



Independent observer
of the Global Fund

Global Fund and UNAIDS urge Nigeria to reconsider new anti-gay law

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Governments including the US and the UK released strongly worded statements that matched the urgent request by the Global Fund and UNAIDS for Nigeria to review the constitutionality of the law, which will impose stiff jail sentences of up to 14 years for those entering into same-sex unions and restricts public association by gay and lesbian Nigerians.

In a 14 January statement, the two organizations said the new law "could prevent access to essential HIV services for LGBT people who may be at high risk of HIV infection, undermining the success of the Presidential Comprehensive Response Plan for HIV/AIDS which was launched by President Goodluck Jonathan less than a year ago".

Nigeria should put comprehensive measures in place to protect the ongoing delivery of HIV services to LGBT people without fear of arrest or other reprisals, the Global Fund/UNAIDS statement added.

Estimates from 2012 suggest there are some 3.4 million people in Nigeria living with HIV, a national prevalence rate of around 4%. Prevalence among men who have sex with men is estimated at 17%.

“The provisions of the law could lead to increased homophobia, discrimination, denial of HIV services and violence based on real or perceived sexual orientation and gender identity. It could also be used against organizations working to provide HIV prevention and treatment services to LGBT people,” they said.

The law may have serious public health and human rights implications for Nigeria and could be a bellwether for similar repressive legislation across West Africa.

There are already more than 30 countries in sub-Saharan Africa that have criminalized homosexual activity: most of which are recipients of Global Fund support. The implications of the new law are already evoking concerns among civil society groups that work specifically with men who have sex with men. The Global Fund Secretariat told Aidspan that it did not know yet what the law meant for the programmes it supports in Nigeria, but that contact with government was continuing.

However, the adverse implications for outreach programmes to the MSM community could be considerable. In the administrative capital Abuja, the International Center for Advocacy on Right to Health (ICARH) established a clinic in 2011, providing condoms and ARVs to slow the spread of HIV in this population.

“This law will be very harmful to our work,” Ifeanyi Kelly Orazulike, ICARH’s Head of Programmes told Aidspan. “The primary beneficiaries of our programmes are men who have sex with men. Over 600 people are benefitting from our services, and 200 of them are receiving ARVs. What will happen to these people who are on ARVs? There is a real possibility that they will drop out of the programme as MSM will henceforth fear coming out in public to receive the services.”

Mr Orazulike said that anecdotally, he has heard from many men preparing to flee the country once the law is fully implemented because due to the way it is written, it creates an atmosphere that encourages targeting of people on the basis of their sexual orientation. As part of an intensive year-long campaign to keep the bill from being passed, ICARH delivered a paper to the Nigerian senate about the potential implications for public health. The paper, he said, was ignored.

“The international community should put pressure on the Nigerian government to understand the negative impact of this law in terms of financing for programmes targeting key populations,” he said, noting that the support by the Global Fund and other donors is crucial.

The Global Fund has disbursed about \$1 billion to Nigeria since 2002, some two-thirds of which supports HIV programming including the provision of anti-retroviral therapy for more than 520,000 people.

Speaking by telephone to Aidspan, Ibrahim Umoru, coordinator of Nigeria’s Network of People Living with HIV/AIDS, which has been a sub-recipient (SR) of Global Fund grants since 2006, called the law inconsistent with the country’s need to slow the spread of HIV transmission and infection. Tackling AIDS is not just about providing anti-retroviral treatment; it’s about sensitizing people about prevention and changing behaviours to avoid infection. So the grey areas not yet clarified in the application of the new law could make his job decidedly more complicated.

“For instance, in my work, I come across situations where I may need to offer counselling to MSM people who are HIV positive. Since the new law criminalizes the public display of same-sex activities, will such counselling be prevented?” he asked. “As a person living with HIV, my concern is not about people’s sexual orientation but rather about sexual health. Treatment must be given to all people without discrimination.”

Discouragement with the passage of the bill that they spent a year fighting will not make AIDS activists in Africa’s most populous nation complacent, Mr Umoru vowed; instead, they will continue to agitate for government to ensure a conducive environment for the implementation of HIV/AIDS programmes for all

people, including those engaged in same-sex activities.

Yakasai Umar Tanko, the national coordinator of Network of Youth on HIV/AIDS in Nigeria (Nynetha), a sub-recipient of Global Fund grants for Round 9, said the government should be prepared to fill the void if donors who have been funding LGBT programmes are unable to operate because of the new law.

“The government must have been aware of the implications of coming up with that law and should be ready for the consequences that the law will have on donor funding for HIV/AIDS programmes,” he said.

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