# NATIONAL AGENCY FOR CONTROL OF AIDS (NACA) AND INTERNATIONAL RESPONSE TO THE SCOURGE OF HIV/AIDS IN NIGERIA, 2000-2010

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**Abstract** - This paper seeks to examine Nigerian National Agency for the control of AIDS (NACA) and International response to the control of HIV/AIDS in Nigeria. The paper adopted the Functionalist theory alongside Liberalism and Idealism but sanchored extensively on functionalism. On the response of HIV/AIDS, Functionalist theory advocated for international corporation of both intergovernmental and non-governmental organisations as the basis for the reduction of the virus. the study adopted secondary source of data i.e. journals, articles, newspapers and policy briefs to discuss the reduction of the pandemic (HIV/AIDS).This paper discovered that although HIV/AIDS is a global threat, especially to developing countries where the prevalence rate is still very high.yet,international governmental and non-governmental organisation have been able to collaborate with National agencies like NACA in Nigeria and respond speedily through diverse initiatives and action plans to curb the spread of the virus .the study therefore recommends greater awareness on testing and early introduction of antiretroviral therapy, proper screening of blood before transfusion, absolute faithfulness among partners .Similarly, sharing of sharp objects like needles, knives and syringes should be avoided at all cost.

**Keywords** - HIV/AIDS virus, intergovernmentalintervention, Anti-Retroviral, Multi-sectoral response.

## I. INTRODUCTION

Acquired immunodeficiency syndrome (AIDS) isa threat to population health in Nigeria; it continues to strain thestruggling health system and reverse many developmental gains of the recent past includingmaternal and under-five mortality rates.
Similarly,Nigeria has enacted a number of laws and policiesto guide the multi-sectoral response to HIV/AIDS through global partnership and NACA. 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 care services. Gender inequalities, poverty and HIV/AIDS-related stigma as well as discrimination also contributed to the continuing spread of the infection. From the foregoing background, the study examined certain initiatives and modalities that were employed by National agency for the control of AIDS towards the reduction of HIV and AIDS in Nigeria, the negative Impact of HIV/AIDS on Nigerian socio-economic and political environment, global response and fund towards combating the epidemic as well as major successes of NACA during our period of study.

## II. LITERATURE REVIEW

Sax,Cohen, Kuritzkes (2010) states that since the epidemic of the virus, there has been over 60 million infected people worldwide and a little over 2 million in the United States of America alone. The virus has resulted with over 20million deaths worldwide and of the remaining over 40 million 95% of them may be living in the developing countries. According to statistics done, almost half of them maybe women and a little over 3 million might be children under the age of 15 years. Of the over 2 million living with the virus in the United States alone, at least half of them might have died due to complications brought by the virus. In one theory it is believed that the disease originated in Haiti and was transported to Africa in the mid-1960s when a large number of Haitians immigrated to Zaire. In another prominent theory, however, it is believed that AIDS originated in Africa by means of a virus similar to HIV, found in the African green monkeys. According to this theory, the precursor virus may have moved from subhuman primates to people relatively recently, or it may have been present in a few resistant carriers from previously isolated tribes for a long time and was just recently transmitted to the cities by migration. There is evidence to support and dispute both theories, however, and it remains uncertain exactly when or how AIDS began in Africa. Although many theories also exist as to where AIDS began in Africa, most evidence points to the theory that it began somewhere in the region of East Central sub-Saharan Africa. Many sources also agree that AIDS probably began closer to the Great Lakes Region since the countries that contain or border these lakes are the countries in which the largest numbers of AIDS patients have been documented to date.
From here, people infected with the HIV virus may have migrated into larger towns and cities located along major highway andwaterway transportation routes. It's a common knowledge that diseases.Poverty, Illiteracy and the nonchalant attitude of some individuals are to some extent also responsible for the spread of the disease. (NACA,2010.)

## III. THEORETICAL FRAMEWORK:

For the sake of this research work Liberalism, Idealism and Functionalism shall be adopted.

**i.Liberalism**

supports civil rights, democracy, secularism, gender, internationalism and the freedoms of speech, the press, religion and markets. Liberals sought and established aconstitutional order that prized important individual freedoms, such as freedom of speech and association; an independentjudiciary and public trial by jury; and the abolition of aristocratic privileges.

**ii. Idealism**

The broad understanding sees idealism as a perennial doctrine or disposition towards world affairs which can be witnessed in all historical periods where independent political communities exist in a condition of anarchy i.e., in the absence of central government.

They emphasized on following Moral Principles

1. Establishment of Supra National Institutions
2. Legal control of wars
3. Establishment of World federation
4. Elimination of Weapons
5. End of totalitarianism
6. Restructuring of international monetary System

This study would however anchor its theoretical framework on

**iii. Functionalism**, Functionalism is a theory of international relations that advocated that cooperation in a non-political context would bring international peace. The global intervention to curb HIV/AIDS pandemic especially in Africa and particularly in Nigeria is made possible by intergovernmental and nongovernmental collaborations. It is important to note that a single state or region cannot contain this global pandemic, the wide spread and havoc to humanity became devastating thereby making it a global scourge that required collaborations from all sectors. Similarly, although NACA was created to coordinate the reduction of HIV/AIDS in Nigeria, it relies heavily on stake holders and partners extensively with other governmental and none governmental organisations to achieve the successes so far.

## IV. GLOBAL RESPONSE TO HIV/AIDS IN NIGERIA

### i. Global fund:

The Global Fund has invested a total of 24 grants in Nigeria since 2003. As at June 2015 a total of US$1.43 billion has been disbursed for HIV (US$545m), malaria (US$708m), TB (US$155m) and Health Systems Strengthening (US$21m) programs. Three HIV/AIDS grants with an overall aim of scaling up gender-sensitive HIV/AIDS prevention, treatment, and care and support interventions for adults and children in Nigeria are managed by three Principal Recipients, the Association for Reproductive and Family Health (ARFH). NACA, which is Nigeria's largest implementer of Global Fund programs for HIV/AIDS, has moved according to the Global Fund's own portfolio risk assessment tool from a risk rating of 2.38 in 2013 to 2.60 in 2015. The Programmatic and Performance, Financial and Fiduciary Management, Health Services and Products categories have been consistently rated as red (high) for the past years. NMEP, which is Nigeria's largest implementer of Global Fund programs for malaria had a risk rating of 2.60 in 2013 and has remained with the same risk profile in 2015. The Programmatic and Performance, Financial and Fiduciary Management, Governance and Oversight categories have also been consistently rated as red for the pastyears. Health Services and Products have been rated as dark red (very high) since 2013.

Similarly, The Global Fund has disbursed more than US$1.4 billion in Nigeria since 2003.

### ii. UNICEF Response to HIV/AIDS in Nigeria

UNICEF Nigeria supports projects in linewith the Children and AIDS campaign i.e.

- Primary Prevention: promoting behavior changein young people for HIV prevention.
- PMTCT: preventing mother to child transmissionof HIV
- Pediatric AIDS: increasing access to antiretroviraltherapy for HIV infected children
- Protection of orphans and vulnerable children HIV/AIDS is a core priority for UNICEF Nigeria andimpacts on most programme work.
- Primary Prevention and promoting behavior change inyouth for HIV prevention
- Prevention of Mother to Child Transmission(PMTCT)
- Provision of equipment and supplies including HIVTest Kits, computers and data managementequipment, TV sets and VCRs.
- Training of health workers in Voluntary Counselingand Testing, Interpersonal
- Communication and HIV and Infant Feeding Options,record keeping and laboratory techniques.
- Protection of orphans and vulnerable children

### iii. W.H.O Response to HIV/AIDS in Nigeria.

Nigeria is a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa, with approved funding of US$ 90.3 million for 2002–2007. Nigeria is also part of the World Bank Multi-Country HIV/AIDS Program for Africa regional project Abidjan-Lagos, covering Benin, Côte d'Ivoire, Ghana, Nigeria and Togo, which was approved for US$ 16.6 million in 2003. United Nations agencies also provide support. In other words, W.H.O response so far includes the following:

- Providing assistance for harmonizing state-level surveillance analysis reports into one national surveillance analysis report
- Providing support for developing the procurement and supply management system
- Providing support for bringing partners to a consensus on the Health Sector Strategic Plan on HIV/AIDS 2006–2010
- Supporting national consensus on issues related to tuberculosis and HIV
- Supporting the Federal Ministry of Health in reprogramming the Global Fund Round 1 grant in order to redirect some funds to monitoring and evaluation of antiretroviral therapy within theNational AIDS and STI Control Programme and addressing issues related to implementation of the grant.

**iv. PEPFER Response to HIV/AIDS in Nigeria**

Nigeria is the third-largest U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program and has received over $4 billion since 2004. With partners in Nigeria, CDC works to:

(i) Scale-up testing for and treatment of HIV-positive individuals in high burden LGAs in Nigeria.
(ii) Develop tailored prevention efforts for high-risk populations
(iii) Support interventions to prevent mother-to-child transmission of HIV.

## V. NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)'S RESPONSE TO HIV/AIDS REDUCTION IN NIGERIA.

Some of the major achievements of NACA are as follows:

- Conduct of local HIV epidemic appraisals for MARPS in 22 states. The epidemic appraisals provided information on venues or hotspots where these MARPS meet.
- Data from the appraisals were used to generate size estimates for FSWs, MSMS and IDUs. It also contributed information towards a better understanding of the drivers and dynamics of the epidemic among these target groups.
- Implementation and rollout of cloud based DHIS2 platform for electronic reporting and analysis of routine data. All 36 states and FCT have commenced the use of DHIS 2.0 for reporting HIV/AIDS routine data with 22 of the 36 states having so far rolled out to secondary and tertiary facilities as well as LGAs.
- In October 2013, NACA, DPRS (FMOH), USG, World Bank and the GFATM began the pilot of a DHIS mobile phone application for data reporting in 80 PHCs in 20 states. A comprehensive review of the DHIS mobile pilot is planned forMarch 2014 and the lessons learned will be used to scale up the DHIS mobile application to 520 PHCs in 2013 and 5000 by end of December 2015 respectively.
- Integration of all existing health DHIS2 databases towards strengthening the NHMIS in Nigeria commenced and is being led by the DPRS (FMOH) and with the 44 collaboration and support of all the relevant stakeholders.
- The country also conducted a multi stakeholder review of the nation's progress towards agreed targets in the UN political declaration and a joint mid-term review (MTR) of the implementation of the National HIV/AIDS strategic plan 2010-2015 respectively. Findings from the reviews will inform the development of a two-year operational plan and strengthen efforts to reach universal access targets set for 2015.
- A mid-term review of the World Bank HPDP2 that provided evidence for a restructuring of the project towards ensuring that the goal, objectives and targets of the HPDP2 are reached by the end of the project was also held in 2013.
- Training for state HIV/AIDS teams from the 12+1 high burden states on the use of Estimates and projection package (EPP) and spectrum for generating and utilizing state specific HIV/AIDS estimates towards promoting data availability and use for planning and decision making at the subnational levels.
- The decentralization of routine data collection to state and facility has facilitated the ownership of the data set and its use at the state level.
- NACA also commissioned ten operational research studies towards identifying ways to address gaps involving the private health sector's engagement with the national response; identify drivers of the national epidemic in four high prevalence states; suggest how to effectively retain patients in HIV care; construct models for ART decentralization; and enhance the success of community-based referral systems for PLHIV.
- Developmentof standard and harmonizednational data collection tools for the non-health sectorresponse including: HIV prevention for both MARPS and general Population; care and support, family life and HIV/AIDS education (FLHE).

## VI. CONCLUSION

The National Agency for the Control of AIDS (NACA) was created for multi sectoral response to the epidemic, NACA oversees the activities of the State Action Committee on AIDS (SACA) and Local Government Action Committee on AIDS (LACA) that coordinate response at the sub-national levels. the activities of NACA are summed up thus:During our period of study, NACA recorded a steady decline in HIV prevalence from a peak of 5.8 per cent in 2001 to 3.0 per cent in 2014.

## RECOMMENDATIONS

An estimated 33.4 million people are living with HIV/AIDS, and there are some 2.7 million new infections each year. Globally, HIV/AIDS is the leading cause of mortality among women of reproductive age. Based on the foregoing analysis, the paper makes the following recommendations.

i. There is a need for early initiation of antiretroviral therapy (ART) for adults and adolescents, the delivery of more patient-friendly antiretroviral drugs (ARVs), and prolonged use of ARVs to reduce the risk of mother-to-child transmission of HIV. Similarly, the WHO should make sure that HIV-positive mothers or their infants take ARVs while breastfeeding to prevent HIV transmission. Their widespread adoption will enable many more people in high-burden areas to live longer and healthier lives.
ii. There is a need for an expanded laboratory monitoring to improve the quality of HIV treatment and care and greater access to CD4 testing and the use of viral load monitoring when necessary. However, access to ART must not be denied if these monitoring tests are not available.
iii. That ARVs be provided to HIV-positive pregnant women in the third trimester (beginning at 28 weeks) to prevent mother-to-child transmission of HIV.
iv. That breastfeeding continues until the infant is 12 months of age, provided the HIV-positive mother or baby is taking ARVs during that period. This will reduce the risk of HIV transmission and improve the infant's chance of survival.

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