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## INFLUENCING HIV/AIDS POLICIES AND PROGRAMS THROUGH A PARTICIPATORY PROCESS

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In most African nations, the commitment of the leadership to all aspects of HIV/AIDS prevention and management has been crucial to the success of intervention programs (1). In countries in which the HIV epidemic has taken hold and surpassed the 5% prevalence rate, a lack of political will has been a major contributory factor. With an estimated 5% prevalence rate, Nigeria is on the cusp of either controlling its epidemic — and even reversing its HIV rate — as Uganda and Tanzania succeeded in doing, or having the rate exceed 20%, as has occurred in South Africa and Botswana. Political will and action are critical ingredients in any country's battle against the epidemic, and Nigeria is no exception.

This chapter discusses the processes in policy formulation, with analysis of the processes undertaken to produce HIV/AIDS policy instruments used in implementing the national response to the epidemic in Nigeria. A number of key considerations will be explored. Who, for example, were the actors? What were the power relationships and the extent of the exchange involved in the processes? Was policy formulation by fiat or consultative? Were documents prepared by experts for review or based on workshops? Did the policy go through a state review process? And how were people living with HIV/AIDS (PLWHAs) involved? Case studies on two Nigerian HIV/AIDS policy and

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program documents will highlight principal lessons learned about the influence of stakeholder involvement in the formulation and implementation of policies and programs in Nigeria.

## THE POLICY PROCESS: THEORETICAL CONSIDERATIONS

Policies are created through a process of problem identification, analysis, and solution that involves a wide spectrum of stakeholders (2). Participatory policy development is a process that enables those experiencing the particular problem for which the policies are being developed to be more directly involved in designing policy at each different stage (2,3). This wider involvement improves the odds that weaknesses will be identified and rectified before implementation and that the policies will therefore be more effective. In addition the process leads to greater accountability through direct engagement as well as through greater understanding (4).

Policy is not shaped simply on the basis of “good” research or information, nor does it emerge simply from bargaining among actors on clearly defined options. Rather, it is a more complex process through which particular considerations come to frame what matters and which voices count in policy deliberations in particular political and institutional contexts (5). Making sense of participation in policy processes requires an analysis of ways in which power and knowledge define policy spaces for engagement, privileging certain voices and excluding others (6).

The sheer complexity of the webs of actors engaged in policy processes, whose connections and interactions weave across and within the artificial divide between “citizens” and “state,” make the process of understanding the nature of policy change in the context of stakeholders involvement so much more complicated. Different actors within the state as within civil society may take up a range of subject positions and represent a constellation of competing interests (7). It therefore follows that the process of policy making involves interactions between complex constellation of actors with conflicting interests and negotiating in policy arenas that are often conceptualized as policy spaces (8).

Policy spaces are moments in which interventions or events throw up opportunities, reconfiguring relationships between actors within these spaces or bringing in new actors and opening up possibilities for a shift in direction (9). Opportunities provided within these spaces allow for negotiations and consensus building to accommodate diverse views and interests.

## THE NIGERIAN CONTEXT

### The Structure

Nigeria follows a three-tier presidential system of governance, with a president elected every four years heading the federal government in Abuja, the capital. Elected along with the president are 109 members of the Senate and 363 members of the House of Representatives. The president appoints ministers, advisers, and others to assist in the administration of different sectors. The health minister is charged with primary oversight of HIV/AIDS.

Nigeria is a federation of 36 states, each with an elected governor and house of assembly, whose number varies by state. The governors appoint commissioners and advisers for different sectors. The health commissioner is charged with primary oversight of HIV/AIDS. Each of the 774 local government areas has an elected chairman who appoints supervisors. The health supervisor is charged with primary oversight of HIV/AIDS.

The Nigerian government, like most others, is responsible for establishing policies to govern the country’s HIV/AIDS programs and services. Policy development is not simply a technical issue but is also one of governance, requiring the accommodation of varying interests with the ultimate purpose of the common good. This process can be either through fiat or by consultation.

The federal government policy on tackling the HIV/AIDS epidemic is to fight the disease multisectorally with the health sector as the arrowhead. Under the charge of the president, the National Action Committee on AIDS (NACA) creates and directs government policy on all aspects of HIV/AIDS, from prevention, to treatment, to ethical issues. Each state has a multisectoral state action committee on AIDS (SACA) whose membership derives from several line ministries other than health, and each local government is supposed to have a local action committee on AIDS (LACA).

In general, Nigeria has had a fluctuating experience in its HIV/AIDS response. Following the restoration of democratic rule in 1999, political commitment increased and the federal response to the epidemic changed dramatically (10–12). The critical shift in the national response followed the more coordinated manner in which all the relevant actors were involved, resulting in a truly multisectoral intervention. Line ministries, international agencies, civil society organizations, the UN Expanded Theme Groups, partnership forums, inter-faith forums, and youth forums were some of the various interest groups involved in the conceptualization, development, implementation, and assessment of these programs under NACA’s coordination (11).

This was the setting under which the HIV/AIDS National Emergency Action Plan, or HEAP, was produced. The implementation of HEAP witnessed an increase in coordinated HIV/AIDS activities in the country with networks formed for civil society organizations, PLWHAs, and other interested stakeholders, such as government agencies and researchers (11,12).

One immediate gain of the desire for a truly multisectoral response to the epidemic has been the involvement of a broad-based network of stakeholders in policy processes. Typically these processes have involved production of several drafts that were critically reviewed by different stakeholders through consultative processes often at national and subnational levels (12–14). There has been concern, however, about how truly representative the actors in the policy formulation processes have been and how much feedback they receive from their constituencies. The ineffective communication of policies from the federal to the lower levels of government and the agencies that are charged with implementing those policies has been cited as a shortcoming needing remedial action (15). Experts believe that extensive consultations with stakeholders have helped improve the quality of most of the documents now guiding Nigeria’s response to the HIV/AIDS epidemic (10–12).

The degree of constructive engagements involving all stakeholders demonstrated in the development of the various HIV/AIDS policy documents in Nigeria will be expected over time to lead to more effec-

tive and results-driven programs. This is because all the interests will be expected to have been taken into account in the development of these tools and a sense of ownership will allow for critical appraisal at the different stages of implementation. We will await the evaluation of these policy instruments to be certain of the value of stakeholder participation in the effectiveness of these policies and programs.

### **Policy Milestones**

During the late 1980s, HIV/AIDS was globally regarded as a purely health issue. The government agency responsible in Nigeria for coordinating HIV/AIDS and drafting policies was the Federal Ministry of Health (FMOH), which drafted the first national policy on HIV/AIDS. That period also witnessed a predictably low response to the epidemic partly because of the cynicism of most stakeholders and partly because of the basic denial about the problem and the enormous stigmatization and discrimination associated with the epidemic.

The period from 1993 to 1999 marked the emergence of strong and credible nongovernmental organizations (NGOs) in HIV prevention programs. Among other accomplishments, these NGOs widened the policy space by engaging in intense advocacy and agenda setting in the policy and program arenas. These organizations included Family Health International (FHI) and other NGOs supported by the British Department for International Development (DFID) (12).

Since 1999 HIV/AIDS has been recognized globally as a development issue needing a multisectoral response. In Nigeria, the roles of coordinating the national response and facilitating policy development processes shifted to NACA, which has since taken over these functions. Also during this era the faith-based community and PLWHA networks emerged as important actors. A stronger attention was also paid to networking and coalition building among NGOs, and many programs started with a particular focus on vulnerable populations such as members of the armed forces and men who have sex with men (16).

The foregoing discussion of national contexts and institutions reveals a steady increase in an enabling environment and adequate policy space for enhanced participatory policy processes. Anecdotal evidence will suggest that these have positively influenced HIV/AIDS policies and programs in Nigeria (11,12,16). As stated earlier, a controlled evaluation of these policies in the future will be more affirmative of these early impressions.

## **STRATEGIES FOR INFLUENCING POLICIES AND PROGRAMS**

The forces driving the HIV/AIDS epidemic require all players, all stakeholders, and those even remotely affected by the epidemic to participate in the development of policies, planning, and implementation of HIV/AIDS prevention and care programs. Three main activities converge to produce changes in policies and programs: identifying the problem; finding solutions using a participatory approach; and providing advocacy to decision makers and those who influence them—the primary and secondary audiences. The systematic involvement of community members and structures is crucial to the success of the policy formulation process and the implementation of policies and programs.

Community involvement in HIV/AIDS programs is a process by which partnership is established between government or developmental partners and local communities in the planning, implementation, and use of HIV prevention and care activities in order to benefit from increased local self-reliance and social control of these services. This definition suggests that countries should not only provide resources when possible, but also contribute intellectually and participate in decision-making.

Community participation means involving people in as many decisions as they can handle, recognizing that some communities may be more ready and able to become involved than others. As a result of increased access to information and a greater degree of politicization, urban communities are in a better position to become involved than rural communities.

A number of time-tested and effective ways of involving community members in the process of policy formulation and program implementation have been identified. These methods are variously called participatory learning and action, participatory rural appraisal, participatory action research, and rapid rural appraisal. Program managers in many government agencies and NGOs are finding it more and more useful and effective to carry out investigations using local community members to collect information and conduct analyses to determine their own problems (17).

## **NIGERIA'S HIV/AIDS POLICY INSTRUMENTS**

Policy instruments are essential for guiding a country's response to the HIV/AIDS epidemic. They not only express the government's commitment and priorities, but they also set the framework for an effective and coordinated response to the epidemic. In Nigeria, these instruments include national policies, strategic plans, and technical guidelines.

### **National Policies**

In 1997, the government of Nigeria, through the Federal Ministry of Health, adopted the first national HIV/AIDS policy. In recognition of the dynamic nature of the epidemic and control strategies, NACA launched the second policy in 2003. The revised national policy both acknowledges the importance of a multisectoral approach to the control of HIV/AIDS and emphasizes the responsibility that all Nigerians must accept for the care and support of those infected and affected by the virus (12).

### **Strategic Plans**

Nigeria's first strategic plan, HEAP, covered a three-year timeframe, from 2001 to 2004, with a focus on three major areas: removal of sociocultural, informational, and systematic barriers to community-based responses; prevention; and care and support. When HEAP expired, NACA took the opportunity to review the national HIV/AIDS response and to develop a new strategic framework. In operation from 2005 to 2009, the National HIV/AIDS Strategic Framework is expected to benefit from the lessons learned in the implementation of HEAP for a better results-based operational plan.

### Technical Guidelines

Several technical policies and guidelines also exist. The Federal Ministry of Health is responsible for providing technical leadership for the health-related response and developing policies and guidelines. This covers program components ranging from prevention, care, and support to treatment and includes policies and guidelines for voluntary counseling and testing, antiretroviral therapy, and prevention of mother-to-child transmission. NACA also coordinated the development of a strategy document for behavior change communication (BCC).

The development of these policy instruments was participatory, with different actors well represented. This broad representation has also become obvious in the implementation of the various guidelines, as different stakeholders, particularly PLWHAs, have participated as members of the various task teams for such interventions as prevention of mother-to-child transmission. As these programs progress, it is expected that evaluating them will reveal causal relationships between stakeholder involvement and positive outcomes.

## POLICY FORMULATION PROCESS: THE NIGERIAN EXPERIENCE

Over the years, the process of developing HIV/AIDS policies in Nigeria has followed several stages, from the start-up phase to the consensus-building, preparation, drafting and review, ratification, and dissemination phases.

### The Start-Up Phase

The development of policy and strategic plan on HIV/AIDS in Nigeria has usually been initiated by government in response to civil society, donors, development partners, and changes in the global response.

### The Consensus-Building Phase

Nigeria's federal government leads the formulation process from the planning stages all the way through to the ratification stage. However, it recognizes that no single agency or civil society can respond to all aspects of the HIV epidemic by itself. It becomes important, therefore, for all players to come together to develop and agree on envisaged national policy instruments. In developing these policies, the government has partnered with a broad range of stakeholders, including government agencies at all levels, civil society organizations, PLWHA organizations, development partners, and donor agencies. This coordination has been achieved by seeking technical assistance from development partners with expertise in policy development. The USAID-funded POLICY Project has been the lead agency supporting the government of Nigeria in this regard, while UNAIDS provided lead support for the development of the National HIV/AIDS Strategic Framework (11,12).

To foster collaboration, a policy or planning committee and sub-committees are set up under the leadership of NACA. The broad range of stakeholders has included representatives from federal and state ministries of health, education, labor, defense, information, youth, women, and sports as well as the planning commission. Universities, research institutions, tertiary hospitals, and the private sector

have been involved, as have donor communities, including the World Bank, USAID, and DFID. Development partners have included UNICEF, WHO, and the AIDS Prevention Initiative in Nigeria. The civil society sector has been represented by the Civil Society Consultative Group on HIV/AIDS in Nigeria, other NGOs, community-based organizations, women's groups, faith-based organizations, and youth groups. Representation of PLWHAs has been through support groups and the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN).

Although challenging, this multisectoral approach has been fruitful and promoted ownership of the process. It has also enabled input from the different constituencies with negotiated trade-offs as necessary. With the new impetus by NACA to involve all actors even in implementation, programs are expected to become even more effective in addressing the needs of people infected with or affected by HIV.

### The Preparation Phase

Preparing for policy development requires a broad-based participatory process, including a situation and response analysis. The strategies employed include rapid assessment, program review, and independent consultations with input from all stakeholders. Similar programs from other countries are also usually reviewed at this stage and then preliminary concept papers are circulated to all stakeholders in preparation for the drafting and review process (11,12,18,19).

### The Drafting and Review Phase

This stage of the development process usually involves working as sub-committees for the respective components and issues. At this stage stakeholders are able to influence the content of the policies and negotiate and reach consensus on contentious issues. The draft is presented at several workshops and stakeholders are able to debate and agree on issues. The consultations at this level usually involve organizing zonal workshops at which views from different zones are received and deliberated upon. This is particularly crucial in a country like Nigeria, which has considerable religious and cultural diversity. Views and feedback are then collated and amendments are made as appropriate (12,15).

### The Ratification Phase

At the national level, a final draft document is presented to the chairperson of NACA for any amendment. The chairperson then presents the final document to the president for endorsement. At the sectoral level, however, the sponsoring minister presents the final document to the Federal Executive Council for amendment and ratification for dissemination and use.

### The Dissemination Phase

Different mechanisms are employed in disseminating new policy instruments. They are either presented nationally or at subnational levels depending on logistical convenience. The media play significant roles in ensuring that key messages are disseminated. Web-based disseminations are also becoming important channels for getting policy documents to the target audiences.

## CASE STUDIES

Two documents—the National HIV/AIDS Behavior Change Communication Strategy (2004–2008) and the National HIV/AIDS Strategic Framework (2005–2009)—illustrate the processes through which the development of some HIV/AIDS policy instruments have passed in Nigeria. Lessons derived from these analyses will likely apply to most other policy tools, since NACA coordinated the formulation of these tools and applied the same methodologies.

### The National HIV/AIDS Behavior Change Communication Strategy

Prior to 2003, BCC actors and activities had no defined coordination framework and little quality control regarding BCC messages (13). This need for coordination and quality control provided the impetus for the development of Nigeria's National HIV/AIDS Behavior Change Communication Strategy.

As NACA coordinated the development process, it involved various stakeholders, including government institutions, national and international NGOs, national and international BCC experts, NEPWHAN members, and international development agencies (15).

Activities undertaken to develop the strategic framework included:

- A review of best practices from across Africa in HIV/AIDS prevention, care, and support to identify successful, innovative, and evidence-based practices;
- A review of existing national data on epidemiology of HIV/AIDS in Nigeria;
- A review of past, current, and future HIV/AIDS activity plans and materials collated from diverse stakeholders; and
- Consensus building about the priority audiences and approaches as well as roles and responsibilities of all stakeholders.

The document eventually developed was the product of an extensive and detailed participatory process involving stakeholders from the BCC field. Many groups and individuals contributed to this process, particularly during the three workshops between February and November 2003, where the strategy was developed, reviewed, and finalized.

This document was also widely disseminated and it is thus hoped that it will meet the expectation of empowering all stakeholders to coordinate comprehensive, audience-responsive, and culturally appropriate BCC programs as important strategies for HIV/AIDS control in Nigeria.

The participatory process for this framework also extends to the implementation phase. Its operational framework corresponds with the existing structure for HIV/AIDS control activities in Nigeria, enabling many actors to work simultaneously in their areas of comparative advantage in a decentralized manner. The long-term success of BCC programs needs community involvement and ownership, a notion confirmed during the participatory approach adopted in the development of this framework. If all confounding variables could be held constant, the participatory process would likely result in effective programs.

Timeframe	Steps
August to November 2004	Request for information for the national response review from stakeholders
November to December 2004	Desk review
December 2004	Technical working groups of eight thematic groups with 20 to 25 members per group covering all stakeholders
January to February 2005	Fact-finding visits to states
January to February 2005	First draft of the framework written
January to February 2005	Wide dissemination of first draft to stakeholders
February 2005	Constituent consultative entities review first draft and incorporate comments
March 2005	Second draft of the framework written
March to April 2005	Wide dissemination of second draft among stakeholders and collation of comments
April 2005	Incorporation of final comments
April 17, 2005	Final draft of the framework completed

### The National HIV/AIDS Strategic Framework

A coordinating committee made up of NACA members, federal ministry representatives, and development partners served as the consultative group for developing the National HIV/AIDS Strategic Framework. These experts solicited the support of relevant stakeholders to help ensure the success of the policy development.

Working with consultants to collate views obtained through field visits to the states, two consultative processes—involving about 200 members of the technical thematic working groups and more than 150 members of constituent-coordinating entities—provided feedback, strengthening the final draft of the strategic framework (12). Table 19-1 details the activity timeline adopted for these processes.

Many actors were involved at different stages of developing the strategic framework,

and adequate policy space was created, allowing constructive engagements and consensus building. The process of policy development was always consultative, and though experts were engaged in these processes, they usually acted only as facilitators at workshops and consensus-building meetings. NEPWHAN members, for example, were major actors and have continued to make significant contributions, not only to the design and production of policy documents, but to their implementation as well.

## CONCLUSION

Studies have provided ample evidence that broad-based stakeholder participation in policy design and implementation leads to increased effectiveness of programs (20–22). As Nigeria responds to the HIV/AIDS epidemic with the help of its various policy instruments, it will need robust evaluations at the expiry of its frameworks to assess accomplishments and compare outcomes with particular attention to the contributions of the participatory process.

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