**RESPONSE TO THE CALL FOR CONTRIBUTIONS FROM OHCHR ON HUMAN RIGHTS IN THE CONTEXT OF HIV AND AIDS**

**BY**

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The centrality of human rights to the national HIV and AIDS response in Nigeria cannot be over emphasized as failure to address the violation of human rights of people living with HIV/AIDS can cause a lot of harm. The national HIV response is ensuring human rights responsiveness of all its programmes and interventions by ensuring the human right principles are adhered to as prescribed by the HIV/AIDS National Strategic Framework (2017-2021) and that no one is left behind in expanding the response to achieve the target of ending AIDS by 2030.

Most of HIV and AIDS related human rights violations and abuse; stigma and discrimination go unreported, undocumented and unpunished. The need to establish an effective and sustainable mechanism to address cases of discrimination faced by People Living with HIV (PLHIV) and People Affected by AIDS (PABA) becomes imperative. Barriers to uptake of HIV/AIDS services continues to show that human rights violations including lack of access to access to justice have serious implications for the spread and impact of HIV on individuals and communities. A lack of respect for human rights fuels the spread and exacerbates the impact of HIV. The nexus between HIV and human rights is demonstrated in its disproportionate incidence and spread among certain groups which, depending on the nature of the epidemic and the prevailing social, legal and economic conditions include women, men who have sex with men, transgender females, people who inject drugs and female sex workers. While HIV prevalence in Nigeria is 1.5 among persons of reproductive ages, 15-49, the prevalence among females is almost double of the male at 1.9% female and 1.1% for males. The sero- prevalence estimation of key populations conducted in some states of the country also indicates large proportions of MSM, FSW and PWID are living with the virus. Thus, reviewing and reforming legislations that may create barriers to access to health, social services and reduce stigma and discrimination is needed.

The political declaration notes with concern and states the need to end AIDS by ending the intersecting injustices that drive new HIV infections among people especially key populations- KPs (gay men and other men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons and closed settings). The declaration also recognizes the fact that KPs are more likely to be exposed to HIV and face violence, stigma, discrimination and laws that restrict their movement or access to services. It also agrees to a target of ensuring that less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025. They also committed to ensure that less than 10% of people living with, at risk of or affected by HIV face stigma and discrimination by 2025, including by leveraging the concept of undetectable = untransmutable (people living with HIV who have achieved viral suppression do not transmit HIV).

To achieve the SDG 3, target 3.3 (By 2030, end the epidemics of AIDS, Tuberculosis, Malaria…), it is important that no one is left behind. Despite recent improvements in coverage of HIV services in many parts of the country, evidence continue to show that certain groups are being left behind and may have poor access due to social, legal, cultural and policy constraints. These groups include: sex workers, men who have sex with men, people who inject drugs, transgender women, persons with disabilities and indigent women.

**Interventions-**  **Human Rights in the Context of HIV and AIDS Response in Nigeria**

The national HIV and AIDS response in Nigeria through the leadership of the National Agency for the Control of AIDS (NACA) is investing a lot of efforts with broad partnerships and stakeholders’ collaboration- to ensure human rights responsiveness of all its programmes and interventions. This is being achieved by ensuring that the human rights principles are adhered to as prescribed by the HIV/AIDS National Strategic Framework (2017-2021) and that no one is left behind in expanding the response to achieve the target of ending AIDS by 2030.

These interventions include:

* Incorporating of human rights principles into training packages in the national HIV/AIDS response.
* Conducted Legal Environment Assessment for HIV Response in Nigeria (2014) and developed and has been implementing a National Plan of Action (2017-2022) on removing legal and human rights barriers to HIV and AIDS response in Nigeria.
* Developing the national HIV and AIDS Access to Justice Guidelines and Capacity Building Manual (2020) for capacity strengthening interventions for human rights in the national HIV/AIDS response.
* Mapping of laws, policies and services on gender based violence and its intersections with HIV in (2014).
* Developing and implementing the National HIV and AIDS Stigma Reduction Strategy.
* Enacting and implementation of the National HIV and AIDS Anti-Discrimination Act (2014).
* Popularization and supporting the implementation of the positive laws such the HIV and Anti-Discrimination Act (2014), The Violence against Persons Prohibition (VAPP) Act (2015), Administration of Criminal Justice Act (ACJA) (2015), The Violence Against Persons Prohibition Act (2015), The Administration of Criminal Justice Act (2015) and so on.

Availability of the popular version of the HIV/AIDS Anti-Discrimination Act (2014) with translation into Nigerian languages.

* The establishment of a national Gender and Human Rights Technical Committee (GHRTC) within the national HIV Response.
* The establishment of Gender and Human Rights State Response Team (GHR-SRT) in fourteen (14) States and the Federal Capital Territory (FCT).
* Training of paralegal persons among key and vulnerable populations.
* Capacity building for judicial institutions and human rights administrators on HIV, key and vulnerable populations.
* Engagement and capacity building of parliamentarians at federal and state levels on human rights laws for key and vulnerable populations.
* Support for alternative dispute resolution and litigation by Coalition of Lawyers on Human Rights (COLAHR) and Lawyers supporting drug related issues
* Development of compendium of cases on abuse and human rights violations and resolutions.
* Dedicated funding for KP organizations for advocacy, capacity building for their members and peer support group interventions including “know your rights” training and education for their peers.

**Gaps- Human Rights in the Context of HIV and AIDS Response in Nigeria**

The human rights barriers to be bridged include:

* Widespread stigma and discrimination which adversely affect willingness to be tested and adherence to antiretroviral therapy (ART).
* Limited programmatic funding for stigma and discrimination issues at national and sub-national level.
* Lack of monitoring and reporting of existing stigma and discrimination indicators (not yet incorporated into the national HIV/AIDS non-health sector data collection tools).
* Age discrimination in participation on decision making process and access to HIV services.
* Need for consistent, valid and objective measure of stigma at different levels of the HIV response.
* Low advocacy, awareness and enforcement of the anti-HIV discrimination law across levels.
* The reinforcement of gender inequalities, stigma and discrimination by some sections of the antidiscrimination law in some States laws
* Weak systems for evaluating the impact of stigma and discrimination reduction programmes at national and subnational levels.
* Weak response and data capture system at the State and community levels for reporting and providing access to justice for stigma and discrimination cases as well as addressing human rights violations
* Lack of data and interventions on hidden populations living with HIV such as older persons and persons with disabilities who are being left behind (Global AIDS Report- UNAIDS 2018).
* Weak enforcement and implementation of the HIV Anti-Discrimination Act (2014)
* Insufficient advocacy to law makers, religious/ traditional leaders and other critical stakeholders on the importance of the Act and the high level of lack of awareness of the existence of the Act by majority of the Human Rights Administrators in the States.
* Poor legal and social support for vulnerable girls, boys and women impacting on HIV response
* Poor access and support from trained law enforcement agencies
* Inadequate funding of gender and human rights programming at all levels of the HIV response.

**Recommendations/Implications of the Gaps Identified**

* Reduction of age of consent to fourteen (14) years for HIV and reproductive health services.
* Improve and include data capture of human right violations of PLHIV including those with disabilities, KP and adolescents and young people in their diversity (AYPLHIV, YKPs)
* Strengthen legal and human rights response for vulnerable populations including adolescents and young people in their diversity (AYPLHIV, YKPs).
* Review, domesticate, intensify advocacy, awareness, and enforcement the HIV/AIDS Anti-Discrimination Act (2014) in the states that have not domesticated.
* Integrate gender and human rights issues into existing HIV/AIDS strategic documents and interventions.
* Adoption of a human rights and gender responsive national policy on harm reduction
* Integrate gender and human rights into training curricula of legal, medical, paramedical and social services institutions.
* Harmonization of strategies among partners and enforcement of the use of the national guidelines and plans of action to address gender and human rights barriers in the national HIV/AIDS response.
* Intensive popularization of the Act including the translation into simpler versions and language(s); establishment of Gender, Human Rights State Response Team in all States (GHR-SRT) to popularize the positive laws and improve access to justice for those whose rights are violated; high level advocacy to relevant State stakeholders; and review of some States Acts passed to reflect current developments on gender and human rights programming.
* Integrate interventions for older persons and persons with disabilities in all HIV/AIDS interventions.
* Strengthen systems for evaluating the impact of stigma and discrimination reduction programmes and other gender and human rights interventions at national and subnational levels.
* Funding community component with focus on mitigating stigma and discrimination for people living and affected with HIV, key populations, adolescent and young people.
* Recommended interventions to build the KP movements include organization development informed by organisational capacity assessment, facilitation of learning and experience sharing with other regional and sub-regional PLHIV and KP groups in African countries with similar legal and policy contexts.