International Journal of Humanities
and Social Sciences (IJHSS)
ISSN(P): 2319-393X; ISSN(E): 2319-3948
Vol. 3, Issue 2, Mar 2014, 33-54

International Academy of Science,
Engineering and Technology
Connecting Researchers; Nurturing Innovations

NON-GOVERNMENTAL ORGANIZATIONS AND PUBLIC POLICY ON HIV/AIDS IN NIGERIA, 1986-2006

PETER MBAH

Department of Political Science, University of Nigeria, Nsukka, Nigeria

ABSTRACT

The rapidity of the spread of Human Immunodeficiency Virus (HIV), which is the causative agent of the Acquired Immunodeficiency Syndrome (AIDS), is posing one of the greatest public health problems in Nigeria. In an effort to mitigate the impact and avert the consequences of a possible run away epidemic, Nigeria has evolved various intervention strategies to control and contain the problem. Non-Governmental Organizations (NGOs) are in the forefront of this campaign. Since HIV/AIDS has been posing essentially as a medical/health problem, inadequate attention has been paid to the public policy implications of the disease. Moreover, many scholars do not adequately explore the role of NGOs in public policy on the HIV/AIDS problem because public policy is regarded principally as the domain of government. This paper examines the role of economic reform measures in Nigeria and argues that these reform measures have created capacity gaps, which NGOs are filling in public policy making and execution on HIV/AIDS. We made use of multiple methods of data collection and analysis such as questionnaire, interviews and documents for data collection and descriptive statistical techniques such as frequency tables and chi-square test. It also offers a theoretical assessment of NGOs and public policy in Nigeria. The shortcomings of both the state-led and market led development have created a capacity gap that NGOs are filling. The paper concludes that public policy is no longer the preserve of government alone and NGOs are at present being involved in formulating and implementing public policy in Nigeria.

KEYWORDS: AIDS, Economic Reform, HIV, NGO, Public Policy

INTRODUCTION

The widespread of the Human Immunodeficiency Virus (HIV), which is the causative agent of the Acquired Immunodeficiency Syndrome (AIDS), is posing one of the greatest public health problems in the 21st century. Since the first case was diagnosed in the United States of America in 1981, HIV/AIDS has spread so dramatically that cases of HIV/AIDS infection have now been reported in virtually all the countries of the world. The number of diagnosed cases has increased progressively and by the middles of 2003, it was estimated that over forty million people globally have been infected with the virus. Sub-Saharan Africa bears the greatest brunt of the pandemic with over 25 percent of reported cases (Idigbe et al 2003:1). The impact of the pandemic was initially seen as a public health issue but has since evolved into an enormous public policy as well as a socio-economic and development-related issue. In most of the countries, the pandemic has had a selective impact on young men and women who constitute the mainstay of agriculture, education, commerce, industry and health.

In an effort to mitigate the impact and avert the consequences of a possible run away epidemic, various countries have evolved various intervention strategies to control and contain the disease. Essentially, these strategies have been and are still being directed at transmission and reduction of the personal, social and economic consequences of the infection

within countries. In Nigeria, Non-Governmental Organization (NGOS) are in the forefront of this work. With that rapid evolution, it has become clear that it has transcended the health sector and NGOS have come to play prominent roles in the formulation and implementation of public policy in general and public health policy pertaining to HIV/AIDS pandemic in particular. The HIV/AIDS in Nigeria has called into question the existing public policy architecture in the country. It has also called into question the dominant intellectual paradigm of social/economic development in the country especially the non- problemmatisation of the role of NGOs in the public policy process. This study is, therefore, motivated by the existing knowledge gap on the rising roles of NGOS in public policy process in Nigeria. The significance of this is to develop a theoretical basis for understanding the rising role of NGOs in public policy formation in Nigeria.

NGOs and Public Policy in Nigeria

There seems to be a link between the implementation of economic reform measures (neo-liberalism) and the increasing roles of NGOs in public policy process in Nigeria. Although public policy has been seen as the domain of the state, non state actors are increasingly participating in the formulation and implementation of public policy. Existing literature generally sees public policy as decisions and actions deliberately taken by government to solve social problems. Public policy is seen as a set of interrelated decision by a political actor or a group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should, in principal be within the power of those actors to achieve (Jenkins, 1972:5). Abddulsalam (1998:1) sees it as "Hard patterns of resource allocation represented by projects and programmes designed to respond to perceived public problems or challenges requiring government action for their solution". Breaking away from traditional top-down bias, lipsky defines policy in terms of the decisions made and the actions undertaken by professionals at the street level. In this view, the decisions professional make in crowded offices "the routines they establish and the devices they invent to cope with uncertainties and work pressures effectively become the public policies they carry out" (Lipsky, 1980:xii). Public policy is then seen as whatever government chooses to do or not to do (Dye 1972:5).

A second common perspective postulates the top down view of policies as theories or hypotheses (Majona and Wildarsky), 1984: Majone, 1989: Landau, 1993). This definition is more demanding of policy: not any aggregation of decisions, programs or actions can be considered a policy, only one which supposedly serves that policy's goals. In this view, a meaningful description of a policy must include both means and ends. Like every normal hypothesis, a policy must have an "if" and a "then". Since the relationship between means and ends is hypothetical, policies are really policy hypotheses that are or can be tested and reformulated in light accumulated experience. But if policies are the equivalent of hypotheses one is tempted to conclude that, in most areas there is no such thing as public policy, for every policy (as hypothesis, pressures ownership over the powerful set of independent variables).

From the fore-going, the whole meaning of public policy revolves around government actions, government decisions, and government proposed decisions or actions. But it is becoming very clear that public policy in Nigeria is no longer the preserve of government alone. This is because the role of the state has been on the decline because the dominant social, economic and political paradigm privileges a private market-led one. In this emerging public framework informed by neo-liberalism or economic reform, inputs from non-governmental organizations are becoming prominent and important in the formulation and implementation of public policy in Nigeria. Thus, one strand of analysis that is central in framing our problematique of the increasing role of NGOs in public health policy, especially in policy concerning HIV/AIDS in Nigeria is economic reforms or neo-liberalism. Economic reforms which come with deregulated economy, privatization,

removal of government subsides, outsourcing among others, in the context of globalization, has led to greater exclusion and inequality in the provision of welfare services because of the inequalities of the market, gross reductions in public spending in the social sector and privatization of welfare services. Consequently, the rise of economic neo-liberalism as the dominant policy framework has increased the role of NGOs in public health policy process. As the third sector and private voluntary agencies, they have come to fill his equity gap and occupy this new niche quite comfortably particularly in the area of formulation and implementation of public policy on HIV/AIDS in Nigeria.

A Methodological Note

This research was designed to employ multiple data gathering strategies, both primary and secondary. First, it is based on desk review involving examination of important literature on the subject, including the experiences of Health offices of both federal and state government, people living with HIV/AIDS.

Second the interview section was designed to enable respondents to freely express their opinion. Purposive samples of respondents concerning the role of NGOs in the formulation and implementation of public policy on HIV/AIDS were taken. This involved structured and unstructured questions and interviewing of knowledgeable individual. Ten respondents were interviewed, 4 from NGOs, 4 from people living with HIV/AIDS and 2 from ministry of health.

Finally questionnaires were used for the generation of data. They were for NGOs and official of ministries of health. The questions were both structured and open-ended. A total of sampling size of 143 was chosen for the study.

The study also adopted multiple data analysis strategies. We relied on descriptive, statistical techniques like frequency tables, cross-tabulation, percentages and Chi-square test. This test summarizes the extent of the difference between observed (real) and expected (chance) data. The formula for Chi-square is thus:

$$X^2 = \frac{\Sigma(O-E)^2}{E}$$

Where O = Observed frequency

E = Expected frequency

Σ = Sum of summation

Hence, if the calculated Chi-square value is large compared with what might be expected under the null hypothesis, it will be held to be significant.

Theorizing the Role of NGOs in Public Health Policy

Our theoretical framework consists of three related propositions. First, peripheral capitalist accumulation, which is state driven, has failed to deliver development and public welfare such as health and education, through effective and efficient public policy-making and implementation. State driven peripheral capitalist accumulation is based on an international division of labour in which the periphery exports primary commodities. The vagaries of the international market and pricing system for these commodities mean that revenues from them are subject to sudden collapse which undermines the entire framework of state led accumulation and social welfare.

The peripheral capitalist state has itself become a means of production for those who control it (Ekekwe 1986; Iyayi, 1986). Excessive corruption, misappropriation of resources and diversion of state funds to private uses lead to a rapid decline in the ability of the state to drive development and provide welfare services to the general populace. Consequently, there is a total collapse of public policy. Even budgets are not implemented as a result of a combination of poor resources and maladministration.

Second, in response to this failure and collapse of public welfare, successive Nigerian governments in conjunction with international financial institutions and creditors have been implementing neo-liberal economic policies as an alternative to state led accumulation. This neo-liberal economic framework is market and private sector drive. The assumption is that the problem with countries like Nigerian is that the state is very prominent in the economy. Consequently, they advocate the implementation of policies such as privatization which offers an alternative to state accumulation. As such, there tends to be a decisive swing in development strategy and focus of public policy-making and implementation away from public sector initiatives and social welfare to private ownership and market-based allocation of resources. This has drastically reduced the commitment of resources to public health including the control of HIV/AIDS.

Third, this market-led alternative has also failed to deliver development and public welfare. This has happened not only because the market is still underdeveloped in Nigeria, but also because this framework inherently leads to many people falling out of the social safety net previously provided by the state.

Consequent upon the failure of both state-led and market-led development strategies, there is a capacity gap within the state sector in public policy making and implementation which both local and international NGOs fill. NGOs are able to fill this capacity gap because of the rise and implementation of neo-liberal economic policies which lead to increasing participation of NGOs in the formulation and implementation of public health policy concerning HIV/AIDS. The neo-liberal economic framework emphasizes the contraction of state intervention in public policy-making and implementation including public health policy concerning HIV/AIDS. The neo-liberal economic framework thus emphasizes privatization, deregulation, structural adjustment programmes, and free market as alternatives to the failure of the peripheral capitalist state like Nigeria. These have become important ingredients in the swing towards the market, which characterizes economic reform in Nigeria in the recent past. This economic framework is conducive to the rise of NGOs as prominent players in public policy.

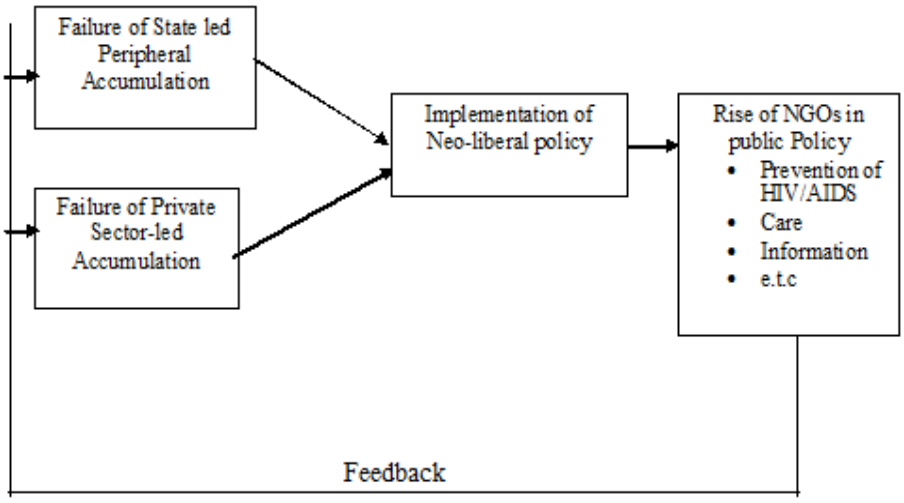

Figure 1: A Theory of the Role of NGOs in Public Policy

Economic Reforms, Non-Governmental Organizations and Public Policy on HIV/AIDS in Nigeria

This section seeks to explore the link between implementation of economic reforms in Nigeria and the increasing roles of NGOs in the formulation and implementation of public policy on HIV/AIDS. Since the beginning of the 1980s but especially with the Babangida administration, there has been a decisive swing in the dominant intellectual attitude and development strategy away from the state initiative and ownership and the rolling back of the spheres of the state action (Adebayo, 1993:16). This is because despite Nigeria's huge oil resources, its economic performance has been startlingly poor.

The role of the state in defining and protecting the public interest is being whittled away by a global campaign of neo-liberalism (economic reforms) through privatization and public sector commercialization driven by the needs of Trans-national Corporations and the advanced capitalist States. The sustained international effort to change the role of the state has been underway for more than a decade. The shift is due to dismal performance of African States during the social and economic crisis as well as a number of ideological paradigmatic and structural shifts in both the domestic and international Spheres (Mentan, 2004:4). On the ideological level there has been the dramatic ascendancy of neo-liberalism. The diverse weakness displayed to one degree or another by public sector in most countries provided plenty of ammunition for the neo-conservative movements riding on the discontent of the welfare solution. Perceptions of welfarism and state interventionism spilled over into the business of aid. The aid movement has embraced some of the anti-statism of neo-liberalism and at the structural level; the process of globalization has forced many developing countries to rethink and restructure the state- market relationship in their respective countries and to pay greater homage to market forces (Mentan. 2004). The rabidly anti-state, anti-welfare services and pro-market perspective of the economic reforms thus create capacity gap, which NGOs now fill.

Before neo-liberalism was introduced in Nigeria, the emergence of crude petroleum as a major foreign exchange and government revenue earner was a relief to Nigeria in the pursuit of her development goals. The resources generated from crude oil sales were used in the provision of social and economic infrastructure, which enhanced government delivery of services in Nigeria in the 1970s. Structurally, the economy was woven on the illusion of a large and sustained in-flow of resources from crude oil exports. Consequently, the collapse of crude petroleum prices in the global oil market in the early 1980s showed the inherent structural defects of the economy. The social and economic crisis that followed this collapse compelled government to implement economic reforms as prescribed by the advanced capitalist countries under the auspices of the World Bank and the International Monetary Fund (IMF).These were prescribed as a panacea for economic recovery and development.

However, during the boom, the public sector experienced rapid growth, recording an increase in physician numbers and bed capacity of over six folds in the decade after independence (Federal Government of Nigeria, 1981). The oil boom (1971-1980), particularly boosted this growth, during which the number of curative centres doubled and training schools for personnel more than tripled (Alubo, 1987:453). At the same time, free medical services, including food for hospitalized patients, were provided in public hospitals. From about 1981, however, the public sector began to experience an acute crisis. This led to the introduction of Economic Stabilization and Austerity Measures by the Shagari Administration through the Economic Stabilization Act of April 1982. The stabilization measures that were subsequently adopted by the military included the pruning down of expenditures and reduction in the size of the public sector.

The dismal failure of this reform measures led to the introduction of the Structural Adjustment Programmes (SAP) in the second half of the 1980s. The reform programmes under SAP which were both macro and sectoral were aimed at altering and restructuring the consumption and production patterns of the economy, as well as to eliminate price distortions and heavy dependence on the export of crude oil and import of consumer and producer goods (Donli, 2004:5). The main focal areas of the reforms were mainly fiscal policy and management, monetary policy, exchange rate management, regularization of foreign trade and management of external debts, among others.

When Abacha came to power in 1993, he set up 2010 Committee in 1996 to fashion out reform programmes which cut across all sectors of the economy that would ensure a complete overhaul of the entire economy with a view to tailoring it towards attaining growth and development by the year 2010. The major components of the reform agenda include economic agenda and strategies (Donli, 2004). It was envisaged that the above vision targets will be achieved with a market-oriented, highly competitive, broad based, private sector-driven development process. Consequently, privatization, deregulation and the entire liberalization process and rapid technological advancement should be among the critical elements of Nigeria's economic development strategy throughout the vision period.

The present economic reform policies of the Federal Government since 1999 appear to be a continuation of the previous reform measures. Obasanjo's administration in particular has pursued these measures with vigour, which is encapsulated particularly with the introduction of the National Economic Empowerment and Development Strategies (NEEDS). The reform measures of Obasanjo focused on the following major areas: private sector-led economic growth strategy, poverty alleviation, fiscal monetary incomes trade, and debts policies and broadening of the productive base of the economy. It is envisaged that its implementation would kick-start the economy and lead to sustainable growth process. But it has not, particularly in the health sector of the economy.

The reform measures have led to new crisis in the health sector. This crisis was manifest in shortages of drugs, equipment and personnel. And this reflects Nigeria's overall crisis of development, particularly, its dependence on imports to run medical services (Alubo, 2001:314). Consequently, the foreign exchange difficulties attendant to the economic crisis translated to shortage in necessary health supplies. This health crisis is, therefore, a manifestation of the deeper structural crisis of the Nigerian economy as it is being incorporated into the structure of monopoly capitalism.

With prodding from the International Monetary Fund and the World Bank, and as part of the general economic reform measure, Nigeria's various governments since 1984 have addressed these shortages through a combination of 'rationalization', imposition of user fees and panicky importations. The persistent shortages and user fees have combined to discourage patronage of public facilities and to make NGOs' facilities the more reliable sources, especially in the fight against the HIV/AIDS epidemic in Nigeria. Apart from the shortages, the formerly expanding public sector, which traditionally employed so many workers, especially doctors and other health staff, began to down size its workforce. Combined with the user fees in the public sector and the queues and insults, including stigmatization and discrimination of PLWHA for which the sector is notorious, the growing prominence of NGOs in policy process on HIV/AIDS in Nigeria becomes understandable.

However, economic reforms tend to sustain the erosion of state power and the prospect for the provision of public/health welfare. In this, the intervention of the state in the provision of health welfare is withering away. Hence, the tremendous roles vacated by the state consequent on economic reforms are being filled by NGOs in order to prevent the widespread consequences of HIV/AIDS infection in Nigeria. The most important dimensions of reforms in Nigeria which

are relevant in understanding the role of NGOs in the health sector are privatization, deregulation, removal of state subsidies, and outsourcing of government functions, among others. Due to limited space, three dimensions will be discussed.

Privatization

Privatization and Commercialization in Nigeria became fashionable when in the late 1980s the Nigeria economy began to experience difficulties and crisis. The official reason for privatization is that public enterprises are inefficient and therefore drain public funds. The contradiction evident in the privatization process is the unprecedented high cost of health welfare services resulting in the exclusion of large segments of society even though a better deal for a better welfare services is said to be the aim of reform. Thus economic reforms, including privatization were enunciated within the perspective that endorsed the free market as the framework for major restructuring of the Nigerian economy. Privatization in Nigeria was formally introduced by the Privatization and Commercialization Act of 1988, which provided for the establishment of the Technical Committee on Privatization and Commercialization (TCPC). Based on the recommendation of the TCPC, the then Federal Military Government promulgated the Bureau for Public Enterprises Act of 1993, which repealed the 1988 Act and established the Bureau for Public Enterprise (BPE) to implement the privatization programmes in Nigeria. In 1999, the Federal Government enacted the Public Enterprises (Privatization and Commercialization) Act, which established the National Council on Privatization. The 1999 Act also created the Bureau of Public Enterprises (BPE) as the Secretariat of the National Council on Privatization. The commencement of the programme as was marked by Degree No 25 of 1988, set up the Technical Committee on Privatization and Commercialization with government mandate for managing the exercise. The stated objectives of the committee as contained in the decree are as follows:

- Restructuring and rationalizing the public sector in order to lessen the dominance of unproductive investment in that sector;
- Reorientation of the enterprises for privatization and commercialization towards a new horizon of performance, improvement, viability and overall efficiency;
- Ensuring positive returns on public sector investment in commercialized enterprises;
- Checking the present absolute dependence on the treasury for funding the otherwise commercially oriented parastatals and to encourage their approach to the Nigerian capital market; and
- Initiating the process of gradually ceding to the private sector of such public enterprises which by their nature and type of operations are best performed by the private sector.

As a political and economic phenomenon, privatization has become the act of reducing the role of government or increasing the role of the private sector, in an activity or in the ownership of assets. Three categories are used to privatize government activities, state-owned enterprises and state-owned assets, namely divestment, delegation and displacement.

One of the theories that have been put forward to explain the superiority of private ownership over public ownership and the economic efficiency gains that are likely to emerge from the transfer of ownership and control of assets from the public to private investors is the Principal-Agent theory. The theory focuses on differences in the monitoring mechanism and incentives which public and private managers face as agents of shareholders given welfare maximization for the former and profit maximization for the latter (Bos, 1991:21). The change in the ownership from the public to the

private sector has at least two effects: a change in the objective and from a weighted welfare function to profit maximization; and a change in the incentive structure by linking reward to the level of performance under private ownership (Chirwa, 2001:279). This shift towards profit maximization may imply higher price particularly higher prices for health services pertaining to HIV/AIDS, thus sacrificing allocative efficiency.

In Nigeria, privatization is acknowledged as being more problematic, devoid of social welfare goals and lead to astronomical cost increases in medical services. One major problem is government insistence that the private sector, even though it is underdeveloped, inefficient, parasitic and insincere must serve as the engine of growth without adequate regulatory framework. This directly or indirectly is based on the fact that Nigerian is a 'rentier State'. Harneit –Sievers summarizes the Nigerian rentier state thus:

> *A rentier state is a state whose major sources of revenue does not arise from taxation on productive activities–agriculture, industries, services undertaken by its economically active populations. Instead, the rentier state lives by collecting a convenient income from sources into which it invests little or nothing. Rent comes in without opportunity costs, and if it comes in as centralized as in the case of oil, it is even more convenient, from the treasury's point of view (Harneit-Sievers, 2004:xiii).*

Consequently, both economic and political structures are dominated by oil rent. This is responsible for Nigeria's weak private sector. This is because the rentier state encourages the emergence of "a rent seeking and unproductive culture of overdependence of government patronage and contracts, with little value added". It is not just the dependence on oil and the distorting economic effects of such dependence- a syndrome that economists call the "Dutch disease" (Harneit-Sievers, 2004: xiv). In effects, wealth in natural resources, combining with a weak economy and poor governance, turns into what has been called the "resource curse," a wholesale destruction of economic, social and political structures, including the undermining of a country's institutional set-up, leading to poverty, absence of social welfare, social services rather than development.

The NEEDS document is quite explicit about the rent/resources curse problem concerning the development of the private sector in Nigeria. It states, for instance;

> *(The) old development models of import substitution industrialization (ISI) and statism…produced perverse incentives, inefficiencies and waste. In the context of an oil producing economy (with rent coming from oil as easy source of government revenue), a culture of rent-seeking quickly developed. Government really became an instrument for instant acquisitions of wealth and therefore distorted the incentive to work and to create wealth in the private sector. With government as a major source of patronages and rent- seeking, the fight for public office became a matter of life and death*
>
> *(Harneit-Sievers, 2004: xv).*

This is most visibly the case in the NEEDS document's critique of the current state of the private sector. Thus, according to the NEEDS, the rentier state is responsible for the Nigeria's weak private sector. Privatization has therefore become a core aspect or element of reforming the rentier state. This is to wrest away the centralized and control over enormous resources and initiatives from government. But this is not without problems. Privatization within the rentier state

underrates the problem involved when it comes to private sector participation in the provision of basic infrastructure such as health and education. Provision of health welfare and poverty eradication or reduction has been a mirage because the role of the state both in accumulation and distribution is compromised by the private sector driven economic development which the reforms measures pursue.

Privatization programme in Nigeria is based mainly on the experience of Western Europe and North America without the necessary economic and political endowments which the Western nations enjoy. In particular, Nigeria lacks reasonable competitive domestic markets for goods and services, well developed capital markets with considerable breadth, depth and absorptive capacity, strong private sector and sound regulatory structures. The absence of these essential prerequisites makes achieving most of the benefits of privatization in Nigeria more difficult in the provision of health welfare pertaining to HIV/AIDS. Cheap and free medical services have disappeared and high cost of health services has increased, thereby excluding many people especially people living with HIV/AIDS from accessing health care. Fees in private health facilities are often several times higher than in public facilities, making the ability to pay such fees a major determinant of access. Hence, dramatic reduction in real spending on health has substantially reduced access to and quality of health care in our public health systems. The introduction of increased user fees for health services insisted upon by donors as the price of on-going financial support, has substantially and adversely affected the access of Nigerians to health services, and life expectancy has fallen with the rapidity of spread of the HIV/AIDS in Nigeria.

Furthermore, given the escalating level of poverty in Nigeria which is worsened by the application of economic reforms policies, has dramatically reduced mass purchasing power and led to a declining living standard. There are also high prices for drugs and other essentials of life for the majority of Nigerians especially people living with HIV/AIDS (PLWHA). The implication is that a good number of Nigerians seeking medical attention cannot afford to go to hospitals for medical treatment even in the midst of ravaging impact of HIV/AIDS. Thus, what privatization simply does is to increase the level of poverty and also increase exclusion in health welfare services. This is because the number of people in poverty has been on the increase since the application of economic reform policies in Nigeria. According to the World Bank, the number was 18.3 million in 1980 and by 1999; it has increased to more that three i.e. 67.1 million. Data provided by the United Nations Development Programmes show that as a proportion of the total population, the number of the extreme poor in Nigeria was 28 percent in 1985, 40 percent in 1992 and 45 percent in 1996/97 and to 62.2 percent in 1999. By 1999 when Obasanjo came to power, about 70.2 percent of total populations of over 120 million people of Nigeria were living on an average of less that $1 pay day.

Inflation has risen in leaps and bound and the value of he national currency (the Naira) has fallen dramatically from about $1=₦3 in 1986, to $1 = ₦ 140 in 2002 to $1=N 155 in 2012. Higher fees are charged to access health care services in a context of high and growing poverty in Nigeria. The fee regime means that most people, especially PLWHA cannot afford the services of private and public facilities in a country of high and rising poverty and unemployment. National Economic Empowerment Development Strategy which embodies the latest development strategies in Nigeria acknowledges that the situation has worsened even further since 1990s. It reveals that 70 percent of Nigerians were living in poverty. The implication of this situation for health services simply means that so many people especially PLWHA cannot afford HIV/AIDS treatment and care unless there is help or support from somewhere or simply die without care or cure. Intervention is somewhat coming from NGOs since privatization or private sector has rendered services at exorbitant cost and since this translates to delay in seeking medical services or recourse to self medication or consulting quacks.

This is because privatization of state owned enterprises has reduced to a great extent the subsidies and financial transfers to the state-owned enterprises and by extension health services to the people.

Deregulation

Neo-liberalism is insistent that economic progress is only possible through the deregulation and liberalization of trade, labour and prices (Iyayi, 2005:173). Deregulation means a decrease in laws governing many things; these include wages and safe working conditions, protection of the environment and prices of products, tariffs which protect young industries and quality control and safety features of products. Deregulation in theory encourages the efficient operation of market. The theory is that fewer regulations will led to a raised level of competitiveness, therefore higher productivity, more efficiency, and lower prices overall. Thus government has the belief that the removal of quotas and tariffs will lead to the improvement of the Nigerian economy and public welfare services. But in reality Nigerian economy is worse off, because its markets access is reduced. The implications of this for a deregulated and liberalized economy such as Nigeria are that its economy becomes poorer leading to the failure of healthcare delivery. Health services become so exorbitant that many could not access quality health services, since free curative treatment and affordable drugs that citizens used to enjoy had disappeared. Since the state has disengaged from or drastically reduced investment in social welfare services such as health, NGOs has become an important institutional option in satisfying collective demands where deregulation has failed in health services and welfare options.

The implementation of deregulation in Nigeria has thus translated to price increase, a process which has led to higher fees in hospitals making health facilities become out of reach for many Nigerians, especially PLWHA. It has also led to scarcity of drugs, and by extension higher prices for drugs; as well as collapse of government health institutions especially primary and secondary health institutions. The decayed health institutions explain the frustrating level our health personnel are going through.

With deregulation, all sorts of drugs are imported including fake and adulterated ones, yet they are too costly. There is widespread hawking and sales of drugs with little regard for dosage or treatment regimen and indiscriminate administration of all sorts of drugs and injections and this has implication for the transmission of HIV/AIDS in Nigeria. Worse still, many of the drugs imported by the private sector have been found to either contain only a fraction of the declared medicinal substance, or might contain maize flour or face powder (Alubo, 2001:317). The regimens are too hard to manage. Yet HIV/AIDS has no cure. Deregulation has major consequences for employment and hence for payment of health care services, especially HIV/AIDS. The liberalization and deregulation of prices lead to inflation, poverty and greater income insecurity for the most vulnerable groups in Nigeria. The pursuit of deregulation in the prices of domestically consumed pharmaceutical products has had major severe consequences for people living with HIV/AIDS and the eradication of HIV/AIDS in Nigeria. When placed side by side with a deregulated currency regime, the continued downward slide in the value of the local currency has added fire to the inflationary forces produced by deregulated pharmaceutical products market. Anti-retroviral drugs for the reduction of viral loads have become out of reach for many people living with HIV/AIDS.

As the prices for health services have gone up, deregulation, therefore, does not encourage government intervention or subsidizing the prices of essential services and drugs. NGOs are lending enormous policy agenda in the provision of care, prevention, management and mitigation of impacts of HIV/AIDS in Nigeria. This is because deregulation is a method of privatization, which enables the private sector to challenge government monopoly and even

displace it in rendering public health services. Most often, as we have noted before, private sector is profit-driven and, therefore, cannot actually provide social welfare services adequately without considering its profit margin. But the fight against HIV/AIDS is not profit oriented and thus it will be very difficult for the private sector to be involved in the business. Thus, the for-profit motive and high fees in the face of high rate of poverty limit access to private and public facilities. So deprivation in respect of the right to health due to deregulation is widespread and severe. Government incapacitation under the present economic reforms as well as weak and underdeveloped private sector and its profit-minded nature have created a condition in which the fight against HIV/AIDS is not given the much needed attention by the government.

Removal of State Subsidies

Subsidy is a financial assistance granted by a government or philanthropic foundation to a person or association for the purpose of promoting an enterprise considered beneficial to public welfare. Subsidies may be granted to keep prices low and to maintain income, or to preserve employment. They are most important as grants to private/public corporations or performing some public services, such as health and education for maintaining public services. These are often required where necessary public services, especially one that might otherwise not be profitable, are granted funds to remain in operation. In Nigeria, public heath institutions receive both federal and state subsidies to induce them to provide cheap health services and even free medical services to the people.

However, with implementation of neo-liberal economic policies, commonly known as economic reforms, Nigerian government since 1986 has seen the removal of the state subsidy as a panacea for economic recovery strategy. In 1986, Babangida's government has embraced the economic reforms as demanded by the World Bank and International Monetary Fund (IMF) as a means for quick economic recovery. These reform strategies include removal of state subsidies. These reform measures were tough and strange because Nigerians are accustomed to cheap medical services through state subsidies. These measures did not follow strategized plans, and consequently they were implemented in a stop-go manner. The consequences of these stop-go reforms were enormous. One of the negative impacts is inflation and withering of public welfare particularly public health care. But donor countries and agencies argue that the removal of these subsidies is important for more loans, aids and economic development. Based on this argument, removal of state subsidies has become the high points of economic reform policies of the current government. It was also the high points of economic reform policies of the General Babangida in 1986.

As an economic recovery strategy, there were enormous reduction of public spending on services such as health and education, public employment, on public structure such as water, public investment in University research for industry and agriculture. Invariably, this is another way by which government increase prices of goods and services, including health services, essentially anti-retroviral drugs which are very important for people living with HIV/AIDS. The implication of the removal of state subsidies is that many Nigerians pay higher prices for goods and services. This has a negative impact on health welfare services especially new health problem such as HIV/AIDS.

The attack on the welfare state and public spending as well as the consequent removal of state subsidies on health has had major consequences for the government intervention in the fight against HIV/AIDS and the increasing participation of NGOs in public policy on the disease. The deliberate under- funding of health sector and other public welfare services and the attempt to make Nigerians pay more for medical services, especially people living with HIV/AIDS have also made care and prevention programmes of HIV/AIDS become very expensive. People find it very difficult to

access treatment for HIV/AIDS, especially dosage of anti-retroviral drugs that cost more than five thousand Naira,(₦ 5000) per day treatment. Worse still the majority of Nigerians with HIV/AIDS find it difficult to get good nutritional food service. In Nigerian, poverty is a major factor driving the epidemic, being both a cause and an effect of the HIV/AIDS outbreak. Poverty increases the chances of contracting HIV/AIDS. The poor are less knowledgeable of HIV/AIDS transmission, less aware of methods of protecting themselves, and have limited access to health care. Due to this situation, large parts of the country lack even the basic health care provision, making it difficult to establish HIV testing and prevention services such as those for the prevention of mother-to child transmission (MTCT). In 2002, the Nigerian government started an ambitious antiretroviral (ARV) treatment programmes to get 10,000 adults and 5,000 children onto ARV within one year. In 2004, the programmes suffered a major set back when it was hit by a shortage of drugs and financial scam. This means that some people did not receive treatment for months. The target of the programmes was even inadequate if one considers that about 3.5 millions Nigerian are suffering or living with HIV, yet it was only in 2002 that any serious curative programmes were put in place for such a dreaded disease. Since prices of health services have recorded astronomical increase, NGOs are providing alternative and cheaper health services to the new health problem of HIV/AIDS

Multinational pharmaceutical companies also compound this problem of high cost of drugs by insisting on strong patent protection in all countries. They seek to keep price high, protect their profit margins and control the market. The profit logic of the pharmaceutical multinationals means that the HIV/AIDS drugs that could extend the lives of HIV/AIDS patients for years and drastically improve their quality of life in Nigeria are simply unaffordable both to the individual and even to the government (Obi, 2003:71).

Table 1: Economic Reform and Increase Role of NGOs in Public Policy on HIV/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
No response	3	2.1	2.1	2.1
Privatization	72	50.2	50.3	52.4
Deregulation	15	10.5	10.5	62.9
Removal of state subsidies	22	15.4	15.4	78.3
Outsourcing of functions of government agencies	28	19.6	19.6	97.9
Monetization	3	2.1	2.1	100.0
Total	**143**	**100.0**	**100.0**	

Source: Data from fieldwork

Results from our field work indicate that there is an association between economic reform measures being implemented by government in Nigeria and increasing participation of NGOs in HIV/AIDS policy. One important component of the economic reform measures that has the greatest impact on the role of NGOs in the fight against HIV/AIDS is privatization. Table 1 shows that of five issues from our respondents from ministries of health and government agencies, privatization is the most important aspect of the economic reform measures that has been most effective in stimulating increased participation of NGOs in public health policy on HIV/AIDS (50.3%). Outsourcing of functions follows privatization by government with (19.6%). This again is followed by removal of state subsidies (15.4%), then deregulation (10.5%) and finally monetization (2.1%).

POLICY DEVELOPMENT, IMPLEMENTATION AND ACTORS

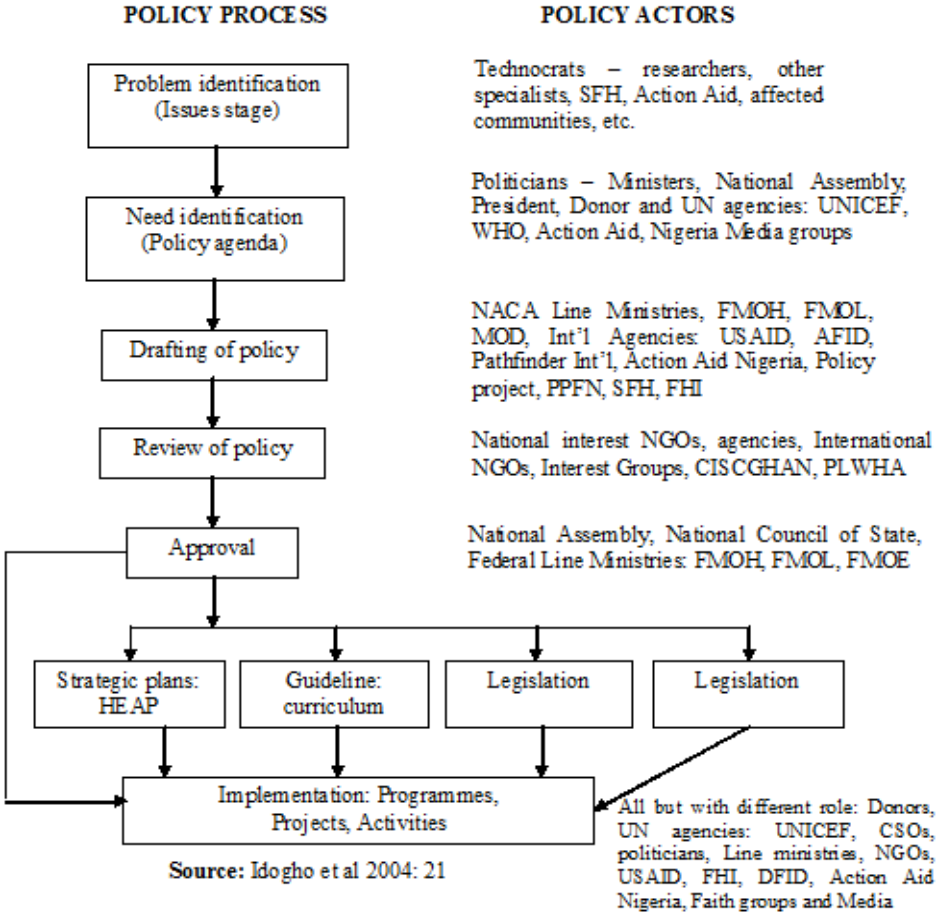

Figure 2: Economic Reform and Increased Participation in Public Policy on HIV/AIDS

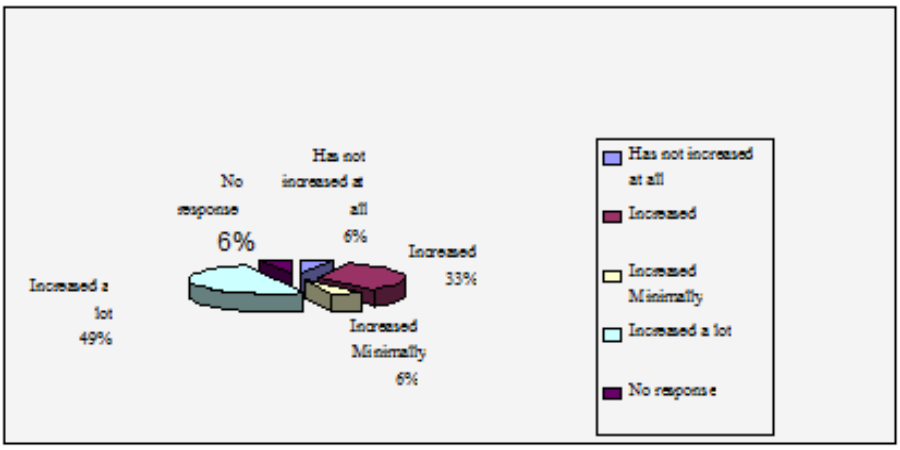

Figure 3: Economic Reform and Increased Participation of NGOs in Public Policy oh HIV/AIDS

The pie chart above indicates that due to the implementation of economic reform measures by government in Nigeria, NGOs are increasingly participating in the formulation and implementation of public policy on HIV/AIDS. Respondents from both NGOs and government agencies agree that the implementation of economic reform measures increase the participation of NGOs in public policy on HIV/AIDS. 33% of the respondents posits that it has increased, 49% increased a lot, 6% increased minimally and 6% was of the opinion that it has not increased at all. This is because in the

economic reform programmes of the government, the role of the state both in accumulation and distribution is compromised by the private sector-driven economic development. What the reform measures seem to offer is that the state concerns itself with promoting and protecting the regime of private property and the maintenance of the institution of the rule of law, defined as the most effective system that allows private capital accumulation.

The summary of the key steps in developing the national policy on HIV/AIDS indicates that NGOs participate increasingly in the policy process right from the problem identification stage to implementation stage such as Society for Family Health (SFH), ActionAid International, Nigeria, Family Health International etc. There was lack of technical capacity and poor coordination of HIV/AIDs preventive, care and support activities on the part of the government of Nigeria.

Table 2: Economic Reforms and Increased Participation of NGOs in Public Policy on HIV/AIDS Ministries by NGOs

Agency		No Response	Has Not Increased at All	Increased Minimally	Increased	Increased a Lot	Total
Ministry	Count % within Agency	-	2(1.4%)	12(8.4%)	22(15.4%)	107(74.8%)	143(100.0%)
NGO	Count% within Agency	2(6.1%)	2(6.1%)	13(39.4%)	-	16(48.5%)	33(100.0%)
Total	**Count% within Agency**	**2(1.1%)**	**4(2.3%)**	**25(14.2%)**	**22(12.5%)**	**123(69.9%)**	**176(100.0%)**

Source: Data from fieldwork

Chi-Square Tests

Table 3

	Value	Df	Asymp. Sig. (2-Sided)
Pearson Chi-Square	37.112	4	.000
Likelihood Ration	34.616	4	.000
Linear-by-Linear Association	23.804	1	.000
N of Valid Cases	176		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count it 38.

From the cross tabulation above, there is general sense that the implementation of economic reform measures of the government have led to the increased participation of NGOs in public health policy in Nigeria. The chi-square test shows that the hypothesis on the relationship between economic reform measures and participation of NGOs in public policy on HIV/AIDS was significant, since this had a P-value of 0.000, which is less than 0.05, the level of significance. So there was no significant difference between the two main variables, economic reform measures and NGOs participation in the policy process on HIV/AIDS.

To improve responses to the HIV/AIDS epidemic in Nigeria, NGOs conducted sensitization and advocacy in support of media announcement for HIV/AIDS control programmes as well as sensitize in-and out of school youths on the problems and burdens of HIV/AIDS. NGOs are involved in the dissemination of manuals on the disease ethical and human right issues. They also conducted HIV/AIDS sensitization for long distance drivers, migrant workers and at motor parks and barracks. They equally conducted seminars for maternity care staff to incorporate HIV/AIDS education into antenatal talks. This is because of government denial of the existence of the disease in the country during the military regimes in

Nigeria. As such no serious attention was given to the menace of the disease. NGOs were in the forefront of the policy on prevention rather than cure.

In order to avert some of the impact of HIV/AIDS, NGOs have developed three main groups of interventions: preventive, cure and management, and support programmes. The policy impact of NGOs is essential because the scale of HIV/AIDS epidemic requires organized responses that promote effective ways to combat it. Clear cut policy is necessary to assist behavioural changes that could make a difference to the scale of the epidemic. In addition, there has been social stigma and discrimination against the PLWHA in Nigeria. Therefore; NGOs policy is necessary to safeguard these rights as a strategy to combat HIV/AIDS scourge.

The mission of NGOs, therefore, is to build capacity in advocacy for the reduction of the spread of HIV/AIDS and care for people living with the disease, protection of rights of HIV-positive persons, orphans and vulnerable children, increase access to psychological support services and skills to PLWHA. Thus, NGOs focus their efforts on providing HIV/AIDS education, drawing up and implementing fully funded national policy on HIV/AIDS; meeting the special needs and aspiration of children affected and infected by HIV/AIDS. NGOs also strengthen education management information system to monitor the impact of the epidemic, train teachers to teach about HIV/AIDS as part of wider sexual and reproductive health framework and ensure that the poor, the marginalized and the excluded access treatment and care. These have made NGOs become increasingly involved in formulating and implementing public policy on HIV/AIDS in Nigeria. Action Aid International, Pathfinder International, Women Action Research Organization (WARO) are among the leading NGOs in this process.

Structurally, NGOs focus on three major strategies which they derive from public policy on HIV/AIDS in Nigeria. These strategies include prevention, care and cure.

Prevention Strategies Are

- Instituting an effective mechanism for behaviour change and sexual norms to reduce the number of sexual partners.
- Instituting programmes for the prevention of HIV transmission from mother-to –child and for linkage of the mother to services providing anti-retroviral therapy.
- Promoting individual knowledge/written works about HIV/AIDS; how it is transmitted and not transmitted, and what can be done to prevent transmission of the virus.
- Access to and promotion of male and female condoms for use with non-regular sexual partners.
- Providing access to service for managing sexually transmitted infections (STIs)
- Promoting access to HIV testing and counseling facilities and services to prevent or reduce harmful related effects to drug misuse
- Promoting access to HIV testing and counseling facilities and services;
- Prevention of HIV/AIDS transmission through blood and blood products
- Abstinence from sexual intercourse without HIV test and condom.

Care Strategies are as Follows

- Providing access to and promotion of social support networks and services for people who are infected and affected by HIV/AIDS,
- Providing thorough information on services of appropriate medical, health and nutritional services of appropriate individuals, including opportunistic disease such as tuberculosis
- Promotion of full and private access to HIV counseling and testing services and information on where to access it,
- Promotion of full and private access to antiretroviral drugs including drugs for preventing mother-to –child transmission of HIV
- Promotion of information about support services about HIV/AIDS

Providing access to facilities and drugs for treating opportunistic infections

Curative Strategies Include

- NGOs ensure that no person living with HIV/AIDS are denied treatment services based on HIV status
- Promotion of assistance in locating appropriate medical services
- Provision and administration of anti-retroviral drugs including drugs for preventing mother-to-mother transmission of HIV.
- Provision of counseling and testing services or information on where such services exist
- Provision of thorough and regular update information on home-based care and treatment services for persons living with HIV/AIDS.

Several strategies overlap and NGOs address prevention, care and treatment of HIV/AIDS. This HIV/AIDS management is as important to prevention as it is to treatment programmes provided by NGOs in Nigeria. While AIDS is an incurable disease, HIV transmission is preventable. Given the economic reform policies and the constraints faced by the public healthcare infrastructure in Nigeria in responding to the immensity of the crisis and the growing awareness of the limitation of both the public and private sectors to the disease in motivating people to modify their sexual behavoiur, it has become apparent that NGos are in the first line of the fight against the HIV/AIDS epidemic in Nigeria. Even government public health policies give evidence to the increasing roles assigned to NGOs in the fight against HIV/AIDS in Nigeria.

The 2003 National Policy on HIV/AIDS

The 2003 National Policy on HIV/AIDS was developed against the backdrop of neo-liberal economic policies of Obasanjo's administration. Obansanjo assumed power in 1999 and one of his development strategies was economic reforms. In this sense, government economic reforms imply that services previously provided by government can no longer be provided by government alone. In fact, the National Economic Empowerment and Development Strategy (NEEDS) document puts it that:

> *The era of government assuming the commanding heights of the economy and pursing a public sector led economic development strategy is being replaced by a market-*

> *driven private sector-led growth and development strategy. The transition will be well managed through the implementation of the right policies especially fiscal and monetary as well as a systematic right sizing of government privatization, deregulation and liberalization…an extension of the project "Nigeria incorporated" will be the involvement of the private sector in the provision of services previously reserved for the public domain, particularly in the areas of delivery of infrastructure and social services (Federal Government of Nigeria, 2004:115).*

The preparation of the 2003 National Health policy on HIV/AIDS, therefore, took into cognizance the important roles of non-state actors in the fight against the disease. Thus, the policy document was adopted when the magnitude and wide spread nature and impact of the HIV/AIDS disease was high and devastating. The coverage of health services by government has been grossly inadequate. NGOs are therefore assigned important roles in the 2003 National Health Policy in addressing the problem of HIV/AIDS in Nigeria. However, there is a chasm between the NEEDS document and the provision of social welfare. Indeed, the NEEDS document is aimed at restructuring the government to make it smaller, stronger, better skilled and more efficient at delivering essential services. But on the overall such arrangements have been a failure in delivering development and social welfare.

The 2003 Health Policy on HIV/AIDS thus was a product of an extensive and comprehensive participatory process in which efforts were made to include the view points of a wide range of national and international stakeholders who are involved with the nation's response to the HIV/AIDS epidemic (Federal Government of Nigeria, 2003:v). NGOs are one of them. This process presented opportunities for meaningful participations of NGOs in the fight against HIV/AIDS in Nigeria and to drive public policy on the disease. Thus, the policy document states that the participants in this large collaborative effort derive from Federal and State government line ministries and parastatals, developmental partners, donor agencies, civil society organizations including non-governmental organizations, faith-based organizations, community-based organizations are truly a multisectorality as all important stakeholders participated actively in evolution of the final policy document.

The 2003 National Policy on HIV/AIDS also recognizes the large and complex nature of Nigeria with an epidemic that impacts on so many facets of nation's social and economic milieu. It states that the response to HIV/AIDS must be a multisectoral and multi-level approach. Thus, the statutory body or governing board comprise all relevant line ministries, members from the state statutory bodies, civil society Organizations (including NGOs), the private sector, faith-based organizations and people living and affected by HIV/AIDS and other relevant organization (Federal Government of Nigeria, 2003:23). The policy document again states that private sector and non-governmental institutions, in collaboration with National, State and Local Government Agencies shall mobilize resources and participate fully in the prevention and control of the epidemic within the framework of strategic plans.

Recognizing the rising role and importance of NGOs in the fight against HIV/AIDS , the 2003 national Health Policy opined that all tiers of government in collaboration with non-governmental organizations, community-based organizations, faith-based organizations, the private commercial sector, bilateral and multilateral partners, and other international agencies are contributing in various ways towards the national response especially through the implementation of the HIV/AIDS Emergency Action Plan (HEAP) jointly developed by all stakeholders and launched by the President of the Federal Public of Nigeria in April 2001 (Federal Government of Nigeria, 2003:1). The seriousness that

the country attaches to combating this epidemic is demonstrated by its collaborative effort with NGOs in dealing with the HIV/AIDS disease, especially the curative aspect. This collaborative effort become necessary because the economic reform policies embarked upon the government actually recedes the functions of the government in providing free medical or health services which Nigerians have enjoyed in the past. The 2003 National Health Policy on HIV/AIDS recognizes this problem when it asserts that:

> *Due to the downturn in the economy in the past decade, the nation is unable to provide subsidized or free medical services on a scale that will be needed to protect all underprivileged persons. Nigeria assigns a high priority to the care and support of persons infected and affected by the HIV epidemic but recognizes that the formal health system as currently structured is unable to cope with providing quality care for persons living with HIV/AIDS (Federal Government of Nigeria, 2003:6-7).*

The policy document also recognizes that the implementers of the policy plan include government institutions, community-based organizations, non-governmental organizations, faith-bases organizations, developmental partners and persons living with HIV/AIDS. Due to these assigned roles in the policy document, NGOs are involved in formulating and implementing public policy on HIV/AIDS in Nigeria. one major reason is that the disease has ceased to be a health problem but one that touches on development and governance and requires involvement of non-state actors such as NGOs if any meaningful impact is to be made in arresting the wide spread of the disease.

In the economic reform programmes of the Nigerian government, the role of the state both in accumulation and distribution is compromised by the private sector-driven economic development. What the reforms seem to offer is that the state concerns itself with promoting and protecting the regime of private property and the maintenance of the institution of the rule of law, defined as the most effective system that allows private capital accumulations, that is, the state playing the role of a watchman. Even though World Health Organization's constitution states that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race religion, political belief, economic or social condition", it seems that the above situation does not exist in Nigeria. Where it exists, it is a privilege, not of right. As a result, Nigeria government has not expressed commitment to the enjoyment of the highest attainable standard of health, neither has it done any meaningful programmes with a view to reversing the negative effect of its economic reforms and market failure, nor the lives of the people, especially people living with HIV/AIDS.

To improve response to the HIV/AIDS epidemic in Nigeria, NGOs are conducing sensitization and advocacy in support of media announcement for HIV/AIDS control programmes as well sensitize in-and –our of school youths on the problems of HIV/AIDS. They are increasingly involved in dissemination of written works on HIV/AIDS and rights of people living with the disease. NGOs also conduct HIV/AIDS sensitization for long distance drivers, migrant workers, and commercial sex workers at car park and barracks. They conduct seminars for maternity care staff to incorporate behaviour and for women in polygamous families. They are also involved in disseminating public awareness messages on ABCs of prevention, including blood and injection safety. All these were put in place in order to expand access to HIV/AIDS control services in Nigeria.

NGOs just as like government agencies have become an integral part of the public policy-making process. The line between inside and outside government in public policy process is exceedingly difficult to drawn under the current process of neo-liberalism in Nigeria. The communication channel between those inside and those outside of

government are extra ordinarily open, and ideas and information float about through these channels in the whole issue network of involved people (Kingdom, 1995:45). NGOs have become increasingly inside and most influential actors in public policy making on HIV/AIDS in Nigeria.

Government economic reform measures via privatization, deregulation etc have become key instruments for structurally transforming the role of the state. But these measures have equally failed to drive development and public welfare in Nigeria. This has led to the decay in both primary and secondary health institutions, and turned envisioned improvement in the health sector in Nigeria to a mirage. Today, NGOs have to deal with the burden of HIV/AIDS to ensure that the disease is brought under control. It is in this crucial gap that they drive public policy on HIV/AIDS and investing in prevention and control of the disease.

CONCLUSIONS

Generally speaking, our main task has been to analyze the role of non-governmental organizations in the process of government implementation of economic reforms in Nigeria. We made a critique of prevalent conception and notions about economic reforms in general and privatization, deregulation, removal of state subsides, and how the implementation of the reform measures have created a capacity gap for NGOs in formulating and implementing public policy on HIV/AIDS, especially preventive measures against the disease in Nigeria.

Prevalent conceptions argue that public policy in Nigeria is the preserve of government and as such most literature widely assumed that public policy-making and execution is concerned with the government and government agencies and thus, it is concerned with government activities for providing general guidelines for solving social problems. But our finding reveals that public policy is no longer the preserve of government alone, NGOs are becoming increasingly important actors in the formulation and implementation of public policy on HIV/AIDS in Nigeria. This is because the implementation of economic reform programmes in Nigeria has paralyzed the government's ability to provide health welfare to its citizens. This has inherently led to so many people falling out of the social safety net previously provided by the state. NGOs are thus, complementing and acting as alternative to state agencies in public policy process for protecting Nigerians against the HIV/AIDS as an indispensable governance tool for restoring and promoting public health in Nigeria.

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