

The Scourge of HIV/AIDS in Nigeria: The Way Forward

PROBLEM STATEMENT: Although malaria has long been regarded as the foremost disease condition in Nigeria, HIV/AIDS, which in 1993 hardly qualified as a disease condition of any significance in the country, is today the most feared major disease, and it (is causing) devastating impact on the socio-cultural and socio-economic health of the nation.

APPROACH ONE: Provide Adequate Education on HIV/AIDS.

Proponents of this approach believe that a comprehensive system of education is needed to provide adequate and accurate information and resources for informed decisions on the prevention and treatment of HIV/AIDS to all segments of the Nigerian society.

ACTIONS

1. Include HIV/AIDS in the teaching of sex education in the school curriculum.
2. Enforce the teaching of HIV/AIDS in schools.
3. Governments and civil society organisations should promote the campaign against the spread HIV/AIDS in the rural and urban areas.
4. The mass media should be involved in the education of masses in respect of HIV/AIDS at all levels.
5. Governments should provide appropriate tools and infrastructure to improve HIV/AIDS education among the rural populace.
6. Governments and civil society organisations should provide educational materials for the physically and mentally challenged.
7. Enlightenment campaigns against the spread of HIV/AIDS should be extended to prisoners.
8. Enlightenment campaigns about the spread of HIV/AIDS should be broadened to include non-sexual avenues of spreading the HIV/AIDS.
9. Religious and socio-cultural organisations should be mobilized to educate their members on the HIV/AIDS pandemic.
10. People should be trained to communicate information about HIV/AIDS to the non-formal educated members of the society.
11. Local committees should be set up to develop information education communication (IEC) materials in local dialects and languages.
12. Include community leaders in the campaign against the spread of HIV/AIDS.
13. Having jingles, play lets, drama, music, and cartoons, on radio and television programmes.
14. Parents should inculcate personal hygiene habits in their children.
15. Having regular updated training for medical personnel on HIV/AIDS.

BENEFITS.	DRAWBACKS
<ol style="list-style-type: none"> 1. Increased awareness of HIV/AIDS among school children, teachers and their parents. 2. Reduction in the current high rate of spread among school children. 3. Enhanced ability to make informed decisions. 4. There would be a broadened awareness about the dangers and hazards as well as the ways of preventing the spread of the scourge. 5. Reduction in morbidity and mortality rates. 6. Reduction of teenage pregnancy amongst school children. 7. Reduction in the incidence of orphans as a result of HIV/AIDS death. 	<ol style="list-style-type: none"> 1. Public talk about sex is regarded as a taboo by some societies. 2. Beliefs that sex education encourage promiscuity. 3. Resistance by some religious fundamentalists 4. Inaccessibility to rural areas. 5. The poverty level of people living in the rural area. 6. Cost implication 7. Insufficient manpower in rural areas.

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TRADEOFFS.

1. I will be willing to submit to the payment of a special levy (tax).
2. Personal donation towards enlightenment programmes.
3. I am ready to teach in a rural area instead of an urban area.
4. I will personally give up time to teach topics relating to HIV/AIDS
5. I will give up money meant for entertainment to promote jingles on HIV/AIDS.
6. A portion of petroleum, education, and company tax revenues be appropriated for the fight against HIV/AIDS.
7. The subsidies and money spent and sponsorship by government on holy pilgrimages be used in training facilitators for HIV/AIDS
8. Government officials need to accede to cutting of their security votes so that they can plough the proceeds into the fight against HIV/AIDS
9. Reduction in the public allocation in the maintenance of public servants and the excess pumped into HIV/AIDS
10. Civil Society Organizations (CSO's) and community based organizations (CBO's) should integrate the campaign against HIV/AIDS into their programmes
11. Religious bodies should set aside a portion of their offerings for the fight against HIV/AIDS

APPROACH TWO

TREAT HIV/AIDS SCOURGE AS AN ECONOMIC DEVELOPMENT PRIORITY.

Supporters of this approach hold that the absence of appropriate and strategic programmes and policies geared towards equitable distribution of resources, workforce development and retention is a major contributory factor to the continued spread of HIV/AIDS.

ACTION.

1. Relevant stakeholders towards fighting the HIV/AIDS scourge should allocate additional resources.
2. Government should make the HIV/AIDS issue a top priority by increasing its budgetary allocation to the health sector for the training of more medical personnels to handle emergency cases.
3. Government should subsidize the cost of retrieval drugs to reduce its misuse as in sharing due to poverty.
4. Pharmaceutical firms should be encouraged to set up plants in Nigeria to manufacture cheap retroviral drugs as free drugs maybe unrealistic.
5. Religious institutions should teach and preach on the dangers of HIV/AIDS to reduce its cost implication on their finances.
6. Religious bodies should support the education of the orphans of HIV/AIDS related deaths.
7. Government should endeavour to take advantage of available resources of international donor agencies and other similar sources to combat economic deprivation created among people living with AIDS.
8. Corporate organisations should contribute financial, human and materials to National Action Committee Against AIDS (NACA) towards the fight against HIV/AIDS.
9. Government should legislate against the termination of patients from their jobs without due process.
10. Some % of Government security votes, company tax and estacodes be transferred to the fight against HIV/AIDS.
11. Mandatory free HIV/AIDS test to be supported by increased support of international development organization.
12. National organisations such as National Orientation Agency should be well funded to embark on massive grass root campaigns against HIV/AIDS targeted at the poor who cannot afford protective materials.
13. NGO's, CBO's and other CSO's working in the area of HIV/AIDS should have their capacities built around using effective approaches in facing current and future HIV/AIDS challenges as well as allay their fears on inability to sustain HIV/AIDS projects, specific information and education programs be put in place by Government and CSO's to fight ignorance which adds to the spread of HIV/AIDS and has the potential of affecting the workforce and subsequently the nations GDP.
14. Insurance covers and protective materials should be provided for medical personnels working with HIV/AIDS as incentives against high hazards at workplace
15. The independent Anti Corruption Commission should intensify bringing to book corrupt officers who engage in misappropriation of funds to HIV/AIDS.
16. NACA and related bodies should be mandated to ensure that anti-retroviral drugs get to the hands of people living with AIDS, to reduce the economic burdens on their families.

17. Governments to increase funding and manpower to research Institutions to reduce stiff competition for fear of loosing business which has high risks.
18. Governments should make it mandatory for beauticians to pay and attend courses on HIV/AIDS and the use of disposable tools.
19. International agencies should set up monitoring and evaluation units to ensure impact of programs and projects that they fund.

BENEFITS	DRAWBACKS.
<ol style="list-style-type: none"> 1. The poor would have access to protective materials. 2. CSO's would have sustainable programs and projects. 3. Stability of the nations workforce and GDP. 4. Medical personnel would be attracted, motivated and retained in the workplace of HIV/AIDS. 5. Funds allocated for HIV/AIDS would be used for that purpose. 6. A higher % of HIV/AIDS patients would be reached and families get relief. 7. Research institutes should be better funded and hence perform better. 8. Less people would contact HIV/AIDS through the sources of saloons and barbing saloons. 9. Transparency and accountability would be ensured. 10. Reduction in the spread of the disease and death rate due to HIV/ AIDS. 11. Improved welfare of orphans of HIV/AIDS. 12. Inflow of foreign investment. 13. Health-care delivery would be improved. 14. Reduction in unemployment of HIV/AIDS patients. 15. Increase in human productivity (GDP). 16. Retroviral drugs would be available at cheaper rate. 17. Improve foreign investment by a reversal of a negative reputation. 	<ol style="list-style-type: none"> 1. Distribution network maybe faulty due to inaccurate data. 2. Inadequate trained manpower and sufficient funds. 3. Effects of other extraneous variables on the economy e.g. inflation. 4. Attitude to research work and results. 5. Inability of beauticians to pay cost for training. 6. Other sectors might suffer due to the transfer of money to HIV/AIDS fighting. 7. Inconsistency in Government policy implementation. 8. Insincerity on the part of all on prioritizing the fight against HIV/AIDS. 9. Insufficient manpower for implementation. 10. Fear of exaggerating panic creation as a result of overemphasis on the sector. 11. Corruption of implementers. 12. Beauracratc bottlenecks.

TRADEOFFS.

1. Personal money meant for luxury to sponsor orphans.
2. Contribute leave to work as a volunteer with an NGO.
3. Government officials to tradeoff their allowances to sponsor media campaigns in their constituencies.
4. Industries should tradeoff part of their profit to subsidize management of HIV/AIDS cases in their communities.
5. The National Orientation Agency should sacrifice financial support to less urgent campaigns to enable them focus on HIV.

APPROACH THREE: Respect our culture and religious beliefs, but recognize realities.

Supporters of this approach hold that the observance of practices based on culture and beliefs are central to the well being of a people and, Nigeria being a nation with a rich and diverse culture of ethnic, religious, and family traditions that must be remembered and honored cannot be an exception. Yet, practices must reflect the reality of our current society. People must, therefore, balance the implementation of traditional practices with the implications of those practices for the spread of HIV/AIDS and the treatment of those affected by the disease.

ACTIONS

1. Creating a platform for advocacy and action to sensitize the community, religious and traditional leaders towards accepting the teaching of sex education in their schools and communities.
2. Mobilizing the parents teachers association towards creating a conducive environment for the acceptance of the teaching of sex education with emphasis on HIV/AIDS in schools.
3. Training and equip community development officers to effectively vanguard HIV/AIDS campaign to rural dwellers.
4. To sensitize and work through primary and community health workers, to implement HIV/AIDS program in their community.
5. Government should vigorously enforce existing legislation prohibiting female genital mutilation.
6. Penalize the use of unsterilized equipment for circumstances and every form of incisions on the body.
7. Organize mass enlightenment campaigns aimed at correcting and addressing ill truths and perceptions about the reality, fatality of HIV/AIDS and the true status of people living with AIDS.
8. Adopt a responsive strategy for sensitizing and advocating sexual fidelity against the backdrop of polygamy practices and widows inheritance.
9. Use of gender compatibility in the outreach to purdah communities.
10. Adopt an initiative for the exchange and swapping of unsafe and unsterilized traditional surgical instruments with safer and sterilized ones.
11. Train and use community health workers to sustain the practice of traditional instruments sterilization.

BENEFITS.

1. Increased awareness of HIV/AIDS education in schools, communities and community leaders.
2. Reduction in the current high spread of HIV/AIDS amongst the category of cultural and religious deprived community.
3. Increase in human resource capacity towards campaign against the HIV/AIDS pandemic.
4. Reduction and containment of HIV/AIDS spread through harmful traditional practices such as female genital mutilation.
5. The standardization and institutionalization of control measures in the use of incision, circumcision and other such instruments.

DRAWBACKS.

1. Time lag occasioned by likely resistance from community and religious leaders towards sex education.
2. Non-conformity of the PTA towards mobilizing of the acceptance of HIV/AIDS in secondary schools caused by entrenched beliefs and values.
3. Resistance to the acceptance of the campaign against polygamous fidelity and like practices because of economic benefits.
4. Usual lack of commitments to effective implementation of policies/ legislation.
5. The fear of losing our cultural heritage and religious beliefs.

TRADEOFFS.

1. Individuals should dedicate time in a one on one-approach campaign initiatives.
2. NGO's, CBO's should integrate the campaign against HIV/AIDS into their programs.
3. Establish Trust Funds dedicated to combating and furthering the vanguard against harmful traditional practices.