated that 3.2 to 3.8 million people are living with HIV in Nigeria, which implies that 1 in 7 African living with HIV is a Nigerian. On the whole, although the overall percentage of adults infected seems to have remained stable over the last few years the number of people living with HIV is still growing. The poor, women and children bear the brunt of the disease, which affects health, productivity and incomes thus exacerbating poverty. In sub-Saharan Africa, 57% of adults infected are women and 75% of the young people infected are women and girls.

Based on the available literature on HIV and AIDS in Nigeria, this report finds that there is a generalized epidemic. This means that HIV is spreading throughout the general population rather than being confined to populations at higher risk, such as sex workers and their clients, men who have sex with men and injecting drug users. There are large regional variations in HIV prevalence with an alarming

increase in prevalence in formerly low prevalence areas. The report notes that while the primary effects of the disease are devastating to the individual, family and nation, the secondary effects of the disease are equally important including the needs of millions of orphans requiring care and support from ageing relations. Children represent the future, lack of attention to quality healthcare and education imperils the future growth of the nation. The stigma associated with people living with HIV and AIDS and those affected by AIDS leads to further isolation and mental hardship. Losses in productivity created by deaths and illnesses associated with HIV and AIDS can result in slowing down of growth and other development objectives.

Nigeria is a signatory to the Millennium Declaration as well as other international commitments including the Declaration of Commitment adopted at the UN General Assembly Special Session on HIV and AIDS (UNGASS) in 2001 which articulate measurable goals and targets to reverse the epidemic, including targets in several key areas, and call for resources commensurate with the challenge and specified follow-up at national regional, and global levels. This report has examined both achievements and constraints to the country's response to HIV and AIDS and come up with powerful recommendations on what needs to be done, offering concrete policy messages that promote a comprehensive approach and mobilize actors and institutions well beyond the health sector. The scale of the problem demands a stepped up campaign to prevent infection and a much more concerted effort at the three tiers of government with concrete action at the community, household and individual levels to promote prevention as well as care and support of those infected and affected by the virus.

The report highlights issues to be taken into account in promoting a sustained proactive multi-sectoral approach towards prevention and mitigation of HIV and AIDS, to stop and begin

to reverse its impacts on human development in Nigeria. Key areas of intervention include integration of HIV and AIDS programs into the strategic plans of all sectors; promotion of voluntary counseling and testing as a gateway to care and support and reduction of stigma and discrimination; expansion of access to treatment; capacity building for the large number of community-based and non-governmental organizations involved in HIV and AIDS programmes; dealing with social stigma and the violation of human rights; empowering women to negotiate safe sex and encouraging the use of condoms; promotion of community-oriented and home based care and social support systems; harnessing the contribution of the private sector; the establishment of effective monitoring and evaluation of HIV and AIDS programmes; dissemination of best practices from existing interventions and more in-depth studies on the drivers and socio-economic impact of HIV and AIDS at the state and regional levels.

In 2004, UNAIDS, the United Kingdom and the United States co-hosted a high-level meeting at which key donors reaffirmed their commitment

to strengthening national AIDS responses led by the affected countries themselves. They endorsed the "Three Ones" principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. The principles for the coordination of national AIDS responses include one agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners, one National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate and one agreed country-level Monitoring and Evaluation System. The UN Country Team in Nigeria coordinates a Thematic Group on HIV and AIDS, a joint effort by the UN system and development partners in Nigeria to support the national response. This National Human Development Report, prepared in collaboration with the UN Theme Group on HIV and AIDS, like its predecessors aims to contribute to this framework of action by providing independent analysis and focusing attention on the broad-based monitoring and evaluation of the progress towards the achievement of internationally agreed goals and targets.

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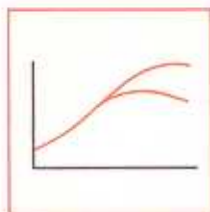
As in the past, the preparation of the National Human Development Report benefited from the input of many individuals, institutions and organizations who provided valuable contributions to ensure the high quality and independent character of the report.

Special acknowledgement should go to Prof. B. Osotimehin and members of the National Action Committee on AIDS (NACA), Prof. Eytayo Lambo (the Minister of Health), Prof. Odeh Ojowu (Chief Economic Advisor to the President), the Permanent Secretary and staff of the National Planning Commission (NPC), the UN Country Team and Representatives, and above all the staff of UNDP for their support and commitment. The steering committee composed of representatives of UNDP, NACA, and two umbrella civil society organizations Civil Society consultative Group of HIV and AIDS in Nigeria (CISGHAN) and Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) reviewed and directed the work of the five contributing authors. The committee included Dr. I. Atta, Chief E. Ativie, Mr. S. Harbor, Dr. J. Landi, Dr. A. Lusigi, Prof. E. Oladipo, Dr. D. Omoweh, Dr. K. Oyegbile, and

Dr. P. Matemilola. The five contributing authors included Dr. W. Daini, Prof. L. Erinosho, Prof. J. Idoko, Dr. A. Ikpeazu, and Dr. M. Lecky. In addition, a number of UNDP Nigeria staff also provided useful comments, suggestions and inputs during the drafting of the report.

The report also benefited from the perceptive comments on the draft report provided from members of the UN expanded Theme Group on HIV and AIDS including J. Miller (World Bank), E. Eghobamien (CIDA), W. Odutolu (AIDS Prevention Initiative Nigeria), and R. Aderinoye (UNICEF). The Human Development Network of leading academics and development practitioners in Nigeria also provided useful comments on the draft report including Dr. K. Garba, HRH Dr. H. N. Yahaya and Dr. S. Osho,

The insightful comments from international reviewers have also enriched the final document including input from V. Robinson and S. Burd-Sharps. We are also indebted to the editor, P. Edebor, and various readers who did substantial work to ensure that the language of the document makes it accessible to a wide audience.



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
ANC	Ante Natal Care
APIN	AIDS Prevention Initiative in Nigeria
AED	Academy for Educational Development
CACA	Catholic Action Committee on AIDS
C&S	Care & Support
CSW	Commercial Sex Workers
CEDPA	Center for Development and Populations Activities
CSO	Civil Society Organization
CHBC	Community Home Based Care
GiSCGHAN	Civil Society Consultative Group on HIV and AIDS in Nigeria
DFID	Department for International Development
DOTs	Directly Observed Therapy Scheme
FBO	Faith Based Organization
FHI	Family Health International
FGN	Federal Government of Nigeria
FMOH	Federal Ministry of Health
FACA	Family Action Committee on AIDS
GIPA	Greater Involvement of People with AIDS
HIV	Human Immune-deficiency Virus
HAART	Highly Active Anti-retroviral Therapy
LACA	Local Government Action Committee on AIDS
MSM	Men having Sex with Men
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
NACA	National Action Committee on AIDS
NGO	Non-Governmental Organizations
NLC	Nigeria Labour Congress
OVC	Orphans and Vulnerable Children
ORIDs	Other Related Infectious Diseases
OIs	Opportunistic Infections
PLWHA	People Living With HIV and AIDS
PABA	People Affected by AIDS
PCA	Presidential Committee on AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PCP	Pneumocystis Carinii Pneumonia
PHC	Primary Health Care
PID	Pelvic Inflammatory Diseases
STIs	Sexually Transmitted Infections
SM	Syndromic Management
TB	Tuberculosis
TBPT	Tuberculosis Preventive Therapy
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly
UNICEF	United Nations Children Fund
UNAIDS	United Nations Joint Programme on HIV and AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling & Testing

Note on Data

This National Human Development Report on HIV and AIDS relies heavily on Statistics from three major sources: (i) *AIDS Epidemic Update, December 2003*, UNAIDS and WHO; (ii) *Report on the Global HIV/AIDS Epidemic*, July 2002, UNAIDS; and (iii) *Technical Report on the 2003 National HIV Sero-prevalence Sentinel Survey*, April 2004.

The AIDS Epidemic Update, 2003 provides new estimates that show increasing numbers of people living with HIV and AIDS especially in Sub-Saharan Africa as well as Asia and the Pacific, and Eastern Europe and Central Asia. The Update provides *global* and *regional* estimates of (i) the number of people living with HIV and AIDS; (ii) people newly infected with HIV in 2003 and (iii) AIDS deaths in 2003. Out of the estimated 40 million people living with HIV and AIDS, 26.6 million are in Sub-Saharan Africa, which also had 3.2 million of the new infections (5 million globally) and 2.3 million deaths due to AIDS in 2003 (3 million globally).

The 2002 Report on Global HIV and AIDS Epidemic provides the most comprehensive view of the HIV/AIDS epidemic worldwide and includes *global*, *regional* and *country by country* estimates of (i) estimated number of people living with HIV and AIDS; (ii) Children orphaned by AIDS; (iii) AIDS deaths; (iv) HIV prevalence rates; (v) knowledge and behavior indicators. Since the first clinical evidence of HIV and AIDS was reported in 1981, the report estimated that globally, more than 20 million people

drugs by the end of 2001 with an estimated 1.1 million children orphaned by AIDS.

The UNAIDS report notes that prevalence levels should be treated with caution since these do not reflect that actual risk of acquiring the virus. Prevalence rates may be higher in specific age groups, the example is provided of Botswana that had a median prevalence rate of 44.9% among pregnant women between 15-24 years while the median prevalence among older pregnant women between 25-29 years was 55.6%. For Nigeria the continued high prevalence rates among women and youth is major challenge.

The Technical Report on The 2003 National HIV Sero-prevalence Sentinel Survey is the sixth in a series of HIV/Syphilis sero-prevalence surveys that began in 1991 and were conducted in 1993, 1995, 1999 and 2001. The report on the 2003 survey highlights the prevalence of HIV infection among the adult population of 15-49 years using pregnant women attending antenatal clinics in public health facilities in selected sites in all states of the Federation as a proxy. The series of surveys reveal an alarming increase in median prevalence rates from 1.8% in 1991's survey of 9 states to 3.8% in 1993 (17 States), 4.5% in 1995 (21 states), 4.5% in 1999 (36 States and FCT) to 5.8% in 2001 (36 States and FCT). The national median prevalence for the 2003 survey was 5.0%. However, although the national prevalence is perceived to be lower,

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