



EXECUTIVE SUMMARY

Since 1999, Akwa Ibom State has experienced a consistently high HIV/AIDS prevalence. In the last ten years, the state's HIV prevalence rates have also been consistently higher than the national average of 4.6%. Despite this fact, the state has not been able to do much to mitigate the scourge due to the fact that her coordination platform is still at the committee status. Even though AKSACA was one of the first three to be established in the country, it is yet to be transformed to an agency unlike some of her peers across the country.

Since the World Bank-Assisted funding ended in 2006, AKSACA has been unable to access funds for her work from most international donors. The other effect of its committee status is that it has not been able to effectively respond to its coordination mandate as the HIV/AIDS work in the state is currently done in a haphazard and disconnected way without cross linkages between and among the various efforts.

The rising incidence of HIV/AIDS is threatening the population and the socio-economic potentials of the state; therefore it is imperative that AKSACA be transformed into an agency urgently, backed by legislation and with statutory budgetary allocations. So much gain can accrue to the state by this singular action.

CONTEXT AND IMPORTANCE OF THE PROBLEM

The first case of HIV infection in Akwa Ibom State was reported in 1989. Since then, the epidemic has expanded rapidly. The five Federal Ministry of Health (FMOH) HIV/AIDS sentinel sero-prevalence studies conducted have shown the trend in the state's prevalence (number of those with infection) as follows: In 1999, Akwa Ibom State had a prevalence of 12.7%, 10.7% in 2001, 7.2% in 2003, 8.0% in 2005 and 9.7% in 2008.

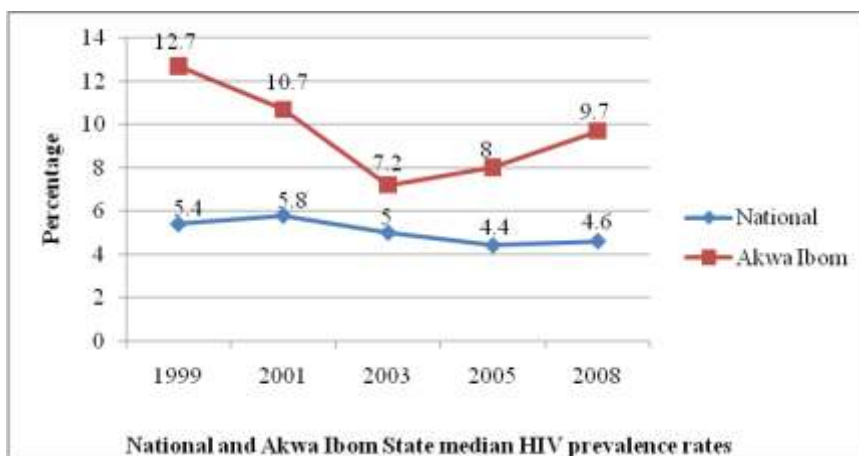


Fig.1. A graph comparing the National HIV prevalence rates and that of Akwa Ibom State. (Source: MOT study, 2010)

From the above trend, it can be seen that Akwa Ibom has always ranked among the first five states badly affected by HIV/AIDS in the country. The trend also indicate a fall in prevalence from the 1999 benchmark to 2001, and from then, a consistent rise in prevalence. Estimates using the 2008 HIV/AIDS sero-prevalence sentinel survey among women attending ante-natal clinics indicate that about 200,000 Akwa Ibom people between 15 - 49 years of age are living with the virus. This indicates that one out of every ten adults in the state is living with the HIV virus. This is quite an alarming figure as it does mean that 10% of the working population is infected. The prevalence continues to escalate especially among young people between the ages 15-24 years, especially in the rural and riverine areas of the state, a situation which threatens the socio-economic potentials of the state.

In view of the above and in response to the National Agency for the Control of Aids (NACA) directives, the AKSACA was inaugurated in 2001 as one of the first few states to have a coordination platform. At the beginning, the state government had demonstrated a high level of commitment to HIV/AIDS issues, but the effort has not been sustained. This could be as a result of a noticeable fall in prevalence in those early years. The fact that the prevalence is rising again and it coincides with the waning commitment of the state government suggests that sustained commitment can actually achieve significant levels of success.

AKSACA was one of the first to complete its counterpart funds of N10m, which enabled the state to draw down on the World Bank-assisted fund of USD 200,000.00. This assistance ended in 2006 and within this period, the prevalence rate dropped significantly. Despite the initial momentum, progress has been stalled because AKSACA

is yet to be transformed into an agency with legislative backing and statutory access to government funding. From the Mode of Transmission studies (MOT) 2010, it has been discovered that the next wave of the epidemic will be generalised coming from the presumed low risk population. Inadequate funding base for AKSACA has worsened the problem mentioned above. The state government is yet to match budgetary commitments with the release of funds to the committee. This situation has impacted negatively on the response to the pandemic in the state. A legislation setting up the agency and outlining statutory sources of funds will make the release of these funds to AKSACA mandatory.

Akwa Ibom state's response is uncoordinated as different Implementing Partners (IP) and stakeholders are working according to their own dictates. As a committee, AKSACA has been unable to coordinate their efforts and there has been a lot of duplication and waste of resources because there is no full-fledged structure and a legal mandate. Even when much seems to be have been done by the IPs, the impact on the state prevalence is not evident as the rate is still high.

In a few years, the impact of this will be felt in the overwhelming numbers of orphans & vulnerable children (OVC) that will be present in the state, and loss of valuable human resources, leading to a negative socio-economic impact as the death toll of those currently infected will continue to rise drastically. The non-agency status of AKSACA has also made it impossible for her to access funds and antiretroviral drugs (ARVs) from donor partners, resulting in more deaths among people living with HIV/AIDS (PLWHA) in Akwa Ibom State. The few PLWHA who were able to start ARV therapies have not been able to continue and this has led to the preponderance of drug resistant strains of the virus among PLWHA. This will soon have a serious concomitant effect on the economy of Akwa Ibom state.

JUSTIFICATION FOR PROPOSED ACTION

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- 2) Epidemiological Response & Policy Synthesis (ERPS), 2009

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