Nigeria - Researched and compiled by the Refugee Documentation Centre of Ireland on 4 June 2009

Information on the facilities in Lagos and other parts of Nigeria for those with AIDS. How are such people treated by their families and society? Are medical/counselling services available? Information on NGOs working with women who are HIV positive. Are such people discriminated against? Can they move freely within Nigeria? Information on employment prospects for such people.

A paper presented at an international conference hosted by the *International Union for the Scientific Study of Population*, in a section headed "Introduction", states:

> "As the burden of disease increases within a community, individuals are faced with denial, stigma and discrimination. Mann, (1987) identified three phases of the epidemic, the HIV epidemic, the AIDS epidemic and the epidemic of Stigma, Discrimination and Denial of which the later is least understood part of the epidemic. Nigeria appears to be in between the full AIDS epidemic phase and the Stigma and discrimination phase. HIV/AIDS-related stigma and discriminatory conduct provide opportunities for spreading of the epidemic. It undermines prevention, voluntary counseling and testing, care and support and also increases the impact of the infection on individuals, families, communities and nations (Population Council, Horizons, 2002). The stigma and discrimination attached to being diagnosed with AIDS is far greater and significantly different than that linked to being diagnosed with other illnesses such as cancer, and psychiatric disorder." (International Union for the Scientific Study of Population (23 July 2005) *HIV/AIDS Stigma and Discrimination in Nigeria* Oyediran, Kola. Oladipo, Olaronke. and Anyanti, Jennifer, p.1)

This introduction also states:

> "Individuals with HIV/AIDS are stigmatized because their illness is: (1) a life-threatening disease; (2) people are scared of contracting HIV; (3) tainted by a religious belief as to its immorality and/or thought to be contracted via morally-unsanctioned behaviour (such as promiscuity or deviant sex) and therefore, thought to represent a character blemish and contraveners deserves to be punished; (4) perceived to be contagious and threatening to the community; (5) associated with an undesirable and an unaesthetic fear of death; and (6) not well understood by the lay community and viewed negatively by healthcare providers." (ibid, p.2)

An *Immigration and Refugee Board of Canada* response to a request for information on the treatment of persons with HIV/AIDS in Nigeria states:

> “Human rights organizations and news sources consulted by the Research Directorate indicate that, in Nigeria, there is a ‘strong’ stigma associated with HIV/AIDS (The Guardian 2 Jan. 2006; Living Hope Organization 26 Jan. 2007; This Day 21 Jan. 2007). According to AVERT, ‘an international HIV and AIDS charity ... with the aim of averting HIV and AIDS worldwide’ (AVERT 26 Jan. 2007), the stigmatization and discrimination of people infected by the virus is ‘commonplace’ in Nigeria, and ‘[b]oth Christians and Muslims see immoral behaviour as being the cause of the HIV/AIDS epidemic’ (4 Jan. 2007). Fear of stigmatization reportedly prevents many HIV/AIDS-infected persons from being open about their infection (This Day 21 Jan. 2007; Living Hope Organization 26 Jan. 2007); it is also believed to prevent infected persons from seeking medical care.” (Immigration and Refugee Board of Canada (13 February 2007) *NGA102418.E – Nigeria: Treatment of persons with HIV/AIDS by society; medical/health services available to persons with HIV/AIDS (2005 - 2007)*)

In a section titled “Other Societal Abuses and Discrimination” the *US Department of State* country report on Nigeria states:

> “There was widespread discrimination against persons living with HIV/AIDS, which the public considered a disease resulting from immoral behavior. Persons living with HIV/AIDS often lost their jobs or were denied health care services. Public education campaigns were implemented to reduce stigma and change perceptions of the disease.” (US Department of State (Bureau of Democracy, Human Rights, and Labor) (25 February 2009) *2008 Human Rights Report: Nigeria*)

An article by Nigerian journalist *Yinka Otoki* on the activities of AIDS activist Olusina Falana states:

> “According to Falana, discrimination and stigmatisation of those with HIV is widespread, especially in the private sector, and it has become increasingly difficult for many to declare their status for fear of losing their jobs” (Otoki, Yinka (26 November 2008) *Nigeria: Former nurse battles HIV discrimination in the work place*)

In a section titled “Status of PLWA in Nigeria” a report published by *Physicians for Human Rights* states:

> “People Living with HIV/AIDS (PLWA) in Nigeria have been found to be subject to discrimination and stigmatization in the work place, as well as by family and communities. They may be evicted from their homes and shunned in the streets. Although President Obasanjo’s government has shown leadership on HIV/AIDS, there is still little legal protection for the human rights of people living with HIV/AIDS (PLWA) in Nigeria. Nigerian health professionals, as members of their society, are influenced by the stigma and moral judgement associated with HIV/AIDS. Ideally these health professionals should 'play an indispensable role in the promotion and protection of the right to health.' However, PLWA may also face discrimination from those employed in the health care sector. According to one policy maker, in Nigeria, there is a 'tendency even for health workers to treat HIV patients differently from other patients.' (Physicians for Human Rights (15

August 2006) *Nigeria: Access to Health Care for People Living with HIV and AIDS,* p.17)

A section of this report titled "Stigma and HIV and AIDS" states:

> "The stigma associated with HIV/AIDS is also an important contributory factor to the spread of HIV/AIDS. Discouraged by stigma from seeking out their status, people may unknowingly infect their sexual partners. Those individuals who are HIV positive may engage in unsafe behaviors in an effort to hide their status from others. Stigma may also inhibit people from seeking information about prevention of transmission that could prevent them from being infected or infecting others. According to one key Nigerian policy maker on HIV and AIDS interviewed by PHR, "The greatest problem is the issue of stigma - it drives the engine of response… moralization associated with modes of transmission… discourages people from getting tested and from disclosing." As the UN Special Rapporteur on the Right to Health describes the role of stigma: 'Stigma associated with HIV/AIDS builds upon and reinforces prejudices related to gender, poverty, sexuality, race and other factors. Fears related to illness and death; the association of HIV with sex workers, men having sex with men and injecting drug use; and beliefs that attribute moral fault to people living with HIV/AIDS all contribute to the impact of stigma and often give rise to intolerance and discrimination. Stigma and discrimination against people living with HIV/AIDS affects the spread and impact of the disease in several crucial ways. For example, fear of being identified with HIV/AIDS stops people from seeking voluntary counseling and testing, which are vital to prevention, care, and treatment efforts.' One NGO officer working in Nigeria concluded, 'stigma is there and people don't come forward.'" (ibid, p.18)

A section titled "Access to Health Care" states:

> "Eleven percent of participants reported being refused medical care. The majority were refused care in a public facility (71%). Nurses were most often reported as refusing care (67%) and doctors were reported to have refused care by 43% of respondents. Seventeen percent of respondents observed others being refused medical care. Again, the majority of these observed refusals were in a public facility (84%). Most observed refusals of care were by doctors (63%) and nurses (54%)." (ibid, p.32)

A section titled "International Principles of Medical Ethics and Nigerian Codes of Conduct" states:

> "Although the right to health is set out in human rights treaties to which Nigeria is a party, and is incorporated in the Nigerian constitution, individuals who have been deprived of this right as described in this report have no legal recourse in Nigeria. Appeal to the appropriate professional body to report a breach of ethics is unlikely to relieve an individual of the stigma and in fact may subject him or her to further exposure." (ibid, p.49)

A *This Day* article which refers to the stigmatisation of persons with AIDS states:

> "At the event, a person living with HIV/AIDS patient, Mrs. Eunice Shogbetu, disclosed that her grown-up children have abandoned her, leaving only the young ones to keep her company. Shogbetu, the Executive Director of Widows of Grace, a Lagos- based non governmental organisation, said her older children openly told her that she was no longer their mother, deserted her and went to live abroad; a situation which made her to weep. She told other participants at the workshop that life has been so difficult, with no source of income; and thanked the Widows of Grace which feeds them, buys their drugs, and gives them beverages. The woman also thanked the international organisation, Medicine Sans Frontier (MSF), for free treatment, free drugs, free test among others; and for the impact of their four year project, which has just been concluded for return to Canada." (This Day (14 October 2008) *Nigeria: People Living With HIV/Aids Decry Stigmatisation* Esin, Hilda)

A *Daily Trust* article on attitudes to persons with AIDS states:

> "Mary Okoli is another woman living with HIV/AIDS in Nnewi, and her story is as exciting as that of Chika mentioned above. She is positive as well as her husband, and the account relating to her husbands status is puzzling. He has always been based in Lagos, and when he fell ill some years ago, family members thought it was a case of poison, and so he was taken to many places seeking a cure. On one occasion he was taken to a church which charged him 500,000 naira, and he had to pay. But his condition only got worse, and he started to develop boils all over his body. According to Mary Okoli, all her children are negative, but she adds that she could only confide in her eldest daughter in respect of her status. This is because a daughter can keep a secret, she surmises. Her husband has not told his relations about his status, she tells this reporter, because 'people discriminate a lot, if they know you are a carrier, you would be treated as an outcast, and would be expelled from the village meeting'. She now tells the related story of a woman who used to sell fish in a market in Nnewi. When people learnt that she is positive, they decided henceforth not to buy fish from her. Thus her business collapsed. Her words 'Stigma creates poverty, by turning the individual into an outcast. The woman was completely abandoned when the community realised that she is HIV positive'." (Daily Trust (14 October 2007) *Nigeria: 'My Father Won't Eat My Food'* Ujorha, Tadaferua)

This article tells the stories of other women as follows:

> "Another story is on the life of a woman whose husband died of HIV, leaving a number of children behind together with the wife. The children were stigmatised, and one child among them is positive, who received the greatest cynicism. There is the woman who recently found out that she is positive, but her husband is negative. The wife meanwhile is scared of confiding in the husband, because he is likely to drive her out of the family home. In the opinion of Mary Okoli, stigma affects women much more than the men, and women are easily driven out of the matrimonial home under these circumstances. Her words 'Negative women are more supportive of their HIV positive partners. Among discordant couples, negative women are more supportive. Even in death one woman was protective of the man's status from her family, who accused her of killing her husband.'

> Another account this reporter came across at Nnewi is that of Annabel David (not real name), who was sent out of her house when she told her husband that she is positive. 'Whenever her husband returns to town, he sleeps in a hotel, and he is negative.' There is the story of the man who is negative, but whose wife is positive. The three children of the couple all died, and the husband proceeded to label the wife a witch. What a dreadful pass have women come to, when they are confirmed HIV positive. Related to this is the account of a woman who was once the owner of a flourishing hotel business. When her health declined, all her customers ran away. But today she is receiving treatment at the ACTION project, and is on the road to recovery. Similar stories can be found across the length and breadth of the country. Stigma itself breeds poverty." (ibid)

In a section titled "Overview of medical services in Nigeria" (paragraph 6.3) a report on a joint *British-Danish fact-finding mission* to Nigeria states"

> "The doctor at the National Hospital stated that, in general, Nigerian hospitals suffer from poor funding, a lack of qualified medical staff, a lack of drugs and a lack of medical equipment. The federal government and state governments do not provide free medical services, but the new national health insurance system which started in January 2007, will help to take care of health expenses for many people. Under the scheme, employers pay in money on behalf of their employees, while the self-employed are expected to take out their own health insurance. Nigeria has 250,000 doctors serving a nation of 140 million people (2006 Nigerian Census). Doctors and nurses, and other medical professionals, are poorly paid and many accept postings abroad where they can earn a lot more than they do in Nigeria." (UK Home Office Border Agency & Danish Immigration Service (29 October 2008) *Report of Joint British-Danish Fact-Finding Mission to Lagos and Abuja, Nigeria 9 - 27 September 2007 and 5 - 12 January 2008,* p.38)

A section of this report titled "Treatment for HIV/AIDS" (paragraph 6.15) states:

> "The doctor stated that in 2006, the Nigerian Government tried to make treatment for HIV/AIDS free, but this was not possible due to a shortage of drugs. Monitoring of people with HIV/AIDS takes place in all Nigerian states at monitoring centres, which also administer drugs to HIV/AIDS patients. There is a greater awareness of the problem of HIV/AIDS in Nigerian society which has led to an increase in voluntary screening for the disease and more public information campaigns. The problem of mother-to-unborn child HIV/AIDS transmission is being tackled in maternity hospitals. The cost of HIV/AIDS drugs is 9,000 Naira per month. This is very expensive by Nigerian standards and most people who need these drugs cannot afford them. There is a free HIV/AIDS drug programme run by the US Government in all of Nigeria's 36 states. The doctor and his colleague did not think that there would be too many problems for people to transfer to this programme if they could no longer afford to pay for HIV/AIDS drugs. A number of clinics have been set up by NGOs from the UK, USA, and the European Union which provide free drugs for the treatment of HIV/AIDS. These services are limited, however, and cannot help everyone in the country who has HIV/AIDS." (ibid, p.41)

A section titled “Availability of subsidised treatment” of a fact-finding mission report published by the *Norwegian Country of Origin Information Centre (Landinfo)* states:

> “From 2006, treatment with antiretroviral drugs (ARVs) for people living with HIV/AIDS in Nigeria is free. Professor Osotimehin (NACA) estimated that such treatment is currently available at some 75 sites, and programs are also run in an additional 25 sites through US government aid. According to an article in The Guardian, «[some] people still pay for their drugs at some treatment sites» (Olawale 2006). The article furthermore stated that only some 40 000 of more than three million estimated HIV-positive Nigerians are currently being treated with ARVs, but that many patients have developed resistance to one or several of the ARVs available. According to professor Osotimehin (NACA), the free treatment includes several combination antiretroviral drugs, so that patients who do not respond to one treatment or who are developing resistance are offered another. Medical follow-up is included, as is treatment for opportunistic infections that HIV-positive people are vulnerable to – typically diarrhoea, pneumonia, yeast infections, malaria and tuberculosis. He stated that only 15-20 % of HIV-positive patients need antiretroviral treatment.” (Norwegian Country of Origin Information Centre (Landinfo) (August 2006) *Fact-finding trip to Nigeria (Abuja, Lagos and Benin City) 12-26 March 2006*)

In a section titled “Nigeria” a report published by the *International Treatment Preparedness Coalition* states:

> “Nigeria’s HIV treatment program commenced with 25 sites in 2001. As of June 2007, 210 sites were providing ART across the country. Nigeria’s program is supported by three principal actors: the government, PEPFAR, and the Global Fund. All three have supported the establishment of ART and PMTCT sites across the country. Other actors include MSF. Given the rapid scale-up of treatment embarked upon by the three key actors, first-line treatment is now available across the country. However, sites are still not equitably distributed within the 36 states of the Federation and many PLWHA still have to travel long distances in order to access treatment. In addition, monitoring tests are not free in all centers.” (International Treatment Preparedness Coalition (ITPC) (December 2007) *Missing the Target #5: Improving AIDS Drug Access and Advancing Health Care for All* Akanni, Olayide and Eziefule, Bede. p.86)

The Executive Summary of a *Health Reform Foundation of Nigeria* report states:

> “Currently 124,572 PLHA are accessing antiretroviral drugs in various centres across the country. This means that the number of people on ART has multiplied ten folds since 2002 with the support of Government of Nigeria and development partners. But this represents only about one in five of the number who actually need the drugs.” (Health Reform Foundation of Nigeria (HERFON) (August 2007) *Impact, Challenges and Long-Term Implications of Antiretroviral Therapy Programme in Nigeria,* p.9)

This section of the report also states:

> "Differential standards of care existed for GON fully funded sites and sites supported by development partners. At most GON sites, the only free service was the cost of antiretroviral drugs. Patients had to pay for costs of laboratory monitoring, OI drugs and other indirect costs while at sites supported by implementing partners' patients only bear indirect costs. The indirect costs borne by patients which include transportation to/from clinics, accommodation while waiting to attend clinics and user fees are enormous and invariably is higher than the average income of patients. The monthly income of 4 in every 5 (76%) of this working population was about N30, 000 ($250) with a burden of average monthly expenses of N55,000 ($433). This was found to be a major obstacle to patient attendance at follow up clinics and adherence to their drug combinations." (ibid, p.10)

A section titled "HIV Counseling and Testing (HCT)" (paragraph 3.1.2.) refers to counselling services as follows:

> "HIV counselling and testing services exist at all the facilities visited. Counselling is administered in group sessions and individually. Group counselling is given mainly to expectant mothers during antenatal visits. Counselling is mostly provided by part-time counsellors (nurses and social workers) as a secondary responsibility (46.1%), followed by full time counsellors (38.5%) and PLHA support groups providing counselling on volunteer basis (15.4%). Each counselling session takes 10 – 90 minutes. Training of counsellors is mainly provided by GON and implementing partners viz: FMOH/NACA, APIN, FHI/GHAIN, IHVN, CRS, AIDS ALLIANCE, UNICEF, WHO and UNFPA. Duration of training ranged from 2 days to three months. Most of these trainings were conducted in house (53.7%); while only about 7% were trained outside the country." (ibid, p.22)

A *Vanguard* article on health care in Lagos State refers to the treatment of HIV as follows:

> "On HIV/ AIDS control under the Lagos State Action Committee on AIDS (LSACA), he said 130,586 people were counseled and treated free while 4,780 people were placed on free antiretroviral treatment, in collaboration with development partners, while the Ministry of Women Affairs and Poverty Alleviation helped to train 250 people on income generation skills with access to microcredit. In collaboration with UNICEF, 50 religious leaders were trained as master trainers for HIV counseling; 200 health workers were trained on the Prevention of Mother to Child Transmission (PMTCT). There was setting up of four new HIV Counseling and Testing sites at Harvey Road Health Centre, Ibeju Lekki and Alimosho General Hospitals, as well as five new PMTCT sites at Harvey Road Health Centre, Ibeju Lekki, Somolu and Alimosho General Hospitals, Agege PHC. Two new Anti Retroviral Therapy sites were also set up at Epe and Alimosho General Hospitals." (Vanguard (14 April 2009) *Nigeria: 602,221 Benefit From Free Health Care Services in Lagos* Ogundipe, Sola)

In a section titled "Political Commitment" (section 5.1) a *United Nations General Assembly Special Session on AIDS* report states:

> "Worth mentioning is the inauguration of the National Women Coalition against AIDS (NAWOCA) under the leadership of Her Excellency, the First Lady of Nigeria. NAWOCA seeks to address the vulnerability of women, girls and children through increased access to information and education on prevention, treatment, care and support for HIV and other reproductive health services; women's issues around poverty and access to education for the girl child. As a follow-up to the inauguration of NAWOCA, wives of State Governors have been mandated to inaugurate state chapters. So far, four states (Benue, Oyo, Ondo and Adamawa States) have responded." (United Nations General Assembly Special Session on AIDS (UNGASS) (31 January 2008) Nigeria UNGASS Report 2007, p.17)

A *Family Health International* article on AIDS activist Assumpta Reginald states:

> "The 32-year-old woman has channeled her missionary zeal through the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), an umbrella organization of support groups of people living with HIV/AIDS (PLHA). Established in 1998, NEPWHAN works to ensure the rights of PLHA in the country are respected and promoted, they have a voice in policymaking on issues affecting them, and they have access to needed services." (Family Health International (December 2006) *People Living with HIV/AIDS in Nigeria Find Support in Network*)

This article also states:

> "The current Nigerian government, however, is very supportive of NEPWHAN, she said. Organization officials have met several times with President Obasanjo about the government's response to the pandemic, and did so again on Dec. 1, World AIDS Day. Reginald said the president established a goal, as yet unmet, of providing 250,000 Nigerians with free ARVs. And Nigerians are better informed about HIV-related issues than when the organization was established. NEPWHAN has flourished in this environment and now consists of 250 support groups with 80,000 members. The organization is a member of all national AIDS committees and operates in more than 200 communities in Nigeria." (ibid)

References

Daily Trust (14 October 2007) *Nigeria: 'My Father Won't Eat My Food'* Ujorha, Tadaferua
http://allafrica.com/stories/printable/200710151179.html
(Accessed 4 June 2009)

Family Health International (December 2006) *People Living with HIV/AIDS in Nigeria Find Support in Network*
http://www.fhi.org/en/CountryProfiles/Nigeria/res_NEPHWAN.htm
(Accessed 4 June 2009)

Health Reform Foundation of Nigeria (HERFON) (August 2007) *Impact, Challenges and Long-Term Implications of Antiretroviral Therapy Programme in Nigeria*
http://www.herfon.org/docs/HERFON_ART_Report.pdf

(Accessed 4 June 2009)

Immigration and Refugee Board of Canada (13 February 2007) *NGA102418.E – Nigeria: Treatment of persons with HIV/AIDS by society; medical/health services available to persons with HIV/AIDS (2005 - 2007)*
http://www2.irb-cisr.gc.ca/en/research/rir/index_e.htm?action=record.viewrec&gotorec=450907
(Accessed 3 June 2009)

International Treatment Preparedness Coalition (ITPC) (December 2007) *Missing the Target #5: Improving AIDS Drug Access and Advancing Health Care for All* Akanni, Olayide and Eziefule, Bede
http://www.aidstreatmentaccess.org/itpc5th.pdf
(Accessed 4 June 2009)

International Union for the Scientific Study of Population (23 July 2005) *HIV/AIDS Stigma and Discrimination in Nigeria* Oyediran, Kola. Oladipo, Olaronke. and Anyanti, Jennifer
http://iussp2005.princeton.edu/download.aspx?submissionId=51685
(Accessed 4 June 2009)

Norwegian Country of Origin Information Centre (Landinfo) (August 2006) *Fact-finding trip to Nigeria (Abuja, Lagos and Benin City) 12-26 March 2006*
http://www.landinfo.no/asset/491/1/491_1.pdf
(Accessed 3 June 2009)

Physicians for Human Rights (15 August 2006) *Nigeria: Access to Health Care for People Living with HIV and AIDS*
http://physiciansforhumanrights.org/library/documents/reports/nigeria-access.pdf
(Accessed 3 June 2009)

This Day (14 October 2008) *Nigeria: People Living With HIV/Aids Decry Stigmatisation* Esin, Hilda
http://allafrica.com/stories/printable/200810150207.html
(Accessed 4 June 2009)

UK Home Office Border Agency & Danish Immigration Service (29 October 2008) *Report of Joint British-Danish Fact-Finding Mission to Lagos and Abuja, Nigeria 9 - 27 September 2007 and 5 - 12 January 2008*
http://www.ecoi.net/file_upload/1504_1227722262_nigeria-ffm0108-291008.pdf
(Accessed 3 June 2009)

United Nations General Assembly Special Session on AIDS (UNGASS) (31 January 2008) *Nigeria UNGASS Report 2007*
http://www.ecoi.net/file_upload/1329_1212736994_nigeria-2008-country-progress-report-en.pdf

(Accessed 4 June 2009)

US Department of State (Bureau of Democracy, Human Rights, and Labor) (25 February 2009) *2008 Human Rights Report: Nigeria*
http://www.state.gov/g/drl/rls/hrrpt/2008/af/119018.htm
(Accessed 3 June 2009)

Vanguard (14 April 2009) *Nigeria: 602,221 Benefit From Free Health Care Services in Lagos* Ogundipe, Sola
http://allafrica.com/stories/printable/200904140229.html
(Accessed 4 June 2009)

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

Sources Consulted
All Africa
Danish Immigration Service
European Country of Origin Information Network
Google
Immigration and Refugee Board of Canada
Landinfo
Refugee Documentation Centre Query Database
UK Home Office
UNHCR Refworld
US Department of State