

## **HIV/AIDS as a Threat to Nigeria's National Security**

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### ***Introduction***

The human immunodeficiency virus and the Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic constitute one of the most pressing threats known to mankind. HIV, which causes AIDS, is a retrovirus that infects cells of the human immune system destroying or impairing their functions, resulting in infected persons becoming susceptible to other opportunistic infections (W.H.O, 2009).

HIV/AIDS has become a major source of death in the world today, especially in sub-Saharan Africa. Not only is it the leading killer of youths and adults in Africa, it is also further entrenching poverty, weakening the productive capacities of countries, overwhelming already over-extended healthcare systems, and threatening both national and continental security.

However, contrary to widespread belief, HIV/AIDS is not at all confined to sub-Saharan Africa. Every region of the world currently has a significant number of people living with HIV/AIDS. As noted by Garret (2005), the scale and geographic scope of the HIV/AIDS pandemic has only two parallels in recorded history: the 1918 flu pandemic and the Black Death in the fourteenth century.

According to the 2013 UNAIDS report on the global AIDS epidemic, globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012, with Sub-Saharan Africa being home to 70% of all new HIV infections in that year. In 2012, an estimated 1.6 million people in the region became newly infected; and an estimated 1.2 million adults and children died of AIDS, accounting for 75 percent of the world's AIDS deaths in 2012 (UNAIDS, 2013: 4, 12).

Nigeria, which is the most populous country in Africa, is one of the worst hit by the HIV/AIDS scourge. The Director-General of the National Agency for the Control of AIDS (NACA), Prof. John Idoko recently disclosed that about 3.4 million Nigerians are living with HIV/AIDS, identifying Nigeria as having the second-largest population of people living with HIV globally (Ogunmade, 2013). South Africa is believed to have the highest number of people living with the virus.

In January 2000 the United Nations Security Council (UNSC) held its first ever session to examine HIV/AIDS as a security concern, the first occasion in which the UNSC had specifically discussed a disease. Before then, HIV/AIDS had primarily been considered a public health issue at the international level. UN secretary-general Kofi Annan told the Security Council:

The impact of AIDS in Africa was no less destructive than that of warfare itself. By overwhelming the continent's health and social services, by creating millions of orphans, and by decimating health workers and teachers, AIDS is causing social and economic crises which in turn threaten political stability... In already unstable societies, this cocktail of disasters is a sure recipe for more conflict. And conflict, in turn, provides fertile ground for further infections' (UN press release, 2000).

At the same Security Council meeting, the president of the World Bank, James Wolfensohn pointed out that AIDS was not just a health or development issue, but one affecting the peace and security of people in Africa. While life expectancy in Africa had increased by 24 years in the last four decades of the twentieth century, the continent's development gains were threatened by the AIDS epidemic and life expectancy gains were being wiped out.

According to him, “In AIDS, the world faced a war more debilitating than war itself... Without economic and social hope, there could not be peace, and AIDS undermined both. Not only did AIDS threaten stability, but a breakdown in peace fuelled the pandemic” (Wolfensohn, 2000).

Subsequently, the UNSC adopted Resolution 1308 highlighting the potential threat that the epidemic poses for international security, particularly in conflict and peacekeeping settings, and encouraged a series of efforts to respond to HIV/AIDS in this context. According to the resolution:

The HIV/AIDS pandemic is exacerbated by conditions of violence and instability, which increases the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care... If unchecked, the HIV/AIDS pandemic may pose a risk to stability and security.

Therefore, the intervention of the Security Council in 2000 was a critical move in securitizing HIV/AIDS, presenting the disease as something extraordinary which demanded international attention and action. The claims made by the Security Council set the agenda for the subsequent debate on HIV/AIDS as a security issue. Its intervention provided the legitimization necessary for HIV/AIDS to be considered a security issue as well as the arguments for the development of an advocacy consensus.

This paper explores the nexus between HIV/AIDS and national security and examines Nigeria’s response to the epidemic. It argues that despite the efforts of the government and non-governmental organizations, the epidemic remains unabated. There is a need to accelerate action against HIV/AIDS in Nigeria. Thus, there is a need for more concerted and coordinated efforts among the relevant stakeholders in find a lasting solution to the scourge.

### **Conceptual Clarification**

The concepts of *national security* and *threat* are pivotal to this discourse, thus their meanings deserve clarification. The term “*national security*” has been conceptualized in various ways by different scholars. National security was traditionally viewed as referring to the protection of the territorial integrity of a state and the protection of its citizens from external threats, with specific focus on protection against military attack. The concept has been described as an evolving one which changed and became seen as not only covering protection of a state’s territory from external threats, but to also cover internal threats, as well as enhancing the lives of the people in the state, and the provision of infrastructure needed for development (Adesola, 2007).

Trager and Simonie (1973: 36) define national security as “that part of government policy having as its objective the creation of national and international political conditions favourable to the protection or extension of vital national values against existing and potential adversaries”. Onuoha (2008: 265) sees national security as “the capacity of a state to promote the pursuit and the realization of the fundamental needs and vital interests of man and society and to protect them from threats which may be economic, social, environmental, political, military or epidemiological”.

*Threat* is any form of interference with security in any of its spheres (economic, social, military, territorial, political, cultural, and so on). It represents anything that can undermine the security of the nation or anything that constitute danger to its survival. According to Richard Ullman (1983),

A threat to national security is an action or sequence of events that (1) threatens drastically and over a relatively brief span of time to degrade the quality of life for the inhabitants of the state or (2) threatens significantly to narrow the range of policy choices available to the government of a state or to private non-government entities (persons, groups, corporations) within the state.

Also, Wæver (1995: 54) states that: “security problems are developments that threaten the sovereignty or independence of a state in a particularly rapid or dramatic fashion, and deprive it of the capacity to manage by itself. This, in turn, undercuts the political order.” Threats to national security are ideally assessed in terms of the extent of risk they constitute to the pursuit of a country’s national interests or any of its attributes — territory, population, government, and sovereignty. It is in this sense that the security of a country is seen as a function of its ability to initiate, accommodate and effectively respond to threats (Adetula, 2009).

Threats can be real or perceived danger, and can emanate from within a state or from outside of the state. Threats to Nigeria's national security include insurgency, ethnic and religious crises, political violence, crimes and criminal activities, poverty, proliferation of small arms and light weapons, border security, environmental issues, human trafficking, terrorism and HIV/AIDS.

### **The Securitization of HIV/AIDS**

Although, HIV/AIDS does not fit into the orthodox security paradigm, Hadingham (2000:120) argues that HIV/AIDS poses a "pervasive and non-violent threat to the existence of individuals, as the virus significantly shortens life expectancy, undermined quality of life and limits participation in income-generating activities. The political, social and economic consequences are equally detrimental to the community, in turn undermining its security". Also, Ullman (2003) pointed out that: "We are, of course, accustomed to thinking of national security in terms of military threats arising from beyond the borders of one's own country. But that emphasis is doubly misleading. It draws attention away from the non-military threats that promise to undermine the stability of many nations during the years ahead".

Former US Vice President Al Gore, in an address to the UN Security Council on January 10, 2000 posited that HIV was a security issue because "it threatens not just individual citizens, but the very institutions that define and defend the character of a society. This disease weakens workforces and saps economic strength. AIDS strikes at teachers, and denies education to their students. It strikes at the military, and subverts the forces of order and peacekeeping" (Garrett, 2005: 14).

Thus, in January 2000, the United Nations Security Council (UNSC) declared a public health issue as a potential threat to international peace and security. This precedent-setting action was sparked by three different agendas, each with its own fears and aspirations (De Waal et.al, 2010). One motivation reflected traditional state-centred security concerns and was driven by fears that high disease burdens and the attrition of human resources would lead to state crises. As a threat to international security, the rapid growth of the HIV pandemic in parts of the world caused some analysts to predict that entire societies were in peril. They outlined a dire scenario in which the HIV pandemic, left unchecked, brings about catastrophic social and political collapse in affected countries, causes armies to become unmanageable, exacerbates armed conflict and makes humanitarian emergencies immeasurably worse.

The second agenda was a specific concern with peacekeeping, emphasizing the threats posed by HIV and AIDS to peacekeepers and peacekeeping operations and the fear that peacekeepers might contribute to HIV transmission by becoming vectors of transmission, both to host populations and from host populations to troop-contributing nations. UNSC Resolution 1308 (2000) restricted itself to the most immediate problem, namely, UN peacekeeping operations, and led to a growing consensus on the potentially constructive role that UN peace operations could play in strengthening HIV prevention (De Waal et al., 2010: 28).

The third agenda was a broader human security agenda – widening the scope of attention to the potential impacts of HIV and AIDS on the socio-cultural, political and economic dimensions of human well-being (De Waal et al., 2010: 26). It points to the inter-linkages across a variety of security threats beyond the traditional strategic and military domain, including economic, environmental, health and political security. Addressing the UN Special Session on AIDS on July 23, 2001, Colin Powell, U.S. secretary of state stated:

No war on the face of the world is more destructive than the AIDS pandemic. I was a soldier. I know of no enemy in war more insidious or vicious than AIDS, an enemy that poses a clear and present danger to the world. The war against AIDS has no front lines. We must wage it on every front.

Recognizing the magnitude of the problem as a security threat, Heads of State and Governments of the Organization of African Unity (OAU) (now African Union) convened a Special Summit in Abuja, Nigeria from April 26-27, 2001 to review and critically assess the HIV/AIDS challenges facing Africa. They declared, "AIDS as a State of Emergency on the continent", vowed to make the battle against HIV/AIDS the "highest priority in their respective national development plans," and recognized the "essential role of education" in the fight against HIV/AIDS. Moreover, the summit acknowledged that, "education is the most powerful and cost-effective tool" for large-scale information dissemination and for practical "personal development strategies" for "long term behavioral change." The summit also recognized that adequate financial and human resources are required to sustain a comprehensive response in arresting HIV/AIDS at the national, regional and continental levels.

In view of the foregoing, the summit committed collectively and individually to up scaling the role of education and information in this process (Abuja declaration, 2001).

In the same vein, the United Nations Secretary General Kofi Annan declared the HIV/AIDS situation in Africa as catastrophic and called for a Special Session of the General Assembly (UNGASS) in New York, which was held from June 25-27, 2001. The General Assembly noted the destabilizing effects of the epidemic. According to the session:

- The links between AIDS and issues of security are many, and the epidemic destabilizes societies in profound ways. As parents and workers succumb to AIDS-related illnesses, the structures and divisions of labour in households, families, workplaces and communities are disrupted, with women bearing an especially heavy burden. From there, the effects cascade across society, reducing income levels, weakening economies and undermining the social fabric.
- The economic and developmental impact can be especially dramatic. It is estimated that gross domestic product (GDP) growth shrinks by as much as 1-2% annually in countries with an HIV prevalence rate of more than 20%. Over several years, the loss of economic output accumulates alarmingly. Calculations show that heavily affected countries could lose more than 20% of GDP by 2020.
- The epidemic increases the strain on state institutions and resources, while undermining the social systems that enable people to cope with adversity. In badly affected countries, education and health systems are compromised, economic output shrinks and state institutions, such as the judiciary and police, are undermined. In some societies, increased social and political instability can result (UNGASS, 2001).

The UNGASS, thus, created the Global Fund for AIDS and health to finance intensified activities around the world (particularly in Africa), in attempts to curtail the continuing and accelerated spread of the epidemic.

Worthy of note in the HIV/AIDS-security debate is the impact of globalization in the spread of diseases across the globe. The movement of people across borders and within them continues to have serious implication for global health. Former US Ambassador to the UN, Richard Holbrooke stressed this:

AIDS is not just the problem of a single country. It is not just an African problem. It cannot be treated simply as a problem of a single continent. In a world defined by globalization and interdependence--two of the catchwords of the modern era--we can't do triage by countries or continents. And we can't simply focus on economic interdependence. We have to recognize that while interdependence gives economic opportunities, it also can pose global threats. You cannot deny AIDS a visa; you cannot embargo it or quarantine it; you cannot stop it at a border.

In essence, the conceptions of threats and security problems are highly applicable to HIV/AIDS. HIV/AIDS is first and foremost a personal security issue, threatening the lives, health, family structure, and well being of individuals and entire communities. The epidemic reduces life expectancy and productivity in the country. Secondly, the military is an increasingly important factor in the epidemic, although most armies and governments are reluctant to reveal HIV statistics. Military personnel, peacekeepers, and peace observers rank consistently among the groups most affected by HIV/AIDS. The national security implication is that a military force that is sick and dying will not be as effective - or as disciplined - as one that is healthy.

At the national level, the greatest immediate security threat from HIV/AIDS infection is that which comes from the weakening of the military when a significant percentage of soldiers become infected with HIV/AIDS. If the HIV infection rate keeps pace with other sexually transmitted diseases then the threat to the military is considerable (Joireman, 2004). Colonel Adewale Adeniyi, the Commanding Officer (CO) of 245 Battalion of the Nigerian Army described HIV/AIDS as one of the fastest killer diseases in the Nigerian military stating that it is rated as the second largest killer of soldiers especially during peace keeping operations outside Nigeria. According to him, many Nigerian soldiers had been reckless when it came to sexual behaviour during foreign assignments, noting that this accounted for the reason many suffered from related diseases and infections, pointing out that "the longer units are deployed in a mission, the more prone they are to HIV/AIDS and other infections" (Adeniyi, 2011). Unfortunately, there is no accurate data to support these claims.

### Overview of HIV/AIDS situation in Nigeria

After the first AIDS case was reported in 1986, the prevalence rate rose steadily to 5.8 percent in 1999. According to the 2012 Nigeria Global AIDS Response Country Progress Report, for the twenty six year period dated 1986 till December 2011 that AIDS was first reported in Nigeria, 3,459,363 people now live with HIV and an estimated 1,449,166 require ARV. 388,864 new infections occurred in the year ended 2011 with 217,148 AIDS related deaths (Nigeria GARPR 2012: 10).

The national HIV Seroprevalence level, obtained from sentinel surveys of antenatal care attendees, increased from 1.8 percent in 1991 to 5.8 percent in 2001 and then declined to 5.0 percent in 2003 and further to 4.4 percent in 2005. This was followed by a rise to 4.6 percent in 2008, decline to 4.1 percent in 2010 and a recent drop to 3.4 percent in 2012 (See Table 1).

**Table 1: HIV/AIDS Prevalence Rate in Nigeria by State 2003, 2005, 2008 & 2010**

STATE	2003	2005	2008	2010
Abia	3.7	4.0	5.0	7.3
Adamawa	7.6	4.2	6.8	3.8
Anambra	3.8	4.2	5.6	8.7
Akwa-Ibom	7.2	8.0	9.7	10.9
Bauchi	4.8	3.4	3.1	2.0
Bayelsa	4.0	3.8	7.2	9.1
Benue	9.3	10.0	10.6	12.7
Borno	3.2	3.6	2.0	5.6
C/River	12.0	6.1	8.0	7.1
Delta	5.0	3.7	3.7	4.1
Ebonyi	4.5	4.5	2.8	3.3
Edo	4.3	4.6	5.2	5.3
Ekiti	2.0	1.6	1.0	1.4
Enugu	4.9	6.5	5.8	5.1
Gombe	6.8	4.9	4.0	4.2
Imo	3.1	3.9	4.6	3.0
Jigawa	2.0	1.8	1.6	1.5
Kaduna	6.0	5.6	7.0	5.1
Kano	4.1	3.4	2.2	3.4
Katsina	2.8	2.7	2.6	2.0
Kebbi	2.5	4.0	2.9	1.0
Kogi	5.7	5.5	5.1	5.8
Kwara	2.7	2.8	1.8	2.2
Lagos	4.7	3.3	5.1	5.1
Nassarawa	6.5	6.7	10.0	7.5
Niger	7.0	5.3	6.2	4.0
Ogun	1.5	3.6	1.7	3.1
Ondo	2.3	3.2	2.4	2.3
Osun	1.2	2.0	1.2	2.7
Oyo	3.9	1.8	2.2	3.0
Plateau	6.3	4.9	2.6	7.7
Rivers	6.6	5.4	7.3	6.0
Sokoto	4.5	3.2	6.0	3.3
Taraba	6.0	6.1	5.2	5.8
Yobe	3.8	3.7	2.7	2.1
Zamfara	3.3	3.0	2.1	2.1
FCT	8.4	6.3	9.9	8.9
<b>Aggregate</b>	<b>5.0</b>	<b>4.4</b>	<b>4.6</b>	<b>4.1</b>

Source: NACA, Abuja.

Some of the factors that fuel the spread of HIV can be attributed to rapid urbanisation and extreme poverty.

Determinants of the high prevalence of HIV/AIDS in Nigeria include: Low level of literacy, especially among females; Widespread underemployment and generalised poverty; Female sex work as an income source in urban centres; A cultural milieu of male dominance; An erroneous belief that sexual intercourse with a female virgin can cure sexually transmitted infections (STIs), including HIV, a factor that accounts for cases of rape of girl-children by older men; Treatment of STIs through self-medication and/or by herbalists; A weak health-care delivery system; Weak community support for HIV and AIDS preventive programmes; Infrequent use of condoms during casual sexual intercourse; Stigmatisation and criminalisation of the high-risk behaviours (e.g., sex work, homosexuality, and injection drug use) associated with HIV transmission, making it difficult to reach the populations practicing these behaviours (NACA, 2002).

In Nigeria, vulnerable groups include women, youth, and orphans. High-risk groups include sex workers, truck drivers, military personnel, prisoners, migrant workers and other mobile people, men who have sex with men, and injection drug users.

According to the National Agency for the Control of AIDS (NACA), the leading route of HIV transmission in Nigeria is heterosexual intercourse, accounting for over 80 percent of infections. Mother-to-child transmission and transfusion of infected blood and blood products are generally estimated as ranking next as common routes of infection; arguably, each of these two are believed to account for almost ten percent of infections. Other modes of HIV transmission are intravenous drug use and same sex intercourse.

Some of the key drivers of the HIV epidemic in Nigeria have been identified as: low personal risk perception, multiple concurrent sexual partnerships, intense transactional and inter-generational sex, ineffective and inefficient services for sexually transmitted infections (STIs), and inadequate access to and poor quality of healthcare services. Entrenched gender inequalities and inequities, poverty, and persistence of HIV/AIDS related stigma and discrimination also significantly contribute to the continuing spread of the virus (NACA, 2012).

### **National Response to the HIV/AIDS Epidemic**

Nigeria's AIDS response can be divided into three phases: the first from 1986 to 1991; the second between 1991 and 1997; and the third from 1999 to the present (REACH report, 2010: 4-5). During the first phase (1986–91), the response was slow due to denial, apathy, lack of political will, and insufficient commitment by the federal government. Although a National AIDS Control Programme (NACP) was established in 1986, most Nigerians remained unaware of the risks and consequences of the disease.

During the second phase (1991–97), some efforts were made to decentralise the national response through the establishment of state and local government AIDS committees and the development of control programmes. The national programmes on AIDS and STD control were merged in 1992. Also during this second phase, the government supported and encouraged nongovernmental organizations working on AIDS and STDs; introduced a condom social marketing strategy; promoted early diagnosis and treatment of STDs through disease management and counselling; initiated periodic sentinel surveys for HIV among pregnant women coming to antenatal clinics; and launched the National Control Policy on HIV and AIDS/STIs.

The third phase (1999–present) has been characterised by a more robust response. The authorities approved a comprehensive work plan, the HIV and AIDS Emergency Action Plan (HEAP), which has been revised several times. The plan incorporates a wide range of activities that were initially implemented in collaboration with all tiers of government (local, state, and federal) and nongovernmental organisations (NACA, 2002).

In essence, the national response to HIV in Nigeria is multi-sectoral in nature involving multiple stakeholders and coordinated by the National Agency for the Control of AIDS (NACA) (formerly National Action Committee on AIDS (NACA)). State Agencies for the Control of AIDS (SACAs) have been established in 34 states and FCT. HIV/AIDS Response programs and interventions include HIV Counseling and testing (HCT), Anti-Retroviral Therapy (ART), and Prevention of Mother to Child transmission (PMTCT), interventions for Orphans and Vulnerable Children (OVC), Family Life and HIV/AIDS Education (FLHE), behavior change interventions and Home Based Care and support (HBC) interventions. Nigeria's HIV/AIDS response is funded from domestic public and private sources and external sources including the Federal and State Government, Global Fund, PEPFAR, DFID, CIDA, World Bank and the UN System.

NACA was legally transformed into an agency by an act of parliament in 2007, bringing institutional stability and a formal budget line from the Federal Government. Also, eight SACAs acquired agency status. Civil society platforms and human capacity at the various levels for HIV programming, coordination and management was also strengthened (NACA, 2012).

Furthermore, Nigeria has enacted a number of laws and policies to guide the multi-sectoral response to HIV/AIDS. Several HIV/AIDS policy and programme documents have been developed and approved by the government. Among them are the National Policy on HIV and AIDS; National Workplace Policy on HIV and AIDS; National HIV and AIDS Behaviour, Change, and Communication Strategy (2009–14); National HIV and AIDS Prevention Plan; National Ethics and Operational Guidelines for Research on Human Subjects; National Strategic Framework for Action; and a National HIV Vaccines Development programme. A national bill for prevention and stigmatization/discrimination to protect the rights and integrity of PLWHAs is under consideration.

The National Policy on HIV/AIDS was developed in 2009 by the National Agency for the Control of AIDS (Nigeria GARPR, 2012: 11-13). This policy document provide regulations and guiding principles on topics ranging from prevention of new infections and behaviour change, treatment, care and support for infected and affected persons, institutional architecture and resourcing, advocacy, legal issues and human rights, monitoring and evaluation, research and knowledge management and policy implementation by the various stakeholders in the national response. The national policy was developed in agreement with key national and international frameworks relevant to the HIV/AIDS response in Nigeria, including:

- The 1999 Constitution of the Federal Republic of Nigeria, which affirms the national philosophy of social justice and guarantees the fundamental right of every citizen to life and to freedom from discrimination.
- Complementary government policy documents which provide the framework for the National HIV policy, including the NACA Act, Medium Term Strategy, National Economic Empowerment and Development Strategy (NEEDS) I and II, National Gender Policy, and the Seven Point Agenda of the Federal Government of Nigeria.
- Commitments to and ratification of numerous international conventions including Universal Declaration of Human Rights (1948), the Convention on Economic, Social and Cultural Rights (1976), the Convention on the Elimination of All Forms of Discrimination Against Women (1979), Convention on the Rights of the Child (1989), and the African Charter on Human and People's Rights (2003).
- Nigeria's ratification of agreed international community goals including the Programme of Action of the International Conference on Population and Development ICPD (1994), The Political Declaration and further action and initiatives to implement the Beijing Declaration and Platform for Action (2000), Political Declaration at the World Summit for Social Development (1995), The United Nations Millenium Declaration (2000) which target 2015 for the reversal of the epidemic trajectory, Greater Involvement of People with AIDS (GIPA) and Meaningful Involvement of People with AIDS (MIPA) principles, The Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and other related diseases in Africa (2001) and the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) (2001).
- Nigeria's Commitment to Universal Access and to comprehensive HIV prevention, treatment, care and support as enunciated in the following: the 2005 Gleneagles G8 Universal Access Targets, the 2006 United Nations Political Declaration on HIV/AIDS, the African Union's Abuja Call for Accelerated Action towards Universal Access for HIV/AIDS (2006), and the Brazzaville Commitment on scaling up towards Universal Access to HIV and AIDS prevention, treatment, care and support services in Africa by 2010.

Additionally, NACA established a New Prevention Technologies Technical Working Group (NPT TWG) in December 2011. The NPT TWG is a diverse group of stakeholders and experts in HIV prevention, treatment and care who brings an enormous breadth of experience across all elements of HIV vaccine development, trials and testing (research, education, regulatory, policy, ethics and community engagement).

The NPT TWG was mandated to lead the development of an updated, forward-looking and action-oriented National HIV Vaccine Plan that advances Nigeria's capacity to contribute to HIV vaccine research and development.

This culminated in the development of the 2012 National HIV Vaccine Plan that articulates the processes and policies that will guide HIV clinical trials in Nigeria, outlines the strategic objectives and priority activities that will incrementally enhance existing HIV vaccine research resources, infrastructure and skills, and provides an implementation plan to guide effective execution (National HIV Vaccine Plan, 2012).

Also, in 2013, President Goodluck Jonathan launched a new, special purpose programme targeted at achieving universal access to the prevention, treatment, care and support for Nigerians living with HIV/AIDS. Tagged the “President’s Comprehensive Response Plan”, PCRPP, the programme was developed to promote greater responsibility and accountability for HIV/AIDS responses at national and sub-national levels (Ogundipe, 2013).

Furthermore, Nigeria is signatory to several HIV/AIDS resolutions including the Declaration of Commitments on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) which mandates member states to take strong and decisive action against the HIV/AIDS epidemic. In order to monitor global response across countries, the declaration emphasizes the need to compile accurate information using standard indicators in the reporting tool.

### **Challenges with Tackling the HIV/AIDS Epidemic**

It is quite unfortunate that despite all the initiatives, programmes and funding to contain the HIV virus, there is still no respite for the country. According to Okonofua (2013), as of mid-2013, up to 60,000 HIV positive babies were reported to be born in Nigeria each year. This represents the world’s highest. Although an 8% drop in HIV among children aged 0-14 years occurred between 2009 and 2012 with about 10,000 fewer children acquiring HIV, Nigeria is still counted as the country with the slowest rate of decline in the world. This situation is saddening considering the vast amount of funding on the epidemic from the government and several international donor organizations.

According to the report of the National AIDS Spending Assessment (NASA) for the period 2009-2010, there was an increased funding for HIV and AIDS national response in Nigeria from \$299,246,295.00 in 2007 to \$496,917,471.00 in 2010. However, the funding for the implementation of the vast majority of HIV/AIDS goods and services was heavily dependent on international funds (76.3% and 75.0% in 2009 and 2010 respectively) with the direct bilateral contribution accounting for majority of the funds. For instance, through the United States President’s Emergency Plan for AIDs Relief (PEPFAR), Nigeria received \$488.6 million to support comprehensive HIV/AIDS prevention, treatment and care programmes in 2011.

Yet, there continues to be a pervading set-back and slow pace of progress in decelerating the incidence and prevalence of HIV/AIDS in Nigeria. Okonofua (2013) proffered three principal explanations for this:

1. The poor execution of the multi-sectorial approach to the prevention of the virus. Contrary to the international understanding of the disease determinants, NACA seems to have adopted a solely biomedical solution, and has failed to involve other equally important sectors in addressing the disease burden. Unless efforts are made to involve all sectors in tackling the disease, very limited success can be achieved.
2. The biomedical profiling of the disease adopted has not been well applied in tackling the disease. A vertical approach to programming that ignores health systems strengthening is being systematically pursued to the detriment of the program’s sustainability and cost-effectiveness. Therefore, the lack of efforts to strengthen the health care system as part of the HIV/AIDS control measures can only slow down the process of change in preventing and managing the disease.
3. The failure to scale up the prevention and management of HIV/AIDS prevention within the health care system. To date, HIV has been managed in designated treatment centres, with many health facilities lacking the competence and the logistical support to effectively manage the disease.

Another major challenge in the fight to eradicate the epidemic is the dearth of accurate data. Unfortunately, despite the magnitude of the HIV/AIDS situation in the country, there is no accurate data of the number of people living with the virus or the actual number of deaths which can be attributed to the epidemic. This a general problem with obtaining data for almost all health issues in the country.

This makes it difficult to understand the magnitude of what the country is facing in regards to the HIV/AIDS pandemic. For instance, a major limitation stated in the 2012 Demographic Statistics of the National Bureau of Statistics has to do with the dearth of data:



A number of challenges were observed during the conduct of the study. First, appropriate record-keeping remains a challenge among health facilities resulting in data gaps in the study. In addition, institutional coordination between the health care facilities and supervisory ministries appears less than desirable. Lastly, the data recording and record-keeping systems in some States are inadequate to effectively report on demographic events (NBS, 2012: vi).

Furthermore, there has been serious underreporting of HIV infections and AIDS cases in the country. This could be because:

- The stigma of AIDS may discourage people living with HIV/AIDS (PLWHAs) from seeking medical care;
- Health care workers may not want to record an AIDS diagnosis because of the stigma attached to the disease;
- Some people with HIV infection may die of other diseases before they are diagnosed with AIDS;
- Some rural hospitals and district health care facilities may not have the capability to test for HIV infection, or may not be able to recognize the disease;
- Most private clinics and laboratories do not report their HIV/AIDS statistics; and
- Misdiagnosis, attributing HIV disease to other ailments (Nasidi and Harry, 2010: 32).

### **Conclusion**

HIV/AIDS is one of the major security threats of the twenty-first century. Unfortunately, due to the complexity and sensitive nature of the issue, and lack of information and reliable data, it is not possible to give a definitive picture of the scale of the threat posed by HIV/AIDS to Nigeria's national security. However, the little amount of data available from various sources is frightening.

What is even more worrisome is the fact that despite several ongoing interventions by the Nigerian government, international donor agencies, development partners and non-governmental organizations, there is little that has been achieved in combating the epidemic. Thus, there is a need to do more. All hands need to be on deck to find a lasting solution to the HIV/AIDS menace.

The media can do a lot in containing the epidemic. There is a need for the media to assist more in sensitizing and raising the awareness of Nigerians on prevention of the spread of the HIV virus and combating the stigma associated with the disease. More needs to be done in advocating for safe and protected sex, especially among the high-risk groups and to ensure that all infected persons are identified and enrolled into care and that all who are eligible for anti-retroviral drugs are getting them regularly and consistently.

There is also the need for the speedy passage of the HIV/AIDS anti-stigma and discrimination bill. This will go a long way in protecting people living with the disease. A large number of people do not go for testing because they are afraid of being confirmed to be HIV positive. Thus, if passed into law, it is bound to save many lives and help in combating the scourge.

Finally, for the HIV epidemic to be effectively curtailed in Nigeria, there is a need for attitudinal change by Nigerians themselves towards the transmission of the disease. The more people desist from engaging in risky behavior patterns that fuel the spread of the virus, the easier it will become for the epidemic to fade out. It is hoped that if everyone should see the epidemic as a major threat to the nations' national security, there would soon be an end to the constant deaths currently being recorded in Nigeria and Africa as a whole as a result of HIV/AIDS.

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