STATISTICS

COUNTRY OVERVIEW

- Estimated size of population (2011): 162,500,000
- Life expectancy at birth (2011): Male: 51.1 years, Female: 52.7 years
- Percentage of population aged under 15 years (2011): 42.8%
- Gross Domestic Product (GDP) (2011): US$235.9 billion
- Percentage of population living on less than $1.25 per day (2010): 68.0%
- Adult literacy rate, aged 15 years and older (2009): Male: 72%, Female: 50%
- Main ethnic groups (2009): Hausa and Fulani 29%, Yoruba 21%, Igbo (Ibo) 18%, Ijaw 10%, Kanuri 4%, Ibibio 3.5%, Tiv 2.5%
- Main religions (2009): Islam 50%, Christianity 40%, indigenous beliefs 10%

HIV ESTIMATES

- Adult (15-49) HIV prevalence (2010): 4.1%
- Number of people living with HIV (2010): 3,140,000
- Number of people newly infected with HIV (2010): 281,180
- Number of AIDS-related deaths (2010): 215,130
- Adults (15-49) who received HIV test in last 12 months and know their results (2009): 11.7%
- People living with HIV receiving antiretroviral therapy (2009): 34.4%

HIV DATA FOR MSM

- HIV prevalence among MSM (2010): 17.2%
- Percentage of MSM who received an HIV test in the last 12 months and who know their results (2010): 31.5%
- Percentage of MSM reported to have been reached with HIV prevention programmes (2010): 77.0%
- Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions (2010): 33.1%
- Percentage of men reporting the use of a condom the last time they had anal sex with a male partner (2010): 52.0%

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF) with the support of the Global Forum on MSM and HIV (MSMGF) and the United Nations Population Fund (UNFPA).

Gay men and other men who have sex with men are disproportionately affected by HIV. These communities are also often among the most marginalized and discriminated against in society due to laws that criminalize their behaviours making it difficult for them to exercise their human rights, including accessing health services.

This Report Card summarizes the current situation of HIV prevention strategies and services for gay men and other men who have sex with men in Nigeria and aims to support efforts to increase and improve the programmatic, policy and funding actions taken on HIV prevention.

The research analyzes four key components that are widely recognized to be essential for effective action on HIV prevention for key populations:
1. Legal and social context
2. Availability of services
3. Accessibility of services
4. Participation and rights

It also provides recommendations for key national, regional and international stakeholders and service providers, to enhance action on HIV prevention strategies and services for gay men and other men who have sex with men.

This Report Card is based on extensive research carried out during 2011 including published data and in-country qualitative research in Nigeria. More detailed information can be found in a research dossier available on request from IPPF.
Nigeria is the most populous country in Africa with an adult (15-49 years) HIV prevalence estimated at 4.1%. Surveillance estimates of HIV prevalence among gay men and other men who have sex with men (MSM) in Nigeria have only recently become available and only from select regions. The paucity in data among MSM is chiefly due to structural barriers such as high levels of stigma, discrimination, or violence, and criminalization of homosexuality. When available, the data shows that gay men and other MSM shoulder a disproportionate burden of HIV when compared to the general population and that HIV rates among MSM are continually rising. In 2010, the HIV prevalence among MSM was estimated at 17.2% [2.4-37.6%], as reported in six out of 31 states.

In Nigeria, homosexuality is criminalized with harsh punishments. If convicted, MSM can face several years in prison or the death penalty by stoning (Sharia Law) depending on which region they live in. This and other structural barriers are acknowledged by various in-country stakeholders as factors limiting the reach of HIV prevention information and services targeted specifically at MSM. Further complicating access to and availability of HIV-related services is a lack of sensitivity among health providers to meet the unique needs of MSM.

Coverage of HIV programming and resources for MSM are concentrated in very few urban centres. Therefore, HIV services for MSM continue to remain scarce in most regions in Nigeria. HIV prevention services tend to be more readily available in the southern region of the country and less so in the northern region where deeper cultural and religious beliefs challenge the implementation of comprehensive health services for MSM.

In 2011, Nigeria made international headlines when the Senate passed a bill that would prohibit same-sex marriages, and the registration and peaceful association of gay advocacy groups. In November 2012, the Bill passed the second reading in the House of Representatives. If this is made law, this would expand existing criminal sanctions, which, in turn, will instigate greater fear among MSM and undermine an effective public health response to HIV.

Nigeria has, nevertheless, also witnessed progress in the HIV response among MSM in recent years. Sustained, locally-led advocacy efforts have ensured the inclusion of MSM within the five-year National HIV/AIDS Strategic Framework 2010-2015 articulated by the National Agency for the Control of HIV/AIDS (NACA). Although participation of MSM in national AIDS planning is documented, it is described by some stakeholders as tokenistic, signalling the need for continued advocacy and education among policy makers, public health officials, and government stakeholders.

High-level engagement of MSM by the national AIDS planning body in Nigeria has led to investments targeted at MSM and HIV programming by large bilateral, multilateral and philanthropic agencies. Currently, PEPFAR and the Global Fund constitute the largest donors for MSM programming on-the-ground and channel their resources through a range of implementing organizations. The Initiative for Equal Rights (TIER) and the International Centre for Advocacy and Right to Health (ICARH) are the two chief MSM-led civil society organizations working towards the health and human rights of MSM in Nigeria.

Men who have sex with men (MSM): a term to describe all men who engage in consensual male-to-male sex, regardless of whether or not they have sex with women or self-identify with a specific sexual identity, and include men who are sex workers. MSM may self-identify as gay, bisexual, heterosexual or other culturally specific sexual identities.
**PREVENTION COMPONENT 1**

**LEGAL AND SOCIAL CONTEXT**

**KEY POINTS:**

- Same-sex sexual behaviour is criminalized in Nigeria with harsh punishments ranging from a maximum of fourteen years imprisonment in most regions to the death penalty in some states that recognize Sharia law. The Sharia law in the Northern region expands criminal sanctions against same-sex activities beyond the Nigerian Criminal Code. This makes for stricter enforcement of the laws in the Northern states. Twelve Muslim predominant Northern states in Nigeria have adopted Sharia Law.

- There are no specific laws directly prohibiting the provision of HIV prevention services targeted at MSM. The National HIV/AIDS Strategic Framework 2010-2015 clearly identifies MSM as one of the most-at-risk population groups to be targeted with HIV prevention information and services.

- There are no laws that protect MSM in Nigeria from discrimination in employment, housing or within health settings.

- Stigma and discrimination exist at every level of Nigerian society (among health providers, decision makers, media, faith-based institutions, general public, and youth).

- MSM in Nigeria are often subject to harassment with their rights violated for perceived same-sex identities by homophobic individuals and mobs. In most instances, this is done with the assistance of law enforcement agents across all regions of the country.

- In November 2011, the Nigerian Senate passed a Same Gender Marriage Prohibition bill which aims to prohibit same sex unions, registration of gay clubs, societies and organizations, and their sustenance, meetings and processes.

**QUOTES AND ISSUES:**

- “MSM do not have legal protection, law enforcement agencies also use their authorities to harass, coerce, get money or even turn violent towards people suspected of or viewed as being in same sex relationships.” (Interview with Program Coordinator, Population Council)

- “The Sodomy law has to go. They are by far the most damning of legal provisions against MSM. Specifically providing laws for MSM might not have same effects. Put MSM on the same pedestal with heterosexuals. Majorly, existing policies should just be aligned to include the lack of discrimination based on gender identity or sexual orientation.” (Interview with Security Protection Officer, Initiative for Equal Rights, TIER)

- “We heard of cases of people who were thrown out of their houses in Benin. We also heard of another person whose car was burnt down just because his friend discovered he’s gay.” (Focus Group Discussion with MSM community, Abuja)

- “The same sex marriage bill ... would not only stop marriages but will also decrease access and the right to life, education, health and security because whatever happens in the MSM community will catapult into the general community.” (Interview with Program Advisor, Heartland Alliance)
PREVENTION COMPONENT 2
AVAILABILITY OF SERVICES

KEY POINTS:

- Targeted HIV prevention programming among MSM exist in pockets of Nigeria and spread across a few large, urban centres in some states.

- HIV programming is chiefly implemented by the Heartland Alliance’s Integrated MSM HIV Prevention Program (IMHIPP); Population Council’s Men’s Health Network Nigeria (MHNN) and the Institute of Human Virology-supported Action Project.

- Two United States government agencies USAID and CDC work in-country as implementing partners.

- Local MSM-led organizations also serve as local partners and include the Initiative for Equal Rights (TIER) and the International Centre for Advocacy and Right to Health (ICARH). The Society for Family Health Nigeria (SFH) also implements HIV prevention services for MSM.

- Main HIV prevention activities include: peer-to-peer education; distribution of free condoms and lubricants; voluntary counselling and testing; screening for Hepatitis B; and referral to care for MSM that test positive for HIV.

- In a few community centres, HIV counselling and testing is available free of charge for MSM by MSM-friendly health providers.

- Syndromic management of sexually transmitted infections is only provided by a few MSM-friendly clinics in Abuja and Lagos.

- There are no harm reduction or needle exchange programmes in Nigeria. In the 2010, the percentage of MSM that reported usage of recreational drugs such as cocaine, heroine and marijuana, four weeks prior to study was 2.3%, 1.9% and 19.1% respectively. The study however did not report on the route of administration.

QUOTES AND ISSUES:

- “You watch the media and see the HIV prevention adverts targeted at different populations, none specific to MSM. Also, there are some STIs particular to MSM and with STIs as risk factors in the increase of HIV prevalence, we need to see how we can increase access to MSM-friendly clinics nationwide.”
  (Interview the Volunteer Medical Doctor, Heartland Alliance, Lagos)

- “I think another place where people can have access to these kind of things, like condoms and lubricants, is places like general hospitals, governmental and non-governmental health agencies, but the problems we face as MSM is that you cannot boldly go there and tell them that you need these materials for these activities because we will be discriminated against and stigmatized.”
  (Focus group discussion with MSM community, Abuja)

- “MSM in Abuja have a better standard for getting information on health care needs and various resources but its limited in many other states because the level of awareness is really low outside Abuja. For instance, from a survey we just conducted outside Abuja, MSM felt the safest sex is same sex because they don’t believe that there is any risk associated with unprotected same sex. No one has talked about these issues with them.”
  (Focus group discussion with MSM community, Abuja)
Almost non-existent a few years back, HIV prevention programming for MSM is now accessible in some parts of Nigeria. However, the number of facilities where MSM can freely access MSM-friendly HIV services is extremely low.

HIV prevention programmes for MSM are concentrated in a few state capitals across the country such as in Lagos, Abuja, Kaduna, Kano, Cross Rivers, Rivers and Enugu.

Condoms are routinely provided by government programmes for the general population but condom-compatible lubricants are not routinely available.

Heartland Alliance (supported by PEPFAR through USAID) is currently implementing HIV prevention programming across five states in Nigeria and with local implementing partners. These regions include Federal Capital Territory, Lagos, Cross River, Rivers and Kano.

Reports from various MSM show a high level of homophobia among service providers in Nigeria. Health care providers in health delivery settings across Nigeria are ill-equipped to provide sensitive and responsive HIV-related services targeted at MSM.

Sensitization of health care service providers on providing MSM-friendly services have been undertaken by a few NGOs in selected states across the country in order to increase access for MSM.

Comprehensive HIV prevention and treatment services specifically for MSM are available in only one site in Abuja.

HIV treatment services are available in secondary and tertiary health centres across the country for the general population. MSM living with HIV have access to the services as members of the general population, and not necessarily identified as MSM. Thus there is an absence of tailored service provision.

“There are multiple barriers to services like that of confidentiality, especially with service. Also, when MSM cannot come regularly as a result of distance, there could be lapses and setbacks in the MSM using services. The availability of peer educators closer to community members therefore becomes a key issue. It can also be difficult accessing treatment due to distance.”

(Focus group discussion with MSM community, Abuja)

“Discrimination makes MSM go underground because they don’t come out to be identified or even access health care. Whatever the STIs they have, they just go to a chemist or pharmacist and don’t get good treatment. The attitude of health care workers is also not welcoming.”

(Interview with Senior MARPS Advisor, FHI)

“Being a gay man limits where you can access services because a bisexual man can hide under the guise of seeking care as a man married to a woman at general hospitals to a larger extent than a gay man in Nigeria. When you look effeminate, it’s worse accessing services at these public institutions because even if you’re not gay, you’ll answer loads of personal questions from the service provider.”

(Focus group discussion with MSM community, Abuja)
4 » PREVENTION COMPONENT 4
PARTICIPATION AND RIGHTS

KEY POINTS:

• MSM-led community-based organizations are engaged by the government in strategic processes related to the development of the national AIDS framework. The National HIV/AIDS Strategic Framework 2010-2015 demonstrates a commitment to accelerating the scale up of HIV prevention among most-at-risk populations, including MSM.

• Currently, there are no MSM openly serving on Nigeria’s Country Coordinating Mechanism – the body that oversees the development of proposals to the Global Fund.30

• MSM community engagement by the government has not led to any significant government investments targeted at community-led HIV programming.

• High-level engagement of MSM has been made possible through sustained advocacy from civil society organizations.

• There are ongoing programmes mobilizing and strengthening MSM capacity to participate in national level AIDS planning and response.

• Pioneering this change are MSM organizations like TIER, ICARH and IMH-I, and supported by partners like Heartland Alliance and UNAIDS.

QUOTES AND ISSUES:

• “We have recorded instances where communities have actually banished MSM community members because of the fact that they were identified as MSM. Now talking about civil rights, you only try to exercise your rights if the laws of the country are enabled, or there is room for that. In a situation whereby there is no law, or where the law is actually criminalizing same sex activity, how do you talk about civil rights?”
  (Interview with Acting Program Advisor, Heartland Alliance, Abuja)

• “It’s only through public health that MSM issues have been dealt with and that is how it’s been allowed to work according to the laws of the land. The National Agency for Control of AIDS (NACA) recognizes MSM solely from this aspect but it’s not rights-based.”
  (Interview with Program Coordinator, Population Council)

• “To a great extent, MSM do not know their rights, even educated MSM community members. Talking about the right to health, right to education, right to information, logistically they exercise them but when these rights are being violated against, who do you take those issues to?”
  (Interview with Acting Program Advisor, Heartland Alliance, Abuja)

• “I doubt if MSM know their rights and seriously, sexual preference shouldn’t stop people from exercising their rights because they are humans and citizens of a country first.”
  (Interview with Program Associate, TIER)
NOTES AND REFERENCES


2 World Bank (2011) Ibid.

3 World Bank (2011) Ibid.

4 World Bank (2011) Ibid.

5 World Bank (2011) Ibid.

6 World Bank (2011) Ibid.


9 Central Intelligence Agency (2009) Ibid.


17 Federal Ministry of Health (2011) Ibid.

18 Federal Ministry of Health (2011) Ibid.

19 Federal Ministry of Health (2011) Ibid.

20 Federal Ministry of Health (2011) Ibid.


29 Williams, AO, Emmanuel, G (2011) Health access barriers for Men who have Sex with Men (MSM) in Nigeria. Presented at the 16th International Conference on AIDS and STIs in Africa (ICASA 2011), Ethiopia, 4-8 December.

KEY RECOMMENDATIONS

Based on this report card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for men who have sex with men in Nigeria. Key stakeholders – including government, relevant intergovernmental and non-governmental organizations, and donors – should consider the following actions:

LEGAL AND SOCIAL CONTEXT
- Review and repeal all punitive laws contained in the criminal code and Sharia law that criminalize consensual same-sex behaviour between adult males.
- Sensitize law enforcement officials and entities to MSM-related issues so that these agencies can carry out their central responsibility of protecting the fundamental human rights of all citizens.
- Develop protective laws that allow MSM to access health and social services with no fear of harassment, violence or arbitrary arrest.
- Develop mechanisms for access to legal recourse to MSM citizens when their basic human rights are violated.

AVAILABILITY OF SERVICES
- Invest resources in MSM and HIV programming so that services can be brought to scale and comprehensive HIV-prevention services can be made available across all regions of Nigeria.
- Train health care workers to scale-up peer-led prevention programmes for MSM and the distribution of free condoms and condom-compatible lubricants.
- Provide testing, counselling and referral services for HIV and other STIs.
- Implement harm reduction services for people who inject drugs, including MSM who inject drugs.

ACCESSIBILITY OF SERVICES
- Make condom-compatible lubricants routinely available free of cost along with free condoms for MSM.
- Scale-up comprehensive HIV prevention and treatment services that are sensitive to the needs of MSM across all urban and rural regions of Nigeria.
- Train health care providers to sensitize them to the unique HIV and health needs of MSM.
- Implement anti-discriminatory laws that prohibit discrimination based on sexual orientation within health systems so that MSM can access health care without fear.

PARTICIPATION AND RIGHTS
- Deepen partnership between local MSM organizations and government health stakeholders so that high-level engagement of MSM continues to be strengthened.
- Protect the rights of MSM so that they can openly serve within national AIDS planning bodies without any fear of arrest, harassment or persecution.
- Involve MSM and MSM organizations directly in the planning, designing, implementation and evaluation of HIV-related programmes intended for this high-risk population.
- Invest HIV resources in MSM-led community organizations and grassroots groups to ensure sensitive programming and wider reach.

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