Combating the HIV/AIDS scourge in Nigeria

The UN-inspired World Aids Day, instituted since 1988, has kept us reminded of the ravaging pandemic just as the frightening figures on its prevalence have continued to engross us both as a health and social problem with devastating consequences for humanity.

For instance, the 2002 Outlook published on the World Aids Day on December 1st, 2002 flashed home the frightening account that 42 million people worldwide are now living with HIV/AIDS, with women accounting for half of all infections, driven partly by an increase in heterosexual transmission of the disease.

In his comments on the report, Peter Piot, Executive Director of the UN HIV/AIDS programme, noted a fundamental departure from previous reports. This year (2002), he warned, ''the face of the epidemic is changing'', especially as ''it's increasingly (becoming) a woman's disease''.

As has become common knowledge, Africa accounts for a disproportionate number of the global total of 70 per cent of those living with the disease the worse hit on the continent being countries of East and Southern Africa where the disease is "locked in a deadly embrace as famine spreads through sub-Saharan Africa'', says the report.

Further highlights of the report indicate that 3.1 million people are expected to die this year (2002), including 1.2 million women and 610,000 children. The report stressed that five million new infections may occur in 2002 alone to add to the already grim statistics.

Nigeria, where the disease was first reported in 1986, has swiftly graduated from the initial stage of denial to the awareness phase. HIV/AIDS is now regarded as a potent national public health threat that threatens to wreak havoc on the nation's delicate demographic balance.

Citing the five Sentinel Surveys conducted in 1991, 1993, 1995, 1999 and 2001, the nation has tracked the national prevalence of the disease, revealing an ever enlarging picture of infections, similar to global patterns patterns.

Thus, while the prevalence rate was 1.8 per cent in 1991, the rate soared in the ten-year period ending in 2001 to 5.8 per cent. Significantly, the largest increases were recorded at 2 per cent point between the 1991 study and that of 1993. Based on these studies, the national median prevalence of HIV has now been put at 5.8 per cent.

This figure puts Nigeria second only to Cote D'Ivoire in HIV prevalence in West Africa. The 2002 UN Aids update also stressed that given its burgeoning population, it places amongst the first four countries with the with the highest figure of HIV infected people (3.5 million people) in the world, behind South Africa (5 million), India (3.9 million) and Ethiopia (2.1 million).

While nobody can claim with exactitude the infection figure, as at June last year 52,962 AIDS cases were reported based on returns received from government health facilities . Taking into account "the incubation period of the disease, the average period of survival, and the prevalence rates of the disease that have occurred up until the end of 2001'', an official report claimed that nearly 850,000 adults and children had died of AIDS by the end of 2001.

Projection of new AIDS cases indicates that by 2004, 500,000 new cases may have been added, comprising 350,000 females and 150,000 males, bringing the corresponding cumulative deaths due to AIDS to about 3.6 million comprising 2.4 million females and 1.4 million males by 2005.

These projected figures portend further misery when the growing number of AIDS orphans (about 2.4 million by 2010), is added, the report showed.

The scary essence of this ominous report was not lost on the Health Minister, Prof A. B. C. Nwosu, who cited the data as "not only a source of useful information, but (also) for advocacy and efficient mobilisation of needed resources from all possible sources''.

HIV/AIDS in Nigeria: An initial Response

Although HIV/AIDS awareness in Nigeria is on the increase and thousands have lost loved ones or associates, mythical stories still abound with some people believing themselves immune to contracting it, safe sex or not. The unchecked proliferation of herbal cure claimants has further removed the urgency of the crisis and encouraged reckless social behaviour.

Initial official response to the pandemic can at best be described as lethargic.

An account in 1999 has it that "although President Ibrahim Babangida had committed N20 million annually beginning in 1991,and had required each of the 30 states and 665 local authorities to spend N1 million and N500, 000 on AIDS programmes each year respectively, not one of these commitments has been fulfilled''.

Besides denial and a lack of committed political response at the outset, the nation also lacked the necessary capacity to deal with the epidemic. These combined to exacerbate the myths surrounding the disease. An international Gallup poll in the early 1980s, for instance, found Nigerians citing kissing, mosquito bites and even sharing a drinking cup with an HIV-infected person as ways by which the disease could be transmitted.

The reality on the ground is that the prevalent mode of HIV/AIDS transmission in Nigeria is through heterosexual sex, mother-to-child transmission (MTCT) and blood transfusions.

While heterosexual sex accounts for between 90 to 95 per cent of all infections, oftentimes exacerbated by the presence of another sexually transmitted disease in either partner, mother-to- child transmission during pregnancy, at birth, or through breastfeeding, account for only between three per cent and 10 per cent of all infections.

Transfusions with infected blood, however, is gaining momentum as a portent means of transmitting HIV, although it still shares a small percentage of total infections figure with such other means as sharing sharp objects like shaving blades or clippers and traditional circumcision.

A seminal report "HIV/AIDS: What it means for Nigeria'' acknowledged that "many conceptions persist in Nigeria about methods of HIV transmission…These myths have led to unwarranted fears and to the stigmatization and eventual isolation of persons living with HIV/AIDS (PLWHA)''.

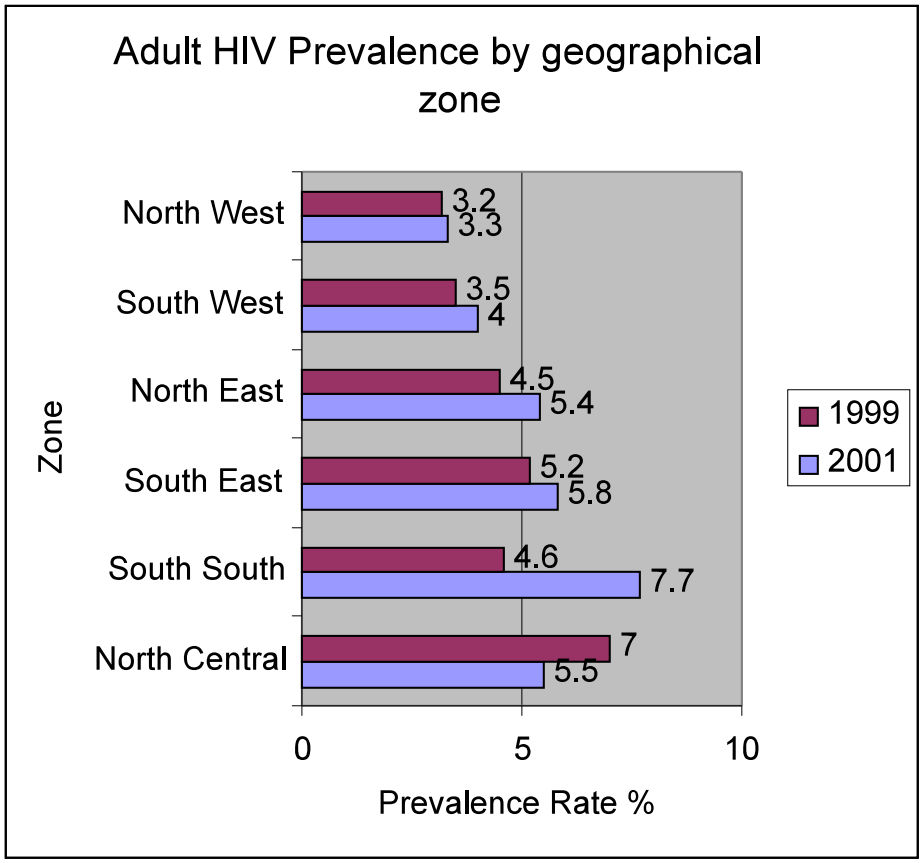
Transmission of HIV

Sexual contact (blood, semen, vaginal fluid)	√	
MTCT (breast milk, childbirth)	√	
Blood transfusion	√	
Unsafe medical practices	√	
Unsterilised equipment	√	
Insect bites		√
Sanitary pads		√
Hugging or touching an HIV-positive person		√
Public toilets		√
Sharing food with an HIV-positive person		√

HIV/AIDS Prevalence in the States

Although HIV is said to have spread more slowly in the country, when compared with other African countries, the 2001 national Sentinel Study revealed that HIV prevalence amongst states in the country varied from zone to zone with the lowest figures found in the Northern parts of the country.

The report asserted that ‘’when comparing prevalence rates with those obtained in 1999, there was a rise in all zones except the North Central zone, which incidentally, had the highest rate in 1999’’.



Put on a continuum of the national highest and lowest, Benue (13.5 per cent), Akwa Ibom (10.7 per cent) and the FCT (10.2 per cent) recorded the highest prevalence rate as against Jigawa (1.8 per cent) and Sokoto (2.8 per cent) at the lower end of the scale.

An analysis of the individual zones would show Ondo (6.7 per cent)in the South West, Kaduna (5.6 per cent) in North Central and, Gombe (8.2 per cent), in the North East as having the highest prevalence rates in their respective zones.

Similarly, while conventional wisdom has tended to ascribe high prevalence rates to urban centres, statistics indicate that HIV infection is also increasing in the rural areas as revealed by the 2001 Sentinel Study

HIV/AIDS and knowledge gap

The most comprehensive empirical study conducted in the country on Nigerians’ awareness of AIDS and perception of risk among Nigerians was carried out in 1999 by the National Population Commission (NPC) based on a sample of 8,199 women and 2,680 men interviewed.

Tagged the "Nigeria Demographic and Health Survey 1999'', the study showed that 74.4 per cent of women and 89.5 per cent of men who said they had heard about HIV/AIDS before, turned out to be those that were more educated, lived in urban centres and were younger than 40 years of age.

Radio, friends and relations were also the most common sources of this information. In addition, the survey found that people in Southern parts of the country were more likely to have heard of the disease more than their compatriots in the Northern parts.
Other findings showed that:

51.8 per cent of women and 43.1 per cent of men among those who had heard of AIDS mentioned being faithful to one partner as a way of avoiding HIV/AIDS. 13.8 per cent of women and 29.4 per cent of men, as another method of avoiding the disease along side abstinence and avoiding commercial sex workers, mentioned use of condoms.

Women (25.7per cent) as against 14.1 per cent of men were more likely to lack knowledge of how to prevent HIV/AIDS

Knowledge of the possibility of mother-to-child transmission was known to 54.3 per cent of women and 46.5 per cent of men

Most women viewed as very remote their possibility of contracting AIDS, with 91 per cent believing the risk of contact as nil. 94.7 per cent of men also believed they were at very minimal risk of getting the disease and only 1.6 per cent admitting to a high possibility.

Condom use was minimal as only 5.1 per cent of women and 14.7 per cent of men surveyed on their sexual behaviour in the 12 months leading up to the study said they used condoms to avoid AIDS.

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In its conclusions, the survey asserted that ''Nigerians seem to be overly confident in their ability to avoid getting AIDS as nearly 95per cent of men and 91per cent of women felt they were at only a low risk of contracting HIV''.

HIV/AIDS: Counting the costs

Given the initial it can't-happen-here official response to the AIDS epidemic, the poor state of health care facilities, coupled with inadequate budgetary expenditures on healthcare due to dwindling government revenue and escalating foreign debt, the socio-economic cost of the epidemic to the nation may soon assume catastrophic proportions.

A recent controversial assessment by the U.S. Government National Intelligence Council (NIC) which painted scenarios of the next wave of HIV/AIDS pandemic amongst the world's most populous countries in the world, cited Nigeria next to Ethiopia to be the hardest hit up to 2010 "with the social and economic impact similar to that in the hardest hit countries in southern and central Africa – decimating key government and business elites, undermining growth, and discouraging foreign investment''.

Summing up on Nigeria, the authors of the report stressed that "given the already advanced state of the disease and government's limited capacity to respond, we expect HIV/AIDS to infect as many as 10 to 15 million people by 2010'', a number that would translate into between 18 to 26 percent of the adult population reflecting current rates in some of the hardest hit countries in southern Africa.

Demographic and Social Impact

The National Demographic and Health Survey indicates that the first visible impact of the epidemic on Nigeria may likely be on life expectancy. It calculates that current life expectancy (without the AIDS epidemic) would be 57 years gradually peaking at 62 by 2015. However, with the AIDS epidemic, life expectancy has already fallen to 51 years this year from 53 in 1990.

Similarly, given the projections of deaths from AIDS from both the National Sentinel report 2001 and the U.S intelligence assessment, it would be logical to assume that the disease would have an impact on the size of the nation's population. The most optimistic assessment to date assumes that the nation would suffer a net decrease of 10 million to its population.

With an estimated one million orphans- that is the number of children under 15 years who had lost either or both of their parents to AIDS- Nigeria is believed to have the highest number of AIDS orphans in the world according to the UNAIDS. This figure is expected to rise to 1.97 million in three years.

A corollary to this is the impact that AIDS would also have on infant mortality.
One account claims that by 2005, about 10 percent of all childhood deaths will be due to AIDS and with possibility of increasing if the nation lagged in its efforts at preventing mother-to-child transmission.

The country's health sector funding is presently precarious and it may cave in to the expected high cost to be triggered by the health needs of a large number of HIV infected persons. Rampant poverty will most likely exacerbate lack of access to necessary antiretroviral drugs because of their high cost, and therefore treatment will, for the foreseeable future, remain at the level of palliative care and treatment of opportunistic diseases.

The U.S. assessment study sees this situation causing some strains and sparking "calls for more financial and technical support from donor countries. It may (also) lead to growing tensions over how to disburse international funds, such as the Global Fund for AIDS, TB and Malaria''.

A situation whereby AIDS patients take over available hospital beds at the expense of patients suffering from other diseases has already been witnessed in some countries and this fear is also real in Nigeria. As AIDS patients, who require a minimum of 15 to 40 days of hospitalisation from diagnosis to death increase and thus literally swamp public health facilities, this may put pressure on the health system and stultify its ability to provide quality service to all.

To cap this, a recent research project concluded that besides the cost of caring for an infected family member, the cost of their funerals was also likely to have a major impact on households in the country, especially given the penchant by some cultures in Nigeria for elaborate funerals.

Economic impact

A five-year project called "The Policy Project'' on the Economic Impact of AIDS in Nigeria, stated that the immediate economic impact can be categorised into two: reduction in labour supply, because the disease afflicts the most productive age groups and with fatal consequences, and Costs – both direct and indirect.

Given the near total dependence of African countries on agriculture, the 2002 UNAIDS update noted that ''when illness strikes, peasants are unable to work the fields, reducing crop yields and worsening the food shortage (in Southern Africa)''.

With 44 per cent of Nigerians being involved in agriculture, the impact of the AIDS on the sector will be adverse, especially from reduced labour supply. The Policy Project quoted some surveys conducted in 17 states of the federation which claimed to have found an average of 8 to 10

cases every week in rural areas, the hub of Nigeria's agriculture and source of labour. It concluded: "given that about 65 per cent of Nigeria's population is rural, the potential impact on agriculture is significant''.

Another area of impact would be on national productivity. Companies would have to bear the brunt of increasing costs when employees report sick due to AIDS or die of it depleting revenue in the process. There is also the additional burden of replacement cost of dead employees or the terminally sick.

In some countries in Southern Africa it is no longer news that some schools had been forced to close because teachers either took ill or died of AIDS.

One account cited the loss of 1,300 teachers in ten months in 1998 in Zimbabwe due to AIDS and also the fact that 10 percent of teachers in Africa were likely to die of the disease in the next five years.

Thus, as the epidemic worsens in Nigeria, the impact on education may result in increased dropout rate to enable children work to compensate for losses occasioned by the death of a family breadwinner. A UNICEF assessment says any increase in the dropout rate will impact on the already low secondary school enrolment that stands at 37 per cent for males and 31.1 cent for females.

HIV/AIDS: Current response /Interventions

The state of activities on the HIV/AIDS epidemic suggests that it has picked up some momentum to qualify Nigeria for the Action stage of the global onslaught against it.

Some milestones have been recorded on the Nigerian front:

In 1999, A Sentinel Survey involving 85 sites nationwide and covering pregnant women between 15 and 49 was deployed to track the epidemic via pregnant women and map out strategies for the rest of the population for a nationwide approximation of HIV prevalence.

Political commitment at the highest level with President Olusegun Obasanjo hosting a major International Conference on HIV/AIDS in 2001 in Abuja during which the UN Secretary General proposed a Global Fund Against Aids, TB and malaria

The Federal government has outlined a HIV/AIDS Emergency Action Plan (HEAP), a three-year US$190 million joint funding between the government, bilateral donors and World Bank IDA credit

The 1997 National Policy on HIV/AIDS and STI has been reviewed. The policy ultimately seeks to " achieve a reduction of HIV/AIDS prevalence to less than 1% of the population by the year 2010.''

Establishment of the Presidential Committee on AIDS and National Action Committee on AIDS (NACA). This has extended to the setting up of States Action Committees on Aids and their local government equivalents.

Establishment of National AIDS and STDs Control Programme (NASCP), which develops guidelines on key interventions. It also supports monitoring and surveillance of the epidemic.

Establishment of a Civil Society Consultative Group on HIV/AIDS Nigeria (CISGHAN) to help with NGO coordination and advocacy on the epidemic.

Establishment of a formal structure – The Armed Forces Programme on AIDS Control (AFPAC) – under the Defence Headquarters. AFPAC and the Ministry of Defence have developed a military HIV/AIDS policy.

Begun television testimonials by leading figures in the country on the need to change high risk social behaviour in the fight against the AIDS epidemic. Nobel Laureate, Prof. Wole Soyinka and the Sultan of Sokoto have already featured.

Put in place an antiretroviral (ARV) drug regime for AIDS patients. Twenty-five sites have already been established across the country, principally at government Teaching Hospitals, where 250 patients in each centre have access to the drugs.

Opened 13 centres nationwide for distribution of ***Nevarapin*** to expectant mothers to check incidence of mother-to-child (MTCT) transmission of the HIV virus.

Nigeria chairs the West African "Corridor Project'' funded by a World Bank grant.

Debt Relief: A panacea?

The U.S Next Wave of HIV/AIDS Study of five of the world's most populous countries, including Nigeria, warned that the countries need "dramatic shifts in priorities'' to control their epidemics by 2010 "because the disease has built up significant momentum, health services are inadequate and the cost of education and treatment will be overwhelming''.

Referring specifically to Nigeria, Dr. David Gordon, one of the authors of the report, said the AIDS epidemic could cause tensions in the country, including weakening her peacekeeping roles on the continent.

Government officials acknowledge these comments but argue that beyond that situation, Nigeria's debt overhang is to blame for the government's diminishing capacity to respond to the humanitarian, social and economic consequences of HIV/AIDS as repayment liabilities had tied resources that would otherwise have gone into HIV/AIDS programmes.

In 2002, the Debt Management Office of the Federal Government put the nation's total indebtedness at US$28.6 billion, which represents about 80 per cent of Gross National Product (GNP) or 186 per cent of export earnings. A report entitled "filling the funding gap'' which makes a case for the conversion of debt payments to combat HIV/AIDS in Nigeria argues that debt repayments were unsustainable and that the nation's income from oil sales should not be used to justify denial of debt cancellation or significant debt reduction.

It argued that for Nigeria to sufficiently finance an expanded and comprehensive HIV/AIDS response, innovative resource mobilisation mechanisms would be required.

Drawing from the provisions of "Debt Relief Enhancement Act 2002'' pending before the US congress, the report proposed the capping of Nigeria's debt service payments to five per cent of its net internal revenues, based on her public health crisis, particularly the HIV/AIDS emergency. The debt sustainability ratio for 2001 and 2002 is 23 per cent and 18 per cent respectively.

The US Act would seek to "establish a five per cent of government revenue threshold for debt service payments in HIPC countries experiencing a public health crisis, which is defined as when 5 per cent of women at prenatal clinics of 20 per cent of individuals in groups with high-risk behaviour, test positive for HIV/AIDS'' according to UNAIDS data.