

Impact of National Policy on Human Immunodeficiency Virus Acquired Immune Deficiency Syndrome (HIV and AIDS) in the FCT, Abuja

¹**Dominic Shimawua C.** & ²**Inienger Chia Christopher**

^{1&2}*Department of Public Administration,*

Faculty of Management Science, Veritas University, Abuja

Abstract

HIV and AIDS is one of the major social problems confronting the human society in the 21st century. The problem has become very epidemic around the globe due to its ability to wipe out the most active labor force of the population. Thus the study examines the impact of HIV and AIDS policy in the Federal Capital Territory with the view to determine the effectiveness or otherwise of the policy in the FCT. The study combined both the primary and secondary data. It was established that although the policy provided facilities and supports for people living with HIV and AIDS in theory, there has not been remarkable achievement due to the influence of the elites who usually hijacks every government policy for selfish interest. It is recommended that there should be an enhancement capacity of state level partners. Establish and popularize HCT serve centres that are well equipped and user friendly as well as conducting regular training and retaining of health personnel to aid improved service delivery. The need to demonstrate the national workplace policy and national policy on HIV and AIDS for the FCTA as well as guidelines and protocols on blood safety, universal precautions, injection safety to private and public sector health facilities.

Keywords: *National Policy, HIV and AIDS, Service Delivery, FCT*

Corresponding Author: **Dominic Shimawua C.**

Background to the Study

Human development concerns are now accepted as critical to global peace and security to the extent that there has evolved a global consensus on what constitutes human development, which the Nigerian public policy is concerned with. This development can be seen as need to sustain human life through food, health care, clothing, education, shelter and security of life and property. But health, they say is wealth. Health however, is much more the fundamental human right, which cannot be traded. The important of an individual or community health life manifests itself most abundantly and predominantly in the economic development for any country is a measure of the health status of its citizenry and vice versa. The popular saying that a healthy Nation is a wealthy Nation has put the major concern of governments at all levels to provide health for all. The Nigerian government in recognition of this has always placed health as an item in the concurrent list, which enables both the federal and state government play certain roles in the provision of health service to Nigerian, particularly by virtue of the structure of government. The federal government is expected to play leading role in the provision of relevant and up to date health care service to Nigerians. Admittedly, the Nigerian government has always demonstrated its preparedness to provide health care service to Nigerian through health policy and schemes. The government at the center through the basic health service scheme sought the expansion of health care to the grassroots so far, government at the federal level was unable to provide health for all by the year 2002. There are several reasons for the failure. The central government is too far away from the grassroots to make it effective in health care. Government at the other levels is handicapped by finance and human power.

The Nigeria health policy loots at providing primary, secondary and territory health care services to its citizen at every level due to the various forms of attacks to the human body, which makes it difficult for man to be effectively productive if in a bad health condition, Various policies have been produced in respect to HIV and AIDS, tuberculosis, infant mortality, polio etc which in the average Nigerian homes you will find at least one individual suffering from the above epidemics. As it is our point of concern HIV and AIDS will be critically looked at as it has become prevalent in developing countries which Nigeria is seen as one of the 3rd largest country living with HIV and AIDS as against India and South Africa. The FCT HIV prevalence is 7.5% which is twice more than the national median prevalence of 3.2%. Efforts have been made but there are gaps and concerns that need urgent attention. Political commitment is not backed with resources and releases of funds, behaviour change has lagged behind which leads to increase in new infections, poor/urbanized coverage of treatment, care and support of People Living with HIV/AIDS (PLWHA), incomprehensive services and of low quality in many instance, weak legal policy and human right environment as well as research, monitoring and evaluation system.

Objectives of the Study

The following are the objectives of the study, to;

- (a) Examine if there is reduction or not in the spread of HIV/AIDS infection in the FCT
- (b) Determine different services that are rendered to people living with HIV/AIDS
- (c) Identify measures designed to address the socio-political and economic concerns generated by the stigmatization of people living with HIV/AIDS

This research is significant or relevant because it will tell if the health policy in regard to HIV and AIDS through its scheme has been productive, efficient and effective, secondly, it will expose areas in which health service should be improved, encouraged through the distribution of essential drugs and supplies for health care services so the impact will be felt by the citizens within the country who desperately need such services. Thirdly, it will serve as information on the level of participation of voluntary agencies, private practitioners and other non-governmental organizations within the country. Lastly, as knowledge for students, policy makers and implementers, scholars and general readers as it will add to existing knowledge for the subject matter.

The study will look at the conceptual issues as it pertains to HIV and AIDS, the theoretical framework is based on elitism, challenge of implementation of the policy by Federal Capital Territory Action Committee on AIDS (FACA) and will end with the discussions, conclusion and recommendations.

Conceptual and Theoretical Issues

Literature Review

Health can be seen as a state of complete physical, mental and social wellbeing and not merely the absence of disease and infection of infirmity. The new Encyclopedia Britannica (1973) sees health in human being as the extent of an individual's continuing, physical, emotional, social and mental ability to cope with his environment. Health has different concepts but we will be looking at health as the absence of disease. Therefore, we will see health as the state of being free from disease and a perfect harmony between all the organ and system of the body.

A policy usually conceived as a set of interrelated decision taken by a political actor or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should in principle be within the power of those actors to achieve (Williams, 1982). Carl (1975) defines it as the proposed course of action of the government or one of its divisions. According to Ira Sharkansky (1975) it is a proposal, an ongoing programme or the goals of a programme, major decisions or the refusal to make certain decision. A policy simply put by Dey (1978) is whatever government choose to do or not to do. Dror (1971) wisely conceptualizes it as a major guideline for action.

According to Cadman (2003), HIV is a virus. HIV stands for the 'Human Immunodeficiency Virus'. Someone who is diagnosed as infected with HIV is said to be 'HIV+' or 'HIV positive'. HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV attacks the Immune System's soldiers – the CD4 cells. When the immune system loses too many CD4 cells, the system is less able to fight off infection and can develop serious opportunistic infections (OIs). A person is diagnosed with AIDS when he or she has less than 200 CD4 cells and/or one of 21 AIDS-defining OIs. While many viruses can be controlled by the immune system, HIV targets, and infects the same immune system cells that are supposed to protect us from illnesses. There is a type of white blood cell called CD4 cells. HIV takes over CD4 cells and turns them into virus factories that produce thousands of viral copies. As the virus grows, it damages or kills CD4 cells, weakening the immune system.

AIDS (Acquired Immune Deficiency Syndrome) is a medical condition. People develop AIDS because HIV has damaged their natural defenses against disease. When HIV infection becomes advanced it is often referred to as AIDS. Avert (2009) see these infection as that which take advantage of a weakened immune system.

- (a) Acquired – because it is a condition that has to be contracted. It cannot be inherited or transmitted through the genes.
- (b) Immune – because it affects the body's immune system, the part of the body that fights off diseases.
- (c) Deficiency – because it makes the immune system stop working properly.
- (d) Syndrome – because people with AIDS experience a number of different symptoms and opportunistic diseases.

Thus, health policy can be seen as a guideline of actions or inceptions designed by government it tackling health conditions or situation of her citizens. It can also be seen as a paradigm within which public sector management teleguide planning process in the areas of health of a nation. It is therefore important for every government to make policies and set up scheme to achieve this course but also make the policies in a way which voluntary agencies and non-governmental organization can assist in the provision of essential services to the people.

In the Nigerian Health Policy, the primary health services are essential health care based on practical, scientifically sound and socially acceptable methods and accessible and acceptable to individuals, families and communities through their full participation and at a cost that the community and the country can maintain at every stage of their development in the spirit of self-reliance and self-determination. The health service in Nigeria has evolved through a series of historical development including a succession of policies and plans which had been introduced by previous administrations. Since the country became independent in 1960, health policies have been introduced in various forms either in the National Development plans or government decisions on specific health problems.

However, the state of health care has been worsening in Nigeria. The doctor's population ratio of below 1 medical doctor or 10,000 people is one of the worst in Africa (Annual Abstract of statistics indicates the Nigeria has 7,760 as the total number of medical practitioners. We even assume that the figure is 10,000 doctors to about 100million people). From time to time, one will receive reports of nurses who had either been recruited to work overseas or who had won the diversity visa lottery to the USA. With this dearth of nurses, the quality of health delivery has definitely been eroded and the poor are the worst hit by this development, as the elite will end up traveling to those places to receive the best medical services. It is really unfortunate that health professionals, after been trained by Nigeria's scarce resources deploy their knowledge in service to development countries and the available health manpower is simply overwhelmed by the population of those seeking health services, the consequence are varied – long waiting time, stress resulting form over load among the health professionals remaining, complications arising from lack of prompt attention, seeking the services of unqualified professionals and self-medication. Children and infants suffer malnutrition as evidence in overweight and stunted growth. The much talked about health for all by the year 2000 was a mere paper work.

Health expenditure takes a large chunk of the income of the poor and the middle-income earners. The health sector across the country lacks drugs, facilities and personnel. As there are fake drugs, so are fake health personnel. According to Olurude (2002) policies in healthcare are determined mainly by political consideration seem to have been made on how the free health service would be funded and maintained. There was no blue print as to how and what drugs would be provided to the public health care of the people turned out to be worse for this half-baked health programme.

Structurally, the National Policy on HIV and AIDS focus on five strategic components: Prevention of HIV/AIDS, Law and Ethics, Care and Support, Communication, Program Management and Development. According to NACA (2003) these are the various Impact of HIV and AIDS in the FCT and Nigeria at large.

Political Impact: Policies as earlier state are government actions to solve an existing problem and for that reason health policy is made as a function of the political system. The governing elite along with the non-government elite makes this policy in their interest even though the claim is for the interest of the masses. The decision to make primary health care a first aid service make the rural dwellers helpless as the have to travel for long distance to get secondary and tertiary health, medical employment given to the children of elites, award of contracts for hospital supplies amongst others.

Rural Development Impact: The hospitals that are meant to be built in rural areas which can further bring about the development of these places is taken to the urban areas, such hospital as specialist hospital and even health clinic leaving the people or areas with nothing and further causing migrations to urban areas. One of the objectives of HIV and AIDS is prevention and control of epidemic and epidemic disease but this can't be achieved if the people are not living in hygienic areas, indulging in sex without protection, selling their bodies in order to earn a living.

Social Impact: One major social effect on the society is the increasing number of orphans generated by the epidemic. Due partly to the Nigerian high total fertility rate, the large population size, and the HIV prevalence, Nigeria is estimated to have an exceedingly large number of orphans that have occurred due to AIDS. In 2015, this was estimated to be above 1.8 Million. The social impact of this is expected to be great. There will be tremendous strain on the social system to cope with such a large number of orphans. Many of these Nigerians may go without adequate healthcare and schooling, increasing the burden on society in future years. The children will be at risk of suffering from child abuse, prostitution and other social crimes, and may they become HIV position.

Economic Impact: The level of income is low as well as the standard of living in Nigeria which keeps more and more Nigeria's in advert poverty and poor health. The ability for people to earn income, invest income and generate profit is low or not even available. The people in the interior part of the FCT are after farming their product are under period by this same elite and what is given to them is nothing but crumbs or trickle effect.

Health System Impact: The additional care and support burden associated with HIV and AID epidemic further weakens and threatens to overcome the already weak Nigeria Health System. Over the last two decades, Nigeria's healthcare system has deteriorated as a result of political instability, corruption and a mismanaged economy.

Theoretical Framework

Elite theory is a theory of the state which seeks to describe and explain the power relationship in modern society. It argues that a small minority, consisting of members of the economic elite and policy-planning networks, holds the most power independent of a state's democratic elections process. Through positions in corporations or on corporate boards, and influence over the policy-planning networks through financial support of foundations or positions with think tanks or policy-discussion groups, members of the 'elite' are able to exert significant power over policy decisions of corporations and governments. Elite theory stands in opposition to pluralism in suggesting that democracy is a utopian ideal. It also stands in opposition to state autonomy theory. According to Robert Dahl (1958) argues that to defend the proposition successfully one must identify "a controlling group, less than a majority in size, that is not a pure artifact of democratic rules, a majority of individuals whose preference regularly prevail in case of difference of preferences on key political issues." The elite theory postulates the public policy reflects the values and preferences of the elite rather than the demands of the masses. It is the elites that make policies while administrators and public officials carry out the elite's policy decisions. Some scholars such as Mills (1956) "The Power Elite" see it as the hallmark of all societies and that anchors the operations, workability of any system irrespective of what political system that is being operated. Policies might sometimes be in the masses' interest, even though the long-term interest may be that of the elites, but this happens as a concession to or reactions by the elite to a threat of the status quo by the masses.

According to Mosca (1939), he sees elitism as an organization of individuals with enormous skills capable of manipulating human infrastructure and multifaceted resources to maintain the organization and demonstrate very serious influence on policy making as the masses have relatively little influence or control over public policy or even over the elite. Mosca emphasized on the sociological and personal characteristics of elites, he said they were an organized minority and the masses are the unorganized majority. The ruling class is composed of the ruling Elite and the sub-Elites. Public policy reflects their interest and preference. That is why in Nigeria, only the governing elite make policy even though this policy might look like it is the interest of the masses but in the long run it reflects their interest as the end product speaks for itself, as elites are known for creating a gap so that a policy is not successfully implemented. It is also in the Nigerian context they are the ones who import fake drugs which are rejected by developed countries to sell in Nigeria so as to make profit for their selfish reasons. The elite also compete for the scarce and available resources meant for the provision of hospitals in the rural areas irrespective of the survival of the system.

The elites have a coercive nature, which regardless of where they are makes them to dominate economic, political, social and cultural resources. They remain the heartbeat of the society whose convergence of interest is inseparable because of the commonality of interest. The elite

theory directs attention to the sources of National Policy on HIV and AIDS and whose interest they are serving. The NPHA policy like any other policy in the country is elitist because firstly the policy was designed by few Nigerians who are at the top of the various sectors of the society. the minister of health, commissioners at the state level etc and institution such as DFID have their board of trustees as former ministers, retired military officers and so on. And secondly the policy represents the values and preferences of the elite by dividing health institutions into three tiers and restricting the services rendered by primary health care to first aid knowing fully well that majority of Nigerian live in the rural area and will not afford coming to the urban area for secondary and tertiary health care which will also be expensive for a poor farmer or fisherman in the rural area as his annual salary can't even afford such expenses.

Thirdly, this policy which portrays as a welfare scheme is rather an elitist scheme as it has the children of the elite employed as doctors, nurses, pharmacists, administrators while contracts like supply of hospital equipment are given to them and non-governing elite. What seemed to be the benefit of the masses actually has the elite names written boldly on it. The elite theory does focus our attention on the role of leadership in policy formation and on the fact, in any political system, a few govern the many.

Analysis and Discussion

Federal Capital Territory

Abuja FCT, Nigeria's new capital city is located in the middle of the country. The FCT is bounded on the North by Kaduna State, on the West by Niger State, on the East and South-East by Plateau State, and on the South-West by Kogi State as it was carved out of them in 1991. There is a lot of government across these borders every day and many people live in these states but work in the FCT with stop-over junctions like Zuba, Gwagwalada, Abaji and Karu. There are six area councils that make up the FCT as follows: Abaji, Abuja Municipal Area Council (AMAC), Bwari, Gwagwalada, Kuje and Kwali area councils. AMAC is the location of Abuja, the headquarters of the FCT and is mostly urban. Gwagwalada and Bwari are councils are sub-urban whilst Abaji, Kuje and Kwali area council are predominantly rural area council. The population of FCT is estimated to be about 1.4million people based on 2.9p percent annual growth rate projected from the 2006 population census. The following are high risk people living with HIV and AIDS.

Sex workers, 18.6% of male sex workers and 24.5% of female sex workers in Nigeria are living and Reproductive Health Survey found HIV prevalence to be even higher among female brothel-based sex workers, at 27.4%. There is the risk of low condom user by this people which spreads and increases new cases.

Men who have sex with men (MSM): The number of men who have sex with men (MSM) who are living with HIV in Nigeria is increasing. This group now bears the heaviest HIV burden in the country whereas, before 2013, sex workers were the worst affected group. In 2007, 13.5% of men who have sex with men were living with HIV. In 2015, prevalence had risen to 23% 16 men who have sex with men are thought to account for 10% of all new HIV infections in the

country. In 2014, the Nigerian government increased the punishment for homosexuality to 14 years in jail. Anyone “assisting couples” may face up to 10 years in prison but this only makes them shy away from accessing HIV services.

People who inject drugs (PWID): It is thought that 9% of new HIV infections in Nigeria every year are among people who inject drugs (PWID). Women who inject drugs are disproportionately affected; they are seven times more likely to be living with HIV than their male counterparts (14% compared to 3%). In 2015, NACA reported that around half (52.7%) of people who inject drugs share needles and syringes all the time and more than a third (36.4%) share needles some of the time. Although this is lower than in 2010, helped in part by efforts to reach people who inject drugs with HIV prevention services, these rates remain incredibly high.

Challenges of Federal Capital Territory

The FCT has 2 major agencies for combating HIV and AIDS which are Federal Capital Development Agency (FCDA) and Federal Capital Territory Action Committee on AIDS (FACA). FACA has a mandate to coordinate as well as strengthen HIV/AIDS networks/support groups in the following areas; mainstreaming of cross cutting issues such as gender, Behavior Change Communication (BCC), Human Rights, reduction of stigma and discrimination. They are faced with the following challenges:

- a. There is a lack of a functional organogram due to frequent leadership (political) changes in FACA which brings about limited understanding of job description by some staff given room for inadequate technical capacity for expanded comprehensive responses to HIV and AIDS across board.
- b. Financial constraints bring about limited quantity, size, type and reach thus affecting sustainability of projects, there is weak media materials dissemination strategies bringing about dearth of Information, Education and Communication (IEC) in HIV and AIDS program areas such as Antiretroviral therapy (**ART**), Post-Exposure Prophylaxis, (PEP), Orphans and Vulnerable Children (**OVC**), Isolated Antibody to Hepatitis B Core Antigen (Anti-**HBc**) etc.
- c. There are insufficient HCT centers particularly in remote areas and even poor access to available sites which the general population is ignorant of due to poor health seeking behavior of the general masses as a result of the high standard of living in the FCT.
- d. There is paucity of skilled personnel for treatment, care and support scope of service as service providers are not held accountable through implementation/adherence to existing guidelines for various services deliveries due to little or no motivation/incentives and psycho-social support for health workers and care-givers who work in high risk jobs.
- e. The National workplace policy and national policy are yet to be domesticated in the FCT, particularly in the public sector which discourages private sector involvement in stigmatization and discrimination due to misunderstanding and lack of appreciation of gender issues as it affects HIV and AIDS by gate keepers and the male folks in communities.

Nigeria is the 2nd largest country with HIV infections. It has a population of 170million with 3.2% cases of the epidemic which is approximated size of 3.5 million people were living with HIV in 2015. Only 700,000 infected people are receiving treatment. It is clear to us that, the National Policy on HIV and AIDS as well as the work place policy on HIV/AIDS is not made known to those who are the beneficiaries of such a policy, this is to say the masses are not enlightened, educated or informed about it and thus are not looking forward to anything in this regards and hence the impact can't be felt on the citizens. Secondly, people have not conducted a test on HIV/AIDS not because it isn't free but because some are not aware of those services and are not enlightened enough to know the need for them to know their statuses and that is also because they are not aware of any facility that offers pre-counseling services to individuals before conducting such test. Thirdly, people do not want to associate themselves with people living with HIV/AIDS because some feel it's contagious if the maintain good relationship with these people which brings us to the issue of stigmatization, most people will not want to disclose their statuses to people. Fourthly, the service delivery of most of these facilities are very poor as most times the drugs needed for a treatment are hardly available and at relatively low cost for people living with HIV/AIDS. The often purchase this drugs for themselves or family and friends because the can afford them but the masses that live below a dollar a day find these expensive especially when the have to travel to a health facility that has these service because they are most of time not aware of any around them or due to the fear of stigmatization. Lastly, organizations are seen to have a negative perception about employees that are living with HIV/AIDS as most of them end up sacking such staff and bring about a high dependence rate in the nation and further a vicious circle of poverty.

Conclusion and Recommendation

Conclusion

Nigeria is often referred to as the giant of Africa with a population of over 170million population with a prevalence of 3.2% in 2015. The FCT is the current capital of the nation and with a high rate of HIV and AIDS prevalence of about 7.5% in 2015. With the research work concluded above one can come up with the following conclusion. Firstly, there is the existence of a vicious circle of poverty which makes a greater population of the nation to live below one dollar. These people are faced with this epidemic and have little or no resource to feed, educate and afford good health care services which perpetually keeps them in a continuous circle of poverty which in the long run affects the development of the nations. Secondly, the level of media publicity and sexually education is low as our culture doesn't permit a free discussion on this topic. The non-awareness on this area causes the indulgence of unprotected sex, the use of unsterilized sharp equipment, delivery and breast feeding of infants by mothers living with HIV/AIDS and thus spreading the epidemic to both young and old by bringing about new infection. Thirdly, is the high level of dependence due to stigmatization on people living with HIV and AIDS in community and work place and hence bringing about the underdevelopment of the FCT and the nation at large as there is a low productive population. Fourthly, due to the Elitist nature of the nation, most children of the rich school abroad and acquire the knowledge needed for the treatment of this epidemic but never return home to practice as it is believed that they are paid more over there than back here where their services are highly needed. Contracts to supply hospital equipment are awarded to them where the

either suppress such funds or supply sub-standard/worn out equipment, fake drugs and build unhygienic facilities for the populace and whenever they experience health challenges, they resort to foreign aids/facilities for their survivor. They also appoint political leader as ministers etc who do not have the qualification for the job and not those who have the skilled manpower. Lastly, as earlier said a policy can only be seen as a good policy when it has been well interpreted and implemented. It is not enough to have a good policy and establish agencies such NACA, FACA but also proper execution of a policy.

Recommendations

This section presents the recommendation for future intervention toward the reduction of HIV/AIDS in the FCT and its environs. From the above information one can say that the impact of National Policy on HIV and AIDS on the masses is negative or relatively low because, if the essence of primary health care is not given to the populace, then the health policy has not achieved its objective. These are some ways to boost the health sector on HIV/AIDS issues as a result of the above findings and conclusion.

- i. Review of FACA organogram to make it more functional by also increasing the technical staff strength and building the capacity of the existing ones on HIV/AIDS programme through the development of resource mobilization policy and implementation plan of the FCT. This will strengthen inter-agency coordination and collaboration and further encourage public-private partnership on HIV/AIDS response in the FCT.
- ii. FCT population is youthful and is growing rapidly. The bulk of the population is between the ages of 20 to 49 years which makes FCT highly vulnerable to HIV infection. There is need to produce information, education and communication materials on care, support and treatment as well as impact mitigation programs by emphasizing entertainment education strategies for Strategies Behavioural Communication (SBC) interventions, using films, drama series, rallies, road shows and traditional and informal media to sustain and increase current tempo to popularize HIV Counseling and Testing (HCT) service, prevention of mother-to-child Transmission (PMTCT) centers, linkage between STIs and HIV infections, National Blood Safety guideline. There is also need to work with local barbers, local manicurist, butchers, carpenters and hair stylist to promote prevention by blood contact.
- iii. FACA should strengthen its coordinating, monitoring and feedback mechanism by regular training and retraining of health personnel to improve service delivery and creation of an Infectious Disease Hospital (IDH) to handle TB and other infectious disease to reduce pressure on existing HIV Facilities.
- iv. The National workplace policy should be domesticated for the FCTA and further conduct mobilization and pay high power advocacy to the leaders of the private and public sector (large, medium and small scale) to increase commitment to HIV/AIDS issue and strengthen the capacity of Judges, Lawyers and Para-legal personnel in order to improve the legal response and ensure proper rights based adjudication in the context of HIV/AIDS.
- v. There is the need to establish linkages within and outside working environment in the areas of technical support, experience sharing and resource mobilization. Private

sectors participation should also be encouraged and be supported in the response. This would be an added value because of their technical skills and knowledge which could be cascaded to other sectors.

References

- Adewuyi, A. (2005). *HIV and AIDS situation and response assessment report*, Abuja: Sadona Press
- Anderson, J. E. (1975). *Public policy making*, New York: Praeger Publishers.
- Bottomore, T. (1993). *Elites and society*, London: Routledge. 2nd Edition
- Dahl, R. A. (1958). A critique of the ruling Elite Model, *American Political Science Review*, LII.
- Dror, Y. (1978). *Public policy making re-examined*, London: Leonard Hill book
- Dye, T. R. (1978). *Understanding public policy*, Englewood Cliffs N. J: Prentice-Hall.
- FACA (2007). *FCT HIV/ AIDS strategic plan 2007-2011*, Abuja Sadona Press
- Federal Republic of Nigeria (1999). *1999 Constitution of the Federal Republic of Nigeria*, Lagos: Federal Government Press.
- FMH (2007). *HIV and STI Integrated Biological and Behavioral Surveillance Survey*, Abuja, HIV and AIDS NNRIMS Operational Plan (2007-2010)
- Mills, C.W. (1956). *The power elite*, USA: Oxford University Press
- Mohammed, I. A. (2005). *Social welfare administration: An introductory text*, Kaduna: Ayinkawo Printing Press
- Mosca, G (1939). *The ruling class (translated by Hannah Kahn)*, New York: McGRAW-HUL Book Company, Inc.
- NACA (2009) National Policy on HIV and AIDS.
- Olurode, L (2005). *Social policy, social service and public welfare in Nigeria: An assessment of Obasanjo Regime (1999-2003)*” in Aaron, T.G and Yakubu B.C (2005) *Democratic rebirth in Nigeria*, 1. Ibadan: University Press.
- Sharkansky, I. & Meter, D.V. (1975). *Policy and politics in American Government*, New York McGraw Hill Book Co. Ltd.