



Independent observer  
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## NIGERIA AWAITS ENSHRINING OF ANTI-DISCRIMINATION BILL INTO LAW

Nigeria is watching as President Goodluck Jonathan considers whether to sign a groundbreaking anti-discrimination bill that would impose harsh punishment on those who would erect barriers to access to services for the country's 3.5 million people living with HIV.

The bill passed the National Assembly in April 2014 but has been stalled awaiting the executive signature that would make it a crime punishable with a fine or imprisonment to turn away anyone seeking treatment for HIV or AIDS. The bill aims to reduce stigma and discrimination levelled against people living with HIV, so that they can declare their status, access counselling [Anchor] and treatment, and reduce the risk of transition.

The law would also forbid any individual or organization from disclosing the HIV status of someone else, and prevents employers, institutions or individuals from requiring an HIV test as condition for employment or access to services.

The bill will have the greatest impact at state level and in rural areas, said Nigeria country coordinating mechanism (CCM) spokesman Emmanuel Abi Couson, where rampant discrimination means many refuse to even get tested to know their status. The federal law could also pave the way for state-level legislation enshrining a more tolerant approach to HIV in a country with the second-largest disease burden in the world.

Passage of the bill into law has been accompanied by wide debate over a vaccine purported by its creator to be able to cure AIDS. Dr Jeremiah Abalaka developed the vaccine in the late 1980s but it has been banned from use in Nigeria since 1990. Now, a court ruling has overturned the ban, paving the way for Dr

Abalaka to resume administering the vaccine, over fierce objections by civil society HIV activists.

The concern, according to the Network of People Living with HIV/AIDS (NEPWHAN), is that people will turn to the relatively affordable vaccine rather than continuing to follow the approved treatment regimen of ARV, which as of late 2014 require patients to pay a small sum out of pocket.

“In the last four months user-fees have been re-introduced. Those who are unable to pay for these services are left without treatment, or even seeking traditional, spiritual and other forms of treatment for HIV,” NEPWHAN co-coordinator Edward Ogenyi said.

User-fees include registration for people signing up to ARV treatment, diagnostic costs and, in some cases, the cost of the drugs themselves. That there is no formal or systematic application of the user fees has also caused problems in some communities, although Couson told Aidspace that getting evidence — even receipts for fees for service — to back the anecdotal complaints has been challenging.

“What we know is that anything related to drugs from the Global Fund should be free,” he said. “If people come and say they are being charged, but without evidence, we have no way to act.”

The National Agency for Control of AIDS (NACA) has also rejected the vaccine as unapproved and ineffective, but its director-general, Professor John Idoko, has failed to come out strongly against the ruling.

Idoko has also acknowledged the inequalities inherent in the user-fee protocols, noting in remarks to Aidspace that “those who receive drugs through the US government have been asked to pay for certain tests, but for those who receive from the Global Fund and the Government of Nigeria it is completely free. And we are working with the Minister of Health to see how we can resolve that.”

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