

**India**  
**Operational Plan Report**  
**FY 2013**

# Nigeria Operational Plan Report Fy 2013 Aids Relief

**United States United States  
Department of State**



## **Nigeria Operational Plan Report Fy 2013 Aids Relief:**

**Distribution of Resources in the Nigerian Health Care System** Anthony Okechukwu Nnadi, 2020-01-09 This publication representing the doctoral dissertation of Rev Fr Anthony Okechukwu Nnadi examines the healthcare system in Nigeria in the light of the Catholic social teaching. He supports that the allocation of health care resources is not only a matter of organization but is also an ethical problem. The debacles and failure of the Nigerian health system result from many factors including lack of will to implement the right policies on the ground, corruption among the leaders, lack of justice, lack of respect for the dignity of each human person, mismanagement and insufficient consideration and application of ethical principles in the administration of common good especially in the distribution of health care and social resources. For the distribution of health care resources, this doctoral dissertation suggests that priority be given to the basic health care needs of Nigerian citizens especially those who have no means of satisfying these needs themselves. In this context, the research affirms that great attention needs to be paid to ensuring that the principle of human dignity is completely respected in each and every policy in this important area. This doctoral thesis is an ethical vision of social reality in Nigeria. It proposes the person-centred Catholic principles as a possible way forward in the distribution of health care resources in Nigeria. It does not imply substituting the economic, political and health care experts in offering technical solutions in their areas of competence. The author is convinced that healthcare allocation is also an ethical issue that needs to be governed by ethical principles. The key factors for choosing this theme are based on the author's knowledge of the deplorable condition of the health care system in Nigeria and his desire to save human lives. Rev Fr Anthony Okechukwu Nnadi believes that we are all stewards of human life. This implies a moral obligation to protect the dignity of the human person which is inseparable from protecting human life. *State, Foreign Operations, and Related Programs Appropriations for 2015* United States Congress. House. Committee on Appropriations. Subcommittee on State, Foreign Operations, and Related Programs, 2014.

**Evaluation of PEPFAR** Division of Behavioral and Social Sciences and Education, Institute of Medicine, Board on Children, Youth, and Families, Board on Global Health, Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs Implemented Under the Lantos-Hyde Act of 2008, 2013-06-27. The U.S. government supports programs to combat global HIV/AIDS through an initiative that is known as the President's Emergency Plan for AIDS Relief (PEPFAR). This initiative was originally authorized in the U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 and focused on an emergency response to the HIV/AIDS pandemic to deliver lifesaving care and treatment in low and middle income countries (LMICs) with the highest burdens of disease. It was subsequently reauthorized in the Tom Lantos and Henry J. Hyde U.S. Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008. The Lantos-Hyde Act Evaluation of PEPFAR makes recommendations for improving the U.S. government's bilateral programs as part of the U.S. response to global HIV/AIDS. The overall aim of this evaluation is a forward-looking approach to track and anticipate the evolution of the

U S response to global HIV to be positioned to inform the ability of the U S government to address key issues under consideration at the time of the report release Africa and Global Health Governance Amy S. Patterson, 2018-03 A timely inquiry into how domestic politics and global health governance interact in Africa Global health campaigns development aid programs and disaster relief groups have been criticized for falling into colonialist patterns running roughshod over the local structure and authority of the countries in which they work Far from powerless however African states play complex roles in health policy design and implementation In Africa and Global Health Governance Amy S Patterson focuses on AIDS the 2014 2015 Ebola outbreak and noncommunicable diseases to demonstrate why and how African states accept challenge or remain ambivalent toward global health policies structures and norms Employing in depth analysis of media reports and global health data Patterson also relies on interviews and focus group discussions to give voice to the various agents operating within African health care systems including donor representatives state officials NGOs community based groups health activists and patients Showing the variety within broader patterns this clearly written book demonstrates that Africa s role in global health governance is dynamic and not without agency Patterson shows how for example African leaders engage with international groups attempting to maintain their own leadership while securing the aid their people need Her findings will benefit health and development practitioners scholars and students of global health governance and African politics **The Palgrave Handbook of Peacebuilding in Africa** Tony Karbo, Kudrat Virk, 2018-01-30 This handbook offers a critical assessment of the African agenda for conflict prevention peacemaking peacekeeping and peacebuilding the challenges and opportunities facing Africa s regional organisations in their efforts towards building sustainable peace on the continent and the role of external actors including the United Nations Britain France and South Asian troop contributing countries In so doing it revisits the late Ali Mazrui s concept of Pax Africana calling on Africans to take responsibility for peace and security on their own continent The creation of the African Union in 2002 was an important step towards realising this ambition and has led to the development of a new continental architecture for more robust conflict management But as the volume s authors show the quest for Pax Africana faces challenges Combining thematic analyses and case studies this book will be of interest to both scholars and policymakers working on peace security and governance issues in Africa *Nigeria Operational Plan Report Fy 2013* United States Department of State, 2014-11-12 The Federal Republic of Nigeria consists of six geo political zones that include thirty six 36 states and the Federal Capital Territory FCT which in turn contain seven hundred and seventy four 774 local government areas LGAs Nigeria occupies an area more than twice the size of the State of California In both geographic size and population many states are larger than various African countries The country has 3 46 million HIV positive individuals and constitutes the third greatest burden of HIV AIDS care and treatment worldwide Adding to this burden are the estimated 2 19 million children orphaned by HIV AIDS 1 Nigeria also has one of the highest tuberculosis TB burdens in the world 311 100 000 population<sup>2</sup> and the largest TB burden in Africa Many TB cases go

undetected despite increasing TB detection rates and TB program coverage This situation results in significant challenges for the HIV AIDS response due to the high rates of TB HIV co infection Since reporting the first case of AIDS in Nigeria in 1986 the epidemic has become generalized This illness affects all population groups and spares no geographical area Generalized prevalence among 15 49 year olds is about 3 6 percent<sup>3</sup> but significantly higher rates exist among key populations including commercial sex workers 30 2 37 4 percent injecting drug users 5 6 percent and men who have sex with men 13 5 percent 4 Heterosexual transmission accounts for up to 95 percent of HIV infections Women account for close to 60 percent of all adults living with HIV 5

**International Studies** Scott Straus, Barry Driscoll, 2025-08-19 In the Third Edition of *International Studies Global Forces Interactions and Tensions* award winning scholars Scott Straus and Barry Driscoll take an intellectually stimulating and empirical approach to global studies with a clear framework that helps students think about how key factors forces interactions and tensions contribute to world events and global problems The book grounds students in the field s core concepts to help learners with a wide variety of backgrounds and interests consider causes and effects of global problems

Natural Resource-Based Development in Africa Nathan Andrews, J. Andrew Grant, Jesse Salah Ovadia, 2022-03-01 There is no question that Africa is endowed with abundant natural resources of different magnitudes However more than a decade of high commodity prices and new hydrocarbon discoveries across the continent has led countless international organizations donor agencies and non governmental organizations to devote considerable attention to the potential of natural resource based development *Natural Resource Based Development in Africa* places a particular emphasis on the actors that help us understand the extent to which resources could be transformed into broader developmental outcomes Based on a wide variety of primary sources and fieldwork including in person interviews and participant observations this collection contributes to both scholarly and policy discussions around the governance and economic development roles of local entrepreneurs transnational firms civil society groups local communities and government agencies in Africa s natural resource sectors *Natural Resource Based Development in Africa* explores the impact that these actors have on regional trends such as resource nationalism and local procurement policies as well as grassroots related issues such as poverty livelihoods gender equity development and human security

**Yearbook of International Organizations 2014-2015, Volumes 1a & 1b (Set)** Union of International Associations, 2014-06-16 Volume 1 A and B covers international organizations throughout the world comprising their aims activities and events *Parliamentary Debates (Hansard)*. Great Britain. Parliament. House of Commons, 2012 Angola Operational Plan Report Fy 2013 United States United States Department of State, 2014-11-12 In 2011 Secretary Clinton called on the world to join in the fight for an AIDS Free generation and in 2012 the Secretary revealed a PEPFAR President s Emergency Plan for AIDS Relief Blueprint outlining the path to making this a reality Aligned with the Global Health Initiative GHI Strategy our Partnership Framework PF and the Blueprint s policy imperative Angola s PEPFAR initiatives are based on strategic scientifically sound investments

to scale up core HIV prevention to maximize impact Based on a capacity building systems strengthening model PEPFAR Angola is working with partners to effectively mobilize coordinate and efficiently use resources to save more lives sooner The focus will be on key populations on women and girls to increase gender equality and ending stigma and discrimination against people living with HIV Cross Cutting Appendix A This will be measured by setting benchmarks that are regularly assessed with the long term goal of country ownership The Angola PEPFAR Team will continue to build upon successes of our past maintaining current programs like supporting the Government of Republic of Angola GRA INLS INSP CNS decentralization plan with technical assistance in health systems strengthening implementation of an enhanced Prevention of Mother To Child Transmission PMTCT services building GRA human resources by training local surveillance experts to sustain the country s capacity in strategic information and supporting the military to strengthen its HIV Prevention Program and promote organizational networking with other military partners at the regional level In addition to continuing programs in fiscal year 2014 Angola PEPFAR will expand PMTCT and HIV testing and counseling in Luanda province and coordinate HIV initiatives across borders to demonstrate collaboration with our neighbors in unity toward an AIDS Free generation The United States Government USG Appendix C utilizes a technical assistance approach in areas identified by the Ministry of Health MoH Secretary Clinton stated in her remarks at the 2012 International AIDS conference that we should continue to be focused on supporting high impact interventions and make tough decisions driven by science This is the fundamental goal of the Angola PEPFAR program

*Tanzania Operational Plan Report Fy 2013* United States United States Department of State,2014-11-12 Since 2004 PEPFAR Tanzania has been working closely with the United Republic of Tanzania and other donors including the Global Fund to Fight AIDS Tuberculosis and Malaria to respond to the HIV epidemic PEPFAR T the GFATM and the URT share a symbiotic relationship in Tanzania While PEPFAR T predominantly focuses on services and system strengthening GFATM is responsible for commodity procurement and some systems strengthening and the URT provides policy framework infrastructure systems and personnel Deficits in resources governance and health systems continue to complicate Tanzania s ability to adequately respond to HIV AIDS As a result Tanzania s health programs especially for HIV are highly dependent upon donor funding Foreign funds account for 97% of the Mainland s HIV AIDS response of which 90% come from the combined efforts of PEPFAR T 74% and the GFATM 16% In addition the country grapples with weak health infrastructure shortages of health and social workers high levels of stigma cumbersome government procurement systems weak management and strategic planning and poor accountability According to the 2011 UNAIDS Report on the Global AIDS Epidemic adult HIV prevalence in the country is estimated at 5.8% and an estimated 1.6 million Tanzanians are living with HIV of which 1.3 million are OVC An estimated 84,000 AIDS related deaths occur in Tanzanian each year According to the 2007-08 Tanzania HIV and AIDS and Malaria Indicator Survey the impact of the epidemic varies significantly by region with the highest prevalence region Iringa estimated at 15.7% and the lowest

estimated Zanzibar at 0.6% and with a significant difference in the prevalence between urban 9% and rural 5% areas. The data also reveal significant sex differentials in HIV prevalence with male prevalence at 5% and female prevalence at 7%. A new THMIS was conducted in 2011-2012 and is due to be released in late March 2013. Despite a generalized epidemic, key populations play a critical role in HIV transmission dynamics. Data indicate that injection drug use, specifically heroin use, is on the rise in urban Tanzania and Zanzibar. Studies carried out in Dar es Salaam indicate that the HIV prevalence is 42% among people who inject drugs in 2007 and 31.4% among sex workers in 2010, while unpublished data for men who have sex with men in Dar es Salaam indicates prevalence over 30% in 2012. PEPFAR support to Tanzania has enabled a dramatic increase in the number of adults and children accessing ART, with 364,000 individuals receiving treatment in FY2012. Also during FY2012, a total of 3,370,000 individuals received HIV testing and counseling, 1,100,000 pregnant women were tested and counseled through PMTCT services, 526,000 OVC received support, and 152,000 VMMC took place. **Law Books, 1876-1981** R.R.

Bowker Company, 1981. **Uganda Operational Plan Report FY 2013** United States Department of State, 2014-11-12. In September 2012, the Ministry of Health (MOH) released the results of the Uganda AIDS Indicator Survey (UAIS) 2011, which indicated that Uganda continues to experience a severe HIV epidemic. HIV prevalence in the general population 15 to 59 years old is estimated to be 7.3% in 2011 compared to 6.4% in 2004. HIV prevalence is higher among women (8.3%) than among men (6.1%). Compared to the 2004 UAIS survey, the magnitude of change in HIV prevalence varied across regions. Central, Western, Southwestern, and Northern regions remain the worst affected, while modest declines in prevalence were recorded in the East Central and Mid Eastern regions. Of particular concern is the rise in HIV prevalence among young people aged 15-24 years generally and in all age groups specifically in the West Nile and North East regions that previously were least affected. UNAIDS projects the number of new annual infections at 150,000 in 2011, an increase from 120,000 in 2004. AIDS mortality is estimated at 62,000 deaths in 2011, the lowest estimate in a long decline since 2000, reflecting the significant expansion of ART. The UNAIDS most recent World AIDS Day Report warned of increasing unprotected sex, both sexes and multiple partners, women. The estimated number of people infected with HIV has risen to 1.39 million, 55% of whom are female and 14% are children under the age of 15 years. HIV is predominantly heterosexually transmitted, accounting for 75-80% of new infections. However, population subgroups show that the most affected and the risk factors and drivers of HIV infections have evolved in recent years. Studies show an HIV prevalence of 1.2% in university students, 15.40% in fishing communities, 37% among sex workers, 18% in the partners of sex workers, and 13% in the group of men with a history of having sex with men. Strikingly, 35% of new infections occur amongst self-reported monogamous individuals, which raises concerns regarding rising multiple concurrent partnerships. The remaining transmissions are largely due to mother-to-child HIV transmission. In response to the 2011 UAIS results, PEPFAR revised its programmatic and technical approaches and targets to better respond to Uganda's escalating epidemic. The 2013 COP is based on scientific

evidence prioritized proven interventions resources matched effectively across subpopulations and efforts directed towards sources of new infections to assist the HIV AIDS epidemic response in Uganda The 2013 COP is the product of a consultative process that involved the GOU PEPFAR implementing partners IP and bilateral and multilateral donors

**Malawi Operational Plan Report Fy 2013** United States United States Department of State,2014-11-12 The Republic of Malawi has a population of nearly 16 million people living in an area of 118 484 square kilometers approximately the size of Ohio As one of the poorest countries in the world currently ranked 171 out of 187 on the Human Development Index Malawi has faced an uphill battle to achieve improvements in key health indicators Malawi is faced with double digit HIV prevalence one of the highest malaria prevalence rates in the world and a population that is expected to double by 2030 These challenges are putting increasing pressure on land natural resources and social services Malawi is well known in the region for its innovations in public health programming and maintains a well coordinated health donor environment under the leadership of the Sector Wide Approach SWAp Secretariat in the Ministry of Health MoH The strong national commitment and leadership to improved health outcomes with support from development partners has significant achievements to show for it Malawi is on track to meet MDG 4 reducing child mortality by two thirds by 2015 HIV prevalence amongst 15 49 year olds has declined from 11.8 % in 2004 to 10.6% in 2010 per the Malawian Demographic and Health Survey MDHS Maternal mortality has decreased from 1 120 per 100 000 live births in 2000 to 675 in 2010 Fertility has declined from 6.3 births in 2000 to 5.7 births per woman in 2010 Modern contraceptive use has increased from 26% in 2000 to 42% in 2010 Modeling of 2010 ANC data and the 2010 MDHS data shows just under one million Malawians living with HIV 19% of whom are children under 15 and 47% of whom are adult women AIDS is the leading cause of death with an estimated 44 000 deaths in 2011 and is a major contributing factor to Malawi's low life expectancy of 54 years TB continues to be a challenge and co morbidity with HIV is common The WHO estimated 29 000 new cases of all forms of TB in 2011 with approximately 62% in PLHIV While there has been a significant increase in TB treatment success rate of 87% up from 67% in 2001 the overall case detection rate remains about 66%

**Cameroon Operational Plan Report Fy 2013** United States United States Department of State,2014-11-12 Cameroon is a lower middle income country with a population of 20 million representing over 275 ethnic groups Cameroon's epidemiological profile is dominated by communicable diseases such as malaria and HIV prevalence of 4.3% DHS 2011 and an increased prevalence in non communicable diseases such as diabetes and cardiovascular disease Maternal mortality is estimated at 782 per 100 000 live births while the under five mortality rate is estimated at 122 per 1 000 live births Funding for health is approximately 5% of the 2013 budget In 2010 private spending out of pocket accounted for 70.4% of total health expenditure including 94.5% in the form of direct payments 13.2% of the funding was provided by external resources while government funds covered 16.4% of total expenditures on health World Bank Report on Health and Health Systems in Cameroon 2012 The significant financial burden on households to finance



health care consequently affects access to and use of health services in Cameroon      Mozambique Operational Plan Report  
Fy 2013 United States Department of State, 2014-11-12 As part of our two year Country Operational Plan COP the 2013 plan supports the global priorities set forth in the AIDS Free Generation AFG policy to provide antiretroviral treatment ART for 6 million people perform 4.7 million voluntary medical male circumcision VMMC procedures provide antiretroviral ARV prophylaxis to 1.5 million HIV infected pregnant women to prevent mother to child transmission PMTCT support the Government of Mozambique's GRM national HIV AIDS Acceleration Plan 2013-2015 Acceleration Plan to increase the percentage of eligible adults and children with advanced HIV infection who receive antiretroviral therapy to 80% increase the percentage of HIV positive pregnant women who receive ARVs to 90% and increase the percentage of adult males circumcised in target provinces to 75% by 2015 The Acceleration Plan developed in collaboration with the PEPFAR Mozambique team and closely coordinated with the development of the Ministry of Health's Global Fund Round 9 phase II application for HIV AIDS prioritizes high impact interventions and geographic areas and focuses on a continuum of response by addressing key populations This year's COP represents result driven and target based budget allocations through direct application of PEPFAR Expenditure Analysis and other unit cost data to PEPFAR's contribution to the national targets Our interventions target priority districts identified in the GRM's Acceleration Plan and ensure strong linkages between counseling and testing care treatment and PMTCT for a robust continuum of response Our overall budget is carefully aligned to the priorities of an AIDS Free Generation Prevention activities represent 24% of our overall budget with 8% allocated to PMTCT for ARV prophylaxis for 61,147 pregnant women 8% allocated to VMMC to circumcise 224,413 men 3% reserved for sexual prevention to reach most at risk populations MARPs 4% dedicated to test and counsel 2.2 million individuals 33% allocated for antiretroviral ART treatment for 380,680 adults and children including 16% for ARV drugs 19% dedicated to the care of almost one million HIV infected adults and children including 10% for orphans and vulnerable children and 13% budgeted for system strengthening activities to support prevention care and treatment goals HIV commodities including ARV drugs represent 23% of the budget USG management and operations represent 11% of PEPFAR resources      **Swaziland**

**Operational Plan Report Fy 2013** United States Department of State, 2014-11-12 Swaziland is a landlocked kingdom at the epicenter of the global HIV AIDS pandemic struggling to mitigate the world's highest prevalence rates of HIV and TB Economically Swaziland is closely tied to South Africa from which it receives 90 percent of its imports and a large proportion of its public sector financing through the Southern African Customs Union SACU Compounding the economic situation and exacerbating the strains on the health and social systems was a precipitous fall in revenue resulting from two thirds cut of SACU customs receipts in 2009 More than half of the population is under 20 and nearly half of the youth are at extremely high risk of HIV The 2010 Multiple Indicator Cluster Survey MICS reported that 45.1% of children and youth fit the definition of orphaned or vulnerable Traditional family structures have all but collapsed with only 22 percent of children

raised in two parent households Gender based inequalities violence poverty and income disparities persist in the country and create significant barriers to effective HIV prevention interventions and the up take of care and treatment services Economic growth and development have been deeply impacted by the health crisis which literally threatens the future of the kingdom The 2010 MICS reported high rates of malnutrition with 40.9 percent of children experiencing moderate to severe stunting Furthermore anecdotal reports show that food insecurity is one of the main reasons that eligible individuals will not initiate treatment they fear not having food to take with ARVs The Swaziland HIV Incidence Measurement Survey SHIMS published in late 2012 provides the best data available to date on the epidemic SHIMS identified a national HIV prevalence of 31 percent among adults 18-49 years of age A reanalysis of the 2007 Demographic Health Survey data determined prevalence of 31 percent in adults 18-49 indicating that the HIV prevalence in Swaziland has stabilized in the last five years Adult incidence is high at 2.4 percent with a significantly higher incidence for women of 3.1 per cent 1.7 per cent for men

Zambia Operational Plan Report Fy 2013 United States Department of State, 2014-11-12 The recent 2012 UNAIDS World AIDS Day Report showed significant improvements in HIV and AIDS related results globally In general new HIV infections declined among children there were fewer AIDS related deaths and there were increased investments in the response to HIV and AIDS Zambia like many countries has recorded significant improvements in all three key areas According to the report between 2001 and 2011 Zambia reduced new HIV infections by 58% while the country also cut AIDS related deaths by more than 50% The 2007 Zambia Demographic and Health Survey 2007 ZDHS measured adult HIV prevalence at 14.3% With the population currently standing at 13.1 million people with 61% in rural areas and 39% in urban areas Zambia still has one of the world's most devastating HIV and AIDS epidemics with more than one in seven adults living with HIV Infection rates are twice as high in urban as in rural areas while life expectancy is estimated at 49 years in what is still a generalized epidemic UNAIDS Report on the Global AIDS Epidemic 2010 The HIV epidemic is geographically diverse with provincial prevalence levels ranging from 6.8% to 20.8% The Northern and Northwestern provinces have the lowest prevalence just below 7% Both provinces are predominantly rural with low population density and high levels of poverty In contrast Lusaka Central and Copperbelt Provinces are more densely populated with large urban areas and have prevalence levels of 17% and higher The most recent UNAIDS Report on the Global AIDS Epidemic 2012 UNAIDS estimated Zambia's HIV prevalence among 15-49 year olds to have declined to 12.5% The country is awaiting the results of the newly started DHS that will enable an update to the most recent HIV and AIDS statistics The six key drivers of the HIV and AIDS epidemic in Zambia are 1 high rates of multiple concurrent partnerships 2 low and inconsistent condom use 3 low rates of voluntary medical male circumcision VMMC 4 population mobility 5 vulnerable groups with high risk behaviors and 6 mother to child transmission MTCT In addition other factors such as gender inequality disparity socio cultural practices and stigma interact with these drivers to sustain high levels of risk and vulnerability

**Botswana Operational Plan Report Fy 2013** United

States United States Department of State,2014-11-12 The U S Botswana health partnership remains strong and effective HIV associated mortality has been reduced by more than half since treatment became available and the rate of new infections has declined Botswana s HIV treatment and Prevention of Mother to Child Transmission PMTCT programs are models for their coverage and quality of services The rate of mother to child HIV transmission in Botswana has declined to

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