Obaro et al. *Afr. J. Clin. Exper. Microbiol.* 2023; 24 (4): xxxx https://www.afrjcem.org

African Journal of Clinical and Experimental Microbiology. ISSN 1595-689X Oct 2023; Vol.24 No.4
AJCEM/2286. https://www.ajol.info/index.php/ajcem

Review Article **Open Access**

A review of the legal and ethical perspectives in HIV/AIDS management in Nigeria

*[1]Obaro, H. K., [2]Suleiman, B. A., [3]Ajide, O. B., [4]Aminu, B. T., [4]Okonta, N. E., [5]Ojo, O. S., and [5]Olatoke, S. O.

[1]Department of Medical Microbiology, Umaru Musa Yar'adua University, Katsina, Nigeria
[2]Department of Family Medicine, Federal Teaching Hospital, Katsina, Nigeria
[3]Department of Paediatrics, Federal Teaching Hospital, Katsina, Nigeria
[4]Department of Internal Medicine, Federal Teaching Hospital, Katsina, Nigeria
[5]Department of Emergency Medicine, Federal Teaching Hospital, Katsina, Nigeria
*Correspondence to: obarohasan@yahoo.com; +2348136436916; ORCiD: https://orcid.org/0000-0003-3983-657X

Abstract:

Human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) remain major public health issues in Nigeria and other developing countries. Discrimination even among healthcare workers (HCWs), which includes poor service delivery at the point-of-care and human rights abuses, are the main factors that continue to hinder HIV eradication in developing countries, and these spread across all levels of HIV/AIDS services, from counseling and testing, to treatment and care. People living with HIV/AIDS (PLWHA) have continued to suffer from unethical conduct, human rights abuses, discrimination, and stigmatization from HCWs, employers of labor, educational institutions, religious houses, and the public. There exist Federal and some State laws that protect the rights and privileges of PLWHA, prevent discrimination and stigmatization from the general public, prevent employers from discriminating against persons with HIV infection, protect workers who criticize hazardous conditions in the workplace, and offer compensation to victims of HIV-related human rights abuses and employees for contracting job-related diseases. However, HIV-related human rights abuses, stigmatization, and discrimination, have continued unabated, not because there are no laws to protect victims, but due to ignorance of the law, complicated by the fact that some existing laws have remained dormant with regard to implementation and enforcement. Domestication of these laws by various State Governments in the country and enforcement by relevant institutions are also big issues. It is imperative for healthcare professionals to be aware of current professional standards and the general public to be aware of laws protecting victims of the virus.

Keywords: HIV/AIDS; human rights abuses; discrimination; stigmatization; law

Received Aug 5, 2023; Revised Sept 4, 2023; Accepted Sept 5, 2023

Un examen des perspectives juridiques et éthiques dans la gestion du VIH/SIDA au Nigeria

*[1]Obaro, H. K., [2]Suleiman, B. A., [3]Ajide, O. B., [4]Aminu, B T., [4]Okonta, N. E., [5]Ojo, O. S., et [5]Olatoke, S. O.

[1]Département de Microbiologie Médicale, Université Umaru Musa Yar'adua, Katsina, Nigeria
[2]Département de Médecine Familiale, Hôpital Universitaire Fédéral, Katsina, Nigeria
[3]Département de Pédiatrie, Hôpital Universitaire Fédéral, Katsina, Nigeria
[4]Département de Médecine Interne, Hôpital Universitaire Fédéral, Katsina, Nigeria
[5]Département de Médecine d'Urgence, Hôpital Universitaire Fédéral, Katsina, Nigeria
*Correspondance à: obarohasan@yahoo.com; +2348136436916; ORCiD: https://orcid.org/0000-0003-3983-657X

Résumé:

L'infection par le virus de l'immunodéficience humaine (VIH) et le syndrome d'immunodéficience acquise (SIDA) restent des problèmes de santé publique majeurs au Nigeria et dans d'autres pays en développement. La discrimination, même parmi les travailleurs de la santé (TS), qui comprend une mauvaise prestation de services au point d'intervention et des violations des droits de l'homme, sont les principaux facteurs qui continuent d'entraver l'éradication du VIH dans les pays en développement, et ces facteurs se propagent à tous les niveaux du VIH/SIDA services, du conseil et du test au traitement et aux soins. Les personnes vivant avec le VIH/SIDA

(PVVIH) ont continué de souffrir de comportements contraires à l'éthique, de violations des droits humains, de discrimination et de stigmatisation de la part des travailleurs de la santé, des employeurs, des établissements d'enseignement, des maisons religieuses et du public. Il existe des lois fédérales et certaines lois étatiques qui protègent les droits et privilèges des PVVIH, préviennent la discrimination et la stigmatisation de la part du grand public, empêchent les employeurs de discriminer les personnes infectées par le VIH, protègent les travailleurs qui critiquent les conditions dangereuses sur le lieu de travail et offrent une indemnisation aux victimes des violations des droits de l'homme liées au VIH et des employés qui ont contracté des maladies liées au travail. Cependant, les violations des droits humains, la stigmatisation et la discrimination liées au VIH se poursuivent sans relâche, non pas parce qu'il n'existe pas de lois pour protéger les victimes, mais en raison de l'ignorance de la loi, compliquée par le fait que certaines lois existantes sont restées en sommeil avec en ce qui concerne la mise en œuvre et l'application. La domestication de ces lois par les différents gouvernements des États du pays et leur application par les institutions compétentes constituent également des problèmes majeurs. Il est impératif que les professionnels de santé connaissent les normes professionnelles en vigueur et que le grand public soit informé des lois protégeant les victimes du virus.

Mots-clés: VIH/SIDA; Abus des droits de l'homme; discrimination; stigmatisation; loi

Introduction:

Some years ago, people could not come out publicly to talk about their HIV status. Today, while there have been tremendous achievements on the journey as far as HIV/AIDS awareness is concerned, we must recognize the fact that much more still needs to be done to ensure that people living with and affected by HIV and AIDS (PLWHA) have the right to access care and to live free from HIV-related stigma and discrimination (1). Human immuno deficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) remain major public health issues in Nigeria (1).

Acts of stigmatization and discrimination from healthcare workers (HCWs), which include poor service delivery at the point-of-care and human rights abuses, as well as from the general public, are the main factors that continue to hamper HIV eradication in Nigeria. These acts spread across all levels of HIV/AIDS services, from counseling and testing, to treatment and care, thereby discouraging people from getting tested and treated (2).

The 2015 UNAIDS guideline on terminologies defines stigma as a set of beliefs or attitudes designating a person or group of individuals as undeserving or dishonorable (3). Discrimination is a consequence of stigma when any form of division, exclusion, or restriction is exhibited against any individual because of certain personal attributes or characteristics. For effective and operational purposes, HIV-related stigma is labeled as negative beliefs, feelings and attitudes toward PLWHA (4).

Although stigma has been significantly reduced by training and retraining of service providers, poor or lack of access to HIV/AIDS care services, especially lack of access to antiretroviral drugs and other supportive care, complicated by poor attitude of HCWs towards PLWHA, has remained a huge burden on fighting HIV and AIDS to finish, resulting in high cases of HIV/AIDS-related deaths in some developing countries (2). Disciplinary laws against homosexuals and injection drug users (IDUs) have caused difficulties in accessing HIV care services for many reasons which include fear of disclosing their lifestyle and status to healthcare professionals (5).

The commonest approach targeted at reducing HIV stigma and discrimination in Nigeria is media campaigns and public awareness aimed at educating the public about HIV and the eventual reduction of stigma and discrimination. Other strategies include measures put in place for counseling, testing, and treatment (2). The main philosophy of these approaches was that if HIV is seen as a chronic condition like diabetes and hypertension, the infection would be well humanized thereby reducing stigma and discrimination against people infected and affected by HIV. Two other programs related to HIV stigma in Nigeria were the PLWHA Stigma Index (SI) measurement (6), and the Legal Environment Assessment (LEA) in the HIV response (7).

This review is aimed at examining relevant laws and legislations as well as existing medical professional ethics that protect the rights and privileges of PLWHA, and also create general awareness among healthcare professionals, PLWHA and the public.

Brief overview of HIV/AIDS:

Background:

Human immunodeficiency virus (HIV), the causative agent of AIDS, is a single-stranded RNA retrovirus that attacks specific white blood cells with CD4 receptor on their surface (8). The virus is classified into types, groups, subtypes, and sub-subtypes according to its genetic variety (8). HIV type 1 (HIV-1) is extensively distributed worldwide and can be further divided into four genetic groups; group M *(major)*, group O (*outlier*), group N (*new* or *non-M, non-O*), and the newly categorized group P (8). Whereas HIV-1 groups N, P, and O are limited to countries of the Central Africa, mainly Cameroon, HIV-1 group M is responsible for the AIDS pandemic, being responsible for more than 90% of worldwide HIV infections (9). HIV-2 is restricted to the West African countries (10). Nine subtypes of HIV-1 group M are presently known (A–D, F–H, J, and K). Some subtypes are further characterized into

sub-subtypes, for example, subtype A into A1, A2, and A3, and subtype F into F1 and F2 (10).

HIV can be transmitted through sex, needles, unsterilized instruments, unscreened blood transfusions, and other routes. The virus destroys the $CD4^+$ cells, weakening infected person's immune system against opportunistic infections such as tuberculosis and fungal infections, severe bacterial infections, and some cancers (11). Globally it is estimated that 36.7 million people are living with HIV/AIDS and 25.5 million of these are in sub-Saharan Africa (12). Every individual who may be at risk for HIV should have access to testing, according to the WHO. It is important that HIV testing services follow the 5Cs; consent, confidentiality, counseling, correct results, and connection with treatment and other supportive services (11).

Clinical presentation of HIV infection:

In the first few months following infection, many persons do not exhibit any HIV-related symptoms and may not even be aware that they are infected. Flu-like symptoms such as fever, sneezing, headache, and sore throat could be early symptoms in others. However, the virus is most contagious during these initial few months (11). As the disease progresses, symptoms will be more pronounced, and these may include swollen lymph nodes, weight loss, fever, diarrhea, and cough. HIV impairs the body's capacity to fight other infections, and without treatment, persons with HIV will become more vulnerable to other severe illnesses such as tuberculosis, bacterial infections, cryptococcal meningitis, and some malignancies such as lymphomas and Kaposi's sarcoma (11).

Rapid test kits can be used to diagnose HIV and they offer immediate results, but a laboratory test is still necessary to confirm the diagnosis. Early detection increases treatment options and lowers the chance of spreading to others, such as sexual partners and needle-sharing partners (11).

Prevention and treatment:

HIV transmission is fully preventable. Effective treatment with antiretroviral therapy (ART) prevents transmission from mother to child during pregnancy, delivery, and breastfeeding. An infected person on antiretroviral therapy and virally suppressed (viral load less than 1000 copies per milliliter) will not transmit HIV to their sexual partners. (11). The use of condoms prevents HIV and other sexually transmitted infections, and prophylactic use of antiretroviral medicine prevents HIV. Circumcision of males is advised in high-burden African nations. Harm reduction (needle syringe programs and opioid substitution therapy) prevents HIV and other blood-borne infections in people who inject drugs (12).

HIV is treated with antiretroviral drugs which are usually a combination of more than one drug. While ART cannot cure HIV, it slows down blood-borne viral reproduction and reduce the viral load to undetectable levels. ART enables PLWHA to live healthy and productive lives. It also serves as an efficient preventative measure, lowering the probability of transmission by 96% (12). As soon as feasible after an HIV diagnosis, people should be offered and connected to antiretroviral treatment (ART). Counseling on adherence to ART and to stop engaging in practices that encourage transmission, and periodic monitoring using clinical and laboratory parameters are paramount (12).

Plights of HIV victims and resultant ethico-legal issues:

In Nigeria and other developing countries, the Fundamental Human Rights (FHRs) of PLWHA are constantly violated with reckless abandon in several ways, such as testing without consent, refusal of treatment, and lack of confidentiality (5). Testing without consent appears to be common practice in many private and public healthcare settings, for example, pregnant women who attend antenatal care (ANC) are often tested for HIV without counseling and without their consent (13). Testing without consent also occurs in pre-employment screening and pre-admission medical fitness tests in educational institutions, and at times testing for research purposes, are violations of the FHRs of these individuals (14).

Medical ethics is a system of moral principles that spread across values and clinical judgments with regard to the practice of medicine and medical research allowing for people, regardless of ethnicity, religion or gender, to receive high-quality ethical care. Four commonly accepted principles of healthcare ethics include respect for autonomy, principle of non-maleficence, beneficence, and justice (14). Autonomy refers to the patient's right to decide what happens to his/her own body, whereas confidentiality refers to the patient's health information being kept confidential and not disclosed to a third party without the patient's consent (15). Beneficence requires the medical practitioner to act in the best interest of the patient. Many ethical and legal issues may arise in an effort to prevent or control the further spread of the virus (15).

The duty of confidentiality of HCWs to their patients is not usually upheld in cases involving PLWHA. Where people fear forced testing or disclosure of their health status without their consent, they will avoid HIV counseling, testing, and support because these are likely to mean that they will face stigma, discrimination, and other negative effects of the breach

of such duty (15). The FHRs of PLWHA are violated when they are subjected to degrading or dehumanizing treatment simply because of their HIV status. (14) The instances where an employer denies a person employment because of his HIV status, a health worker refuses to treat a person living with the virus, friends and family avoid him/her like a plague, or a person's movement is restricted all because of his HIV status, all amount to stigmatization and discrimination, and a violation of their rights and privileges guaranteed under the law (15).

Legal and Ethical Perspectives:

1. Fundamental Human Rights by the Nigerian Constitution:

Fundamental Human Rights (FHRs) are a set of worldwide entitlements that persons enjoy irrespective of their gender, culture, religion, culture, nationality or other status that are protected and proclaimed by both local and international laws. In Nigeria, the provisions on FHRs are enshrined in chapter 4 (sections 33 to 44) of the 1999 Constitution of the Federal Republic of Nigeria (16). They are not to be violated, but where they are violated, the plaintiff (victim) can seek redress in a court of law. Hence, as for every other person, the FHRs of PLWHA are well protected by the Constitution (16).

Section 33 (RIGHT TO LIFE) states; "Every person has a right to life, and no one shall be deprived intentionally of his life"; Section 34 (RIGHT TO DIGNITY OF HUMAN PERSON) states "Every individual is entitled to respect for the dignity of his person, and accordingly, no person shall be subjected to torture or to inhuman or degrading treatment"; Section 35 (RIGHT TO PERSONAL LIBERTY) states "Every person shall be entitled to his personal liberty and no person shall be deprived of such liberty"; Section 37 (RIGHT TO PRIVACY) states "The privacy of citizens, their homes, correspondence, telephone conversations, and telegraphic communications is hereby guaranteed and protected"; and Section 42 (RIGHT TO FREEDOM FROM DISCRIMINATION) states "No citizen of Nigeria shall be subjected to any form of discrimination and deprivation".

One of the major challenges of FHRs as enshrined in the constitution is the fact that FHRs are not absolute. According to Section 45 sub-section 1 of the Constitution, "Nothing in Sections 37, 38, 39, 40, and 41 shall invalidate any law that is substantially justifiable in a democratic society; (a) in the interest of defense, public safety, public order, public morality, or public health, or (b) for the purposes of protecting the rights and freedom of other persons". This provision provides grounds upon which certain FHRs can be violated and one of such grounds is public health. It therefore goes without saying that where the disclosure of the HIV status of a person would be in the better interest of the public, such disclosure will not be in contravention of the constitutionally guaranteed right to privacy of the individual.

2. The Child Rights Act (CRA)

The Child's Rights Act (2003) is the law that guarantees the rights of all children in Nigeria including children affected by HIV/AIDS (17). Children as defined by the Child's Rights Act (2003) are any person under the age of 18, and this group is usually victims of abuse and exploitation in all forms. The National Human Rights Commission (NHRC) has a mandate to promote, protect, and enforce the rights of all citizens as well as foreign nationals in Nigeria and undertake several procedures of promoting and protecting the rights of children under this age group because they are vulnerable.

Section 1 states that "In every action concerning a child, whether undertaken by an individual, private or public body, service or institutions, court of law, or administrative or legislative authority, the best interest of the child shall be the primary consideration" (17). Section 2 (A child to be given protection and care necessary for his/her well-being) states "A child shall be given such protection and care as is necessary for the well-being of the child, taking into account the rights and duties of the child's parents, legal guardians, or other individuals, institutions, services, agencies, organizations or bodies legally responsible for the child" (17). "Every person, institution, service, agency, organization, and body responsible for the care or protection of children shall conform with the standards established by the appropriate authorities, particularly in the areas of safety, health, welfare, number and suitability of their staff and competent supervision" (17).

Section 3 (Application of Chapter IV of the 1999 Constitution) states "The provisions in Chapter IV of the Constitution of the Federal Republic of Nigeria 1999, or any successive constitutional provisions relating to Fundamental Rights, shall apply as if those provisions are expressly stated in this Act" (17). However, this very important law is yet to enjoy universal acceptance across Nigeria, thereby making implementation and enforcement difficult. So far, only 24 out of 36 States of the Federation have adopted the CRA as a State law.

3. The HIV/AIDS Anti-discrimination Act

The HIV/AIDS (Anti-discrimination) Act was passed into law in the year 2014. It is divided into four parts and has 31 sections (18). The purpose of the Act is to protect the

rights and dignity of PLWHA. Section 1 states "(a) eliminating all forms of discrimination based on HIV status; (b) fostering an environment of acceptance so that people with HIV/AIDS can continue to work in regular settings for as long as they are deemed medically fit to do so; (c) promoting appropriate and effective ways of managing HIV in the workplace, community, institutions, and other fields of human endeavor; (d) establishing conditions that are supportive and safe for everyone to work in and learn; (e) achieving balance between each person's obligations and rights in society; and (f) putting into practice the commitments outlined in Chapter 4 of the Federal Republic of Nigeria's 1999 Constitution, as amended, and other international and regional human rights" (18).

Section 2 of the Act states that; (a) This Act applies to all persons living with and affected by HIV and AIDS in Nigeria; (b) The Nigerian Armed Forces, Nigerian Police, State Security Services, other paramilitary organizations, schools, hospitals, and places of worship, and other employers of labor and employees in both the public and private sectors of the country, are covered by this Act (18).

Section 8 of the Act, deals with the issue of disclosure; "(a) Prior to accessing any public or privately delivered services, employment and any other opportunity, no individual or institutions shall necessitate an individual to reveal his or her HIV status or the status of other persons, by asking questions, directly or indirectly; (b) In spite of the restrictions in this section, any spouse or roommate who believes they may be in danger of contracting HIV from a partner has the right to know their partner's HIV status" (18)..

Section 9(1) states that "No employer, institution, or individual will require a test of HIV as a prerequisite for employment, access to private or public services or opportunities, except where it is shown, on the certification of two competent medical authorities (working independently), that failure to take such a test constitutes a clear and present danger of HIV transmission to others". Section 9 (2) states "No educational institution may demand HIV testing as part of its standard medical screening procedures for student admission or accreditation" (18).

Section 21 (1) of the Act, 2014, orders that "an employer employing five or more persons shall in consultation with the employees or their representatives adopt a written workplace policy that is consistent with the National HIV/AIDS workplace policy for the working environment" (18). This Act was passed into law in Nigeria in 2014, but has since continued to be dormant owing to non-implementation. It was enacted to discourage discrimination against PLWAHA. It is therefore meaningless that a law that was enacted to stop the discrimination of victims of HIV has been dormant as if it does not even exist.

The HIV/AIDS anti-discrimination Act 2014 specifically gave the duty to ensure compliance with the entire HIV/AIDS (Anti-Discrimination) Act, 2014, to the office of the Attorney-General of the Federation. Now the problem is, whether the office of the Attorney-General of the Federation is even aware of this Act and why it has not performed its duty of ensuring the implementation of the law and compliance by institutions of learning and employers of labor in Nigeria. It is also worrisome that an Act that was enacted about nine years ago is yet to be domesticated by many States of the Federation, hence making implementation and enforcement difficult.

4. The Patients' Bill of Rights (PBoR)

People living with HIV, like every other person, are protected under the Patients' Bill of Rights (PBoR), especially with regard to access to emergency healthcare. The PBoR was launched by the Federal Government of Nigeria on August 1, 2018 (19) and is a law developed by the Consumer Protection Council (CPC) in conjunction with the Federal Ministry of Health to protect consumers of health services in Nigeria. It sums up the existing rights of patients in the Constitution of the Federal Republic of Nigeria, the Consumer Protection Act, the Child Rights Act, the Freedom of Information Act, the National Health Act, other regulations, and professional ethical codes such as the Hippocratic Oath.

The PBoR lists the patients' rights and responsibilities, and health providers' responsibilities toward these rights. It makes the constitutional right to life more sensitive to everyone (19). There are 12 Rights that every patient is entitled to, according to the document; (a) Right to relevant information, (b) Right to timely access to medical records, (c) Right to transparent billing, (d) Right to privacy, (e) Right to clean healthcare environment, (f) Right to be treated with respect, (g) Right to receive urgent care, (h) Right to reasonable visitation, (i) Right to decline care, (j) Right to decline or accept to participate in medical research, (k) Right to quality care, and (l) Right to complain and express dissatisfaction regarding services received.

As with other very important Federal laws, domestication by many States of the Federation is a big issue, even though the Federal Competition and Consumer Protection Commission (FCCPC) Act empowers the body to activate the provisions of Section 17(3) (d) of the Constitution**,** for State-owned or private healthcare facilities and providers, which, enjoins the State to ensure that "there are satisfactory medical and health services for all individuals". Sadly, apart from the general mandate of ServiCom and the FCCPC on con-

sumer issues, no government agency is specifically responsible for the tracking and implementation of the PBoR.

5. The Code of Medical Ethics

According to Section 1 and subsection 2(c) of the Medical and Dental Practitioners Act (CAP 221), Law of the Federal Republic of Nigeria, 1990 (Decree No. 23, 1988), one of the statutory duties of the Medical and Dental Council of Nigeria (MDCN) is to periodically review and prepare a statement about the code of conduct that the Council considers desirable for the practice of the profession in Nigeria, known as the Code of Medical Ethics (20).

Rule 24 of the Code of Medical Ethics (22) gives a guideline on the MANAGEMENT OF HIV/AIDS AND OTHER SOCIALLY DREADED INFECTIOUS DISEASES and therefore states that "The prevalence of highly hazardous (contagious) ailments should be noted by practitioners. It is therefore worthy of note that practitioners should in no way discriminate in handling and treating such patients, that they maintain appropriate confidentiality, and apply a multi-disciplinary approach. Such patients should only be referred on the precise basis of professional competence" (21).

"The psychological and social consequences associated with HIV/AIDS, hepatitis B, Lassa fever, Ebola fever and others should be up in the minds of practitioners handling such cases" (21). "Practitioners should ensure that they are not used as agents by employers or others to deny infected patients their jobs where there is no clinical indication for removal of such employees from their jobs" (21). It becomes ethical for the practitioner to provide pre-and post-test counseling when investigations are clinically justified (21). Consent is not required when a patient is the one looking for a diagnosis. However, if an investigation is needed only for screening or for research, informed consent is necessary (21).

The Legal Environment Assessment (LEA)

The goal of the HIV Legal Environment Assessment (LEA) is to advance a greater understanding of the nation's laws and policies, particularly as they relate to how they affect the rights of HIV-positive people, the vulnerability of individuals to HIV, as well as the implications of related laws for individuals and organizations that work on HIV/AIDS (22). The LEA aims to determine which laws and practices have the ability to lessen or increase HIV-related stigma, which laws safeguard against discrimination, and which laws can provide access to justice through legal redress of HIV-related discrimination experiences (22). It is believed that a thorough assessment of the legal and policy environment will help strengthen the response system to HIV/AIDS in the country (22).

The LEA is part of the drive at international and regional levels to use laws as tools for HIV elimination. To improve equity in access to services among key populations, the law and regulatory environment must not be prohibitive (2). The UN General Assembly favors the conduct of LEA. The importance of the law in responses to HIV was stressed at its Special Session on HIV/AIDS in 2001 as well as the Political Declarations of 2006 and 2011, including law reform, community education, and enforcement mechanisms (22). Recommendations made to countries include commitment to intensifying national efforts by creating enabling legal, social, and policy frameworks in each national context to eliminate stigma, discrimination, and violence related to HIV; promote access to HIV prevention, treatment, care, and support and non-discriminatory access to education, health care, employment, and social services, as well as provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality; and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV.

The LEA reveals the following; (a) The experiences of abuse of human rights of people living with and affected by HIV/AIDS as well as key and affected populations; (b) The high cost of and lengthy litigation process hinder progress in seeking redress; (c) The existence of a weak legal environment for an effective human rights-based response to HIV/AIDS; and (d) The need for sensitization, and community mobilization for the popularization of provisions of the Anti-Discrimination Act and the corresponding laws (22).

The LEA in Nigeria was therefore designed to identify and review existing laws, regulations, and policies that could impact the national HIV response through varieties of qualitative research methodologies, such as desk review, focus group discussion, in-depth interviews, and key informant interviews (7). Findings showed that the legal environment in Nigeria is weak for effective human rights-based response to HIV/AIDS (7). While advocating for the review and domestication of many of the existing laws related to HIV/AIDS victims and their care, the LEA report also called for legal literacy among key populations and stakeholders in the health and justice sectors (2).

Conclusion & Recommendation:

People living with and affected by HIV/AIDS have continued to suffer from unethical conducts, human rights abuses, discrimination

and stigmatization, from healthcare workers, employers of labor, educational institutions, religious houses, and the general public, majorly due to ignorance of the law. Although Federal and some State laws already exist that protect the rights and privileges of PLHIV, prevent discrimination and stigmatization from the general public, prevent employers from discriminating against PLWHA, protect workers who criticize hazardous conditions in the workplace, and offer compensation to victims of HIV-related human rights abuses and employees for contracting a job-related disease, HIV-related human rights abuses, stigmatization, and discrimination, have continued unabated. This is not because there are no laws to protect victims, but due to ignorance of the law, complicated by the fact that some of the laws have remained dormant with regard to implementation and enforcement. Domestication of these laws by various state governments is also a big issue. Because several of these issues have remained unsettled, it is imperative for healthcare workers to be aware of current professional standards and the public to be aware of laws protecting victims of the virus.

Based on the principle of *ignorantia iuris non est excusatio* (ignorance of the law is not an excuse), it is extremely important for healthcare professionals to be guided always by the ethics of the profession and also be aware of all relevant laws protecting the rights of people living with and affected by HIV and AIDS. Although Medical Ethics is part of medical education, medicolegal principles should be incorporated into medical education for medical students as a course on its own and part of continuing medical education for medical practitioners. Hospitals in Nigeria should set up medicolegal departments to be headed by a medical practitioner who has a special interest in medical law.

The Federal Government through the office of the Attorney General of the Federation should take steps to ensure full implementation and enforcement of all the laws protecting victims of HIV-related human rights abuses. State Governments in Nigeria that are yet to domesticate all the relevant laws should do so as a matter of urgency towards relieving the plight of victims of HIV-related human rights abuses. People living with and affected by HIV/AIDS as well as the general public, should be aware of their rights and privileges. This can be achieved by translating all the relevant laws into local languages and circulating them through the mass media. There is a need to educate and enlighten law enforcement agents to be aware of these laws and enforce them accordingly.

Contributions of authors:

OHK, SBA, AOB, ABT, ONE, OOS, and OSO conceived the idea; OHK developed and reviewed the legal aspect of the work. All the authors discussed and approved to the final manuscript.

Source of funding:

No funding was received for the study

Conflicts of interest:

No conflict of interest is declared

References:

1. National Agency for the Control of AIDS. Global AIDS Response Country Progress Report. NACA, Abuja, Nigeria, 2015.
2. Odimegwu, C. O., Akinyemi, J. O., and Alabi, O. O. HIV-stigma in Nigeria: review of research studies, policies, and programmes. AIDS Research and Treatment, 2017
3. UNAIDS. UNAIDS Terminologies Guidelines, Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland, 2015.
4. UNAIDS, Reduction of HIV-related stigma and discrimination: Guidance note, Joint United Nations Programme on HIV/AIDS, Geneva, Switzerland, 2014
5. Onotai, L. O., Nwaorgu, O. G., and Okoye, B. C. Ethical issues in HIV/AIDS infections. Nig J Med. 12005; 3 (3): 282-285
6. HIV Leadership through Accountability Programme: GNP+; NEPWHAN. PLHIV Stigma Index Nigeria Country Assessment. Amsterdam: GNP+, 2011.
7. National Agency for the Control of AIDS. Legal Environment Assessment for HIV/AIDS Response in Nigeria, NACA, Abuja, Nigeria, 2015.
8. Robertson, D. L., Anderson, J. P., Bradac J. A., et al. HIV-1 nomenclature proposal. Science. 2000; 288 (5463): 55–57
9. Tebit D. M., and Arts, E. J. Tracking a century of global expansion and evolution of HIV to drive understanding and to combat disease. Lancet Infect Dis. 2011; 11 (1): 45–56
10. Eholié, S., and Anglaret, X. Commentary: decline of HIV-2 prevalence in West Africa: good news or bad news? Int J Epidemiol. 2006; 35 (5): 1329–1330.
11. World Health Organization. Information notes on HIV and COVID-19.2020. https://www.who.int/health-topics/HIV-AIDS
12. UNAIDS, G. H. AIDS statistics—2019 fact sheet, 2019.
13. McCormick, T. R. Principles of Bioethics. Ethics in Medicine University of Washington, 2013. https://depts.washington.edu/bioethx/tools/princpl.html
14. Centre for the Right to Health. HIV/AIDS and Human Rights in Nigeria. 2003
15. Ajuwon, A. J. Ethical issues in HIV/AIDS research, counseling and testing in Nigeria. Afr J Med Med Sci. 2017; 35 (Suppl.) 137–141.
16. Constitution of the Federal Republic of Nigeria, 1999.
17. Child's Rights Act, 2003
18. HIV and AIDS (Anti-Discrimination). Act, 2014.
19. Patients' Bill of Rights (PBoR), 2018.
20. Medical and Dental Practitioners' Act, 1990.
21. Code of Medical Ethics in Nigeria.
22. Legal Environment Assessment for HIV Response in Nigeria APRIL 22, 2016. Legal Environment Assessment for HIV Response in Nigeria. United Nations Development Programme (www.undp.org)