

**EXPLANATORY NOTES TO THE REPORT ON THE UNGASS INDICATORS  
IN NIGERIA**

## Acronyms

AHI	Action Health International
API	AIDS Programme Effort Index
APIN	AIDS Prevention Initiative in Nigeria
ARV	Anti Retroviral
BSS	Behavioural Surveillance Survey
CAC	Corporate Affairs Commission
CCM	Country Coordination Mechanism
CISCGHAN	Civil Society Consultative Group on HIV/AIDS In Nigeria.
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
DFID	Department For International Development
DOC	Declaration Of Commitment
ELPE	Expanded Life Planning Education
FMOH	Federal Ministry Of Health
FMOL	Federal Ministry Of Labour
FMOYW	Federal Ministry Of Women And Youth
HEAP	HIV/AIDS Emergency Action Plan
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDU	Injecting Drug Users
IEC	Information Education And Communication
ILO	International Labor Organization
LACA	Local Government Action Committee On Aids
M & E	Monitoring & Evaluation
MARC	Massive Awareness Raising Campaign
MTCT	Mother To Child Transmission
NACA	National Action Committee On Aids
NASCP	National Aids and STD Control Program
NDHS	Nigerian Demographic Health Survey
NECA	National Employers Consultative Association
NERDC	National Education Research Council
NGO	Non-Governmental Organization
OVC	Orphans And Vulnerable Children
PAF	Presidential AIDS Forum
PCA	Presidential Committee on Aids
PLAWA	People Living With AIDS
PRSHH-	
PRSP	Poverty Reduction Strategy Paper
PTB	Pulmonary Tuberculosis
RH	Reproductive Health
SACA	State Action Committee on Aids

STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TOR	Terms of Reference
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WB	World Bank
WHO	World Health Organization

## **Introduction:**

Many UN member countries had signed a declaration of commitment (DoC) to their continued fight against the HIV/AIDS pandemic. As a means for monitoring this declaration, countries are expected to prepare a situation report using standard UNGASS indicators. This report presents the current situation in Nigeria. Data were collected through a wide consultation with key stakeholders, individuals and relevant institutions, line ministries, desk reviews of survey reports as well as published and unpublished documents. Approaches for estimations, calculations, assumptions as well as relevant explanatory notes are presented in this section.

## **Category 1: National Commitment and Action:**

### **1. National Composite Policy Index:**

The **National Composite Policy Index** was derived from a report of a study undertaken by UNAIDS, USAID and the Policy Project (2000). These agencies had developed an AIDS Program Effort Index (API). The API instrument has 100 individual items which addressed several programmatic areas in the fight against HIV/AIDS. These items were categorized into seven thematic sub-groups of Political Support, Policy Formulation, Organizational Structure, Programme Resources, Evaluation, Monitoring and Research, Legal and Regulatory Environment and Prevention Programmes. The national composite policy index was derived from the scores on indices covering policy, laws and regulatory environment. Issues such as existence of national policy, national coordinating body, involvement of other sectors (other than health) in policy formulation, etc were some of the items scored. Nigeria scored 65 out of total of 100 possible points in the area of policy formulation and 86 in the area legal and regulatory environment.

**Comments:** There is a need to compare the components of the indices used by Policy Project with that recommended for DoC UNGASS indicator to see whether they cover the same areas or not. In the 2005 report the areas specified for the UNGASS indicators should be covered in the assessment.

### **2. Amount of National Funds Spent on HIV/AIDS:**

Data on this indicator were derived from three main sources. First a review of the report on the study on Financial Resources Flow for Population Activities undertaken by UNFPA in 2000. NACA chairman and an assistant Director in the Ministry of Health were contacted. While the first source indicated that N 1,205,000,000 (about \$9.3 million) was earmarked for HIV/AIDS in 2001, the second source indicated that about \$7 million was spent by the Federal Ministry of Health on HIV/AIDS, excluding expenditure on other related programmes such as Tuberculosis (TB) and Leprosy. Data from NACA indicated that the federal government released the sum of 750 million (about \$6.35 million) in two years to NACA. Out of this, about N 130 m is yet to be spent. Therefore it was assumed that the sum of N620 m was spent in two years (about N310m or \$ 2.6million per year). Therefore the total amount spent by the federal government in 2002 was \$9.6 million. Also data from various states indicated that a total of about \$4.5 million dollars had been spent by the States.

It is important to point out the Nigeria is a large country with decentralized HIV/AIDS programmes. The amount indicated here only represents expenditure from the health sector response and the national coordinating body. It does not include expenditure from other line ministries such as Defense, Education, Labour, etc.

#### **INDICATORS ON NATIONAL PROGRAMME AND BEHAVIOUR CHANGE:**

- 1. Percentage of schools with teachers who have been trained in life-skills based HIV/AIDS education and who taught it during the last academic year.**

This indicator is at the moment not available at the national level. The denominator for this indicator (number of schools ) was not available at the Ministry of Education. Secondly, the curriculum on life skills, HIV/AIDS and Sexuality Education developed in 2001 under partnership by Federal Ministry of Education, Action Health Incorporated with active input from the National Educational Research Council (NERDC) is currently undergoing a review by all State Ministries of Education and wide- spread implementation has been slow. However, it has been implemented in Oyo and Lagos states. In Oyo state under the DFID funded Expanded Life Planning Education [ELPE] project, 131 of the 364 Schools have trained teachers on life skills based HIV/AIDS education. This represents 30% of the Schools in Oyo state. A total of 636 teachers were trained from these Schools; all of them taught Life Planning Education based on HIV/AIDS during the

2001/2002 academic year. Also, under this initiative, Lagos state has so far trained 48 teachers as master trainers.

**2. Percentage of large enterprises/ companies that have HIV/AIDS workplace policies.**

Currently, thirty-four of sixty-four (53 %) large companies involved in the Presidential Private sector initiative, have HIV/AIDS work place policy. The number of large companies /enterprises could not be ascertained from the expected sources, CAC and Ministry of Labour). The data presented here only represent companies that have participated in the programme and is not nationally representative.

**3. Percentage of patients with STIs at health care facilities who are appropriately diagnosed, treated and counseled.**

No data available.

**4. Percentage of HIV-infected pregnant women receiving a complete course of anti-retroviral prophylaxis to reduce the risk of MTCT.**

Data on pregnant women receiving anti-retroviral prophylaxis were obtained from the national PMTCT programme. First the number of women who were pregnant in 2002 was estimated. This was done by converting the fertility rate to births.

**Table 1: Approach to determining the percentage of HIV-infected pregnant women receiving anti-retroviral prophylaxis to reduce the risk of MTCT.**

Estimated Population of Nigeria	125 million
Women in reproductive age group (22.1%)	27.6 million
Fertility rate	176
Therefore number of births	4,857,000
Number of pregnant women	4,857,000*
Number of HIV-positive (5.8%)	281,741
Number receiving ARV prophylaxis	141
Rate	5 per10,000 or 0.05%

Source: NDHS Report 1999 ; PMTCT Data from FMOH 2002.

\* The number of pregnant women in the year was assumed to be the same as the number of deliveries. It was assumed that one woman would become pregnant once in a year; and that the percentage of women giving birth to twins would be compensated by the proportion of pregnancy wastage. It is to be pointed out that PMTCT in Nigeria is only recently implemented is operational in only eight pilot sites (Teaching Hospitals). The information used here are based on data from six of the eight sites.

## **5. Percentage of people with advanced HIV infection receiving anti-retroviral combination therapy**

For the purpose of this indicator, locally –specific data for defining advanced HIV/AIDS was not available. For this report, UNAIDS suggested that 15% of PLWHA should be considered as those with advanced AIDS. Based on this approach, our denominator was 525,000 (15% of 3.5 million) and the indicator is 1.5% (8100 out of 525,000). It is important to mention that there are patients who are receiving ARVs from private health facilities which were not captured in the numerator.

(Sources: National ARV Programme FMOH and POLICY Project).

## **6. Percentage of IDUs who have adopted behaviours that reduce HIV transmission**

This indicator was extracted from a Report of a study on IDUs undertaken in Lagos (one out of the 36 States and the FCT). Even in Lagos, only four local governments out of 24 were involved.

- a) Condom use with primary sexual partner in the last six months.....25%
- b) Use of new needles among IDUs.....70%

( Source: Report of the Ministerial Press Briefing on Latest HIV Result & Commemoration of the 20<sup>th</sup> Year of The isolation of the HIV virus, 11<sup>th</sup> June 2001, NASCP, FMOH).

**7. Percentage of young people aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**

Data on this indicator was based on the recently (2002) concluded BSS among youth. Three questions addressed knowledge on sexual transmission and two addressed misconceptions. A total of 5 points were awarded to respondents who got correct responses to all five questions. Respondents who got all five points were considered to have adequate knowledge and dismissed all major misconceptions. The indicator was determined for urban and rural areas and then weighted by the proportion of the population per locality.

**Based on this, those who had full knowledge and dismissed all misconceptions were 23%.**

**8. Percentage of young people aged 15-24 years reporting the use of condom during sexual intercourse with non-regular partners**

**Data from Youth BSS (2002) .... 45.5%**

While the UNGASS indicator was based on condom use with non-regular partner in the last one year, our BSS survey asked about condom use with non-regular partner in the last 30 days. Moreover, their definition of non-regular partners (someone the respondent was not married to and not co-habiting with at the time they had sex) was slightly different from the one use in the BSS.



## **9. Ratio of current school attendance among orphans to that among non-orphans aged 10-14 years is 88 %.**

The 88% does not represent school attendance of orphans; rather it is expressing the orphan school attendance as a percentage of non-orphan attendance rate. The overall attendance rate for children aged 10-14 years in the country is...

**(Source: State of the World's Children, page 112 , UNICEF, 2003)**

### **IMPACT:**

#### **1. Percentage of young people aged 15-24 who are HIV infected 6%**

**(Source: 2001 National HIV/Syphilis Sentinel Survey Report among pregnant women attending ante-natal clinics in Nigeria, pages 31 and 51)**

#### **2. Percentage of infants born to HIV-infected mothers who are infected. (No data available)**

### **Challenges:**

- Paucity of data
- Lack of cooperation
- Difficulty in accessing available data
- Existence of multiple bureaucratic hurdles in most organizations "internal verification process"
- Absence of focal point for data collection

### **Recommendations:**

- All agencies/government departments establish/strengthen M & E unit with designated focal persons.
- Support the building of relevant M & E capacity in-country & translate commitment into tangible actions.

- Provision of adequate funding mechanisms to enable effective conduct of M & E in a systematic manner.
- Encourage interagency /departmental collaboration in information collection, dissemination and use.
- Promote a shared understanding of the M& E framework & processes
- Special surveys/studies should be undertaken in preparation for the year 2005 report.

**List of persons contacted.**

- |                                     |   |
|-------------------------------------|---|
| <b>1. Prof Babatunde Osotimehin</b> | <b>Chairman, NACA</b>                         |
| <b>2. Dr Berhe Costatinos</b>       | <b>CPA, UNAIDS</b>                            |
| <b>3. Dr. Alti Zwandor</b>          | <b>NPO, UNAIDS</b>                            |
| <b>4. Ms Gesa Kupfer</b>            | <b>UNAIDS</b>                                 |
| <b>5. Dr N. Sani-Gwarzo</b>         | <b>NASCP, FMOH</b>                            |
| <b>6. Mr. Ben Nwobi</b>             | <b>NASCP, FMOH</b>                            |
| <b>7. Dr. Anas Kolo</b>             | <b>UNFPA</b>                                  |
| <b>8. Dr. Lucy Idoko</b>            | <b>UNFPA</b>                                  |
| <b>9. Mr. Paul Okwulehie</b>        | <b>FMOL</b>                                   |
| <b>10. Ms Claire Moran</b>          | <b>DFID</b>                                   |
| <b>11. Dr. Jerome Mafeni</b>        | <b>POLICY Project</b>                         |
| <b>12. Dr. Uwem Essiet</b>          | <b>AHI</b>                                    |
| <b>13. Dr. Michael Ekpo</b>         | <b>CMD, Psychiatric Hospital,<br/>Calabar</b> |
| <b>14. Dr. Niyi Ogundiran</b>       | <b>HIV/AIDS Focal Point, WHO</b>              |

## References

- UNAIDS & the POLICY Project (2001). "Measuring the level of effort in the national and international response to HIV/AIDS: The AIDS Program Effort Index (API).
- NASCP, FMOH (2001). A Technical Report on the 2001 National HIV/Syphilis Sentinel Survey among pregnant women attending antenatal clinics in Nigeria, Abuja: FMOH.
- NASCP, FMOH (2002). Nigeria 2002 HIV/AIDS Behavioral Surveillance Survey among youth – Technical Report (Draft).
- POLICY Project, (2002). Child Survival in Nigeria: Situation, Response and Prospects, Abuja: POLICY Project.
- FMOH, (2002). HIV/AIDS: What it means for Nigeria, Abuja: FMOH
- FMOH, (2001). Report of the Ministerial Press Briefing on latest HIV result & commemoration of the 20<sup>th</sup> year of the isolation of the HIV Virus, Abuja: FMOH
- UNDP, (2001). Human Development Report-Millennium Edition, Lagos: UNDP
- National Population Commission, Nigeria, (2000). Nigeria Demographic and Health Survey, 1999, Calverton, Maryland: NPC and ORC/Macro.
- UNICEF, (2003). State of the World's Children. New York: UNICEF.
- UNAIDS, (2000). Epidemiological Fact Sheet on HIV/AIDS and sexually transmitted infections Geneva: UNAIDS/WHO.
- UNFPA, (2002). Report of the study on The Financial Resources flow for population activities for National NGOs and Government Departments. Unpublished.
- FMOH, (2002). PMTCT program data from sites. Unpublished.
- National Population Commission 1999. Nigeria Health and Demographic and Health Survey 1999
- National Population Commission (1991). 1991 Population Census of the Federal Republic of Nigeria: Analytical Report at the National Level.
- Society For Family Health. Monitoring of HIV/AIDS indicators in Nigeria, June 1998- June 2001.

