Summary of civil society analysis

New data provides better insights into the HIV epidemic and what needs to be done to decrease new infections in Nigeria. Nevertheless, at the end of 2019, the country is still not on track to achieve its ambitious prevention targets. Although there have been encouraging policy developments, principally in harm reduction, key populations are not always meaningfully engaged. This is particularly the case at state level, where implementation takes place. Strengthening communication and coordination between federal and state level is critical to managing the delivery of services and achieving the necessary coverage.

Source: Global AIDS Monitoring Data 2019, hivpreventioncoalition.unaids.org
Source: UNAIDS Estimates, 2019

NEW HIV INFECTIONS

100,000
Total number of new infections among adults aged 15+ in 2018
41% of new infections were among young people aged 15-24

ON TRACK TO MEET THE 2020 TARGET?

New HIV infections among adults (15+ years)

2010 2015 2020

94 100 23,500

Source: hivpreventioncoalition.unaids.org

KEY POPULATIONS SIZE ESTIMATES & SERVICE COVERAGE

<table>
<thead>
<tr>
<th>Men who have sex with men</th>
<th>Sex workers</th>
<th>People who use drugs</th>
<th>Transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latest size estimates</td>
<td>2015</td>
<td>2015</td>
<td>2015</td>
</tr>
<tr>
<td>HIV prevention services coverage</td>
<td>25%</td>
<td>44%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: Global AIDS Monitoring Data 2019, hivpreventioncoalition.unaids.org

LEGAL AND POLICY ENVIRONMENT

<table>
<thead>
<tr>
<th>Same sex activities</th>
<th>Criminalised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex work</td>
<td>Criminalised</td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>Criminalised</td>
</tr>
<tr>
<td>HIV transmission or exposure</td>
<td>Criminalised</td>
</tr>
<tr>
<td>HIV testing without parental consent</td>
<td>Denied</td>
</tr>
</tbody>
</table>

Source: lawsandpolicies.unaids.org

GENDER-BASED VIOLENCE

Prevalence of recent intimate partner violence among women (15-49)
Source: GAM 2019, DHS, 2013

10.9%

KNOWLEDGE OF HIV PREVENTION AMONG YOUNG PEOPLE

27.9%
29.3%
Source: GAM 2019 MICS, 2017
In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society’s perspective on how Nigeria performed in 2019.

Since our last report, the Federal Ministry of Health (FMOH) and the National Agency for the Control of AIDS (NACA) completed the 2018 national HIV/AIDS survey. Preliminary results show a decrease in HIV prevalence (1.5%) among the general population. The national HIV strategy (2019-2021) has been revised to reflect the survey results.

Last year FMOH and NACA increased efforts to tackle the HIV epidemic among the most marginalised groups, by working more collaboratively with them. There are now estimates for the number of men who have sex with men, sex workers and people who use drugs in ten states. Importantly, community-led organisations were trained and contracted to collect the data. However, despite progress, there are still no credible population size estimates of transgender people, or prevention programmes tailored to meet their needs.

HIV prevention targets are set by NACA, in collaboration with state agencies who receive input from local AIDS committees. The National HIV/AIDS Prevention Plan 2018 – 2021 includes a set of national level targets aligned to the Global Prevention Coalition Road Map. In July 2019 new consultations involving key populations were organised to revise existing targets. This was possible thanks to the availability of more reliable size estimates for some of the most marginalised groups. It remains unclear when subnational targets will be set, but civil society hopes that new estimates of population sizes will help to guide this process too.
4 There is also no national discussion to change laws that criminalise sex work, homosexuality or drug use. Interventions to address the policy and legal environment are being funded by international donors, which limits coverage and scale.

5 Develop national guidance and intervention packages, service delivery platforms and operational plans

Further to existing guidance on HIV prevention, NACA and FMOH have released the National HIV/AIDS Prevention Plan (2018 -2021) in the last year. Also, additional guidance is given in the newly revised National HIV/AIDS Strategic Framework (2019-2021).

The FMOH and NACA are developing HIV prevention guidelines tailored to the needs of marginalised people in consultation with representatives from these communities. Still in draft form, the documents call for combination prevention approaches that require interventions that address both individual risk behaviours and the social environment.

Similarly, packages of interventions specific to adolescents and young people are defined in policy documents like the National HIV Strategy for Adolescents and Young People (2016-2020) and in the more recently launched National Adolescent Sexual Reproductive Health Policy (2017-2021). Both documents recognise the importance of reaching adolescents in all their diversity. However, coverage of prevention services for adolescents remains patchy, and mostly dependent on donor funding.

6 Develop capacity building and technical assistance plan

Technical support needs at subnational level have been identified but not shared widely. A national technical assistance plan has not been developed yet, though it is due to be completed by the end of 2019. NACA has contacted several civil society organisations to provide capacity building on HIV service delivery. However, implementation has been delayed due to a disagreement on the training schedule.

A lack of transparency is problematic and impedes progress. Nigeria’s technical assistance needs must be shared widely, so that honest conversations with relevant stakeholders about gaps and challenges can help to generate solutions.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

At present, civil society organisations are not contracted by the government to provide services. The government acknowledges the important role that community-based organisations play in HIV prevention and seeks to improve relations with them. However, it still does not fund them to implement activities.

8 Assess available funding and develop strategy to close financing gaps

The national HIV prevention strategy sets a target for 25% of total HIV spending to go to HIV prevention by 2020. In 2016 only 7% of all HIV financial resources was allocated to initiatives under the four prevention pillars. It does not appear (from the limited information available) that this trend has changed in the last two years. HIV prevention remains largely funded by the Global Fund and PEPFAR. Although civil society has been well represented in financing dialogues on HIV prevention over the last year, there were no discussions around closing critical funding gaps.

Transition from a mostly donor funded HIV response to a domestically funded one was planned through the AIDS Trust Fund. The transition was meant to begin in March 2019, but hasn’t started yet. It remains unclear when the government will start raising funds to resource the response appropriately.

9 Establish or strengthen programme monitoring systems

The monitoring and evaluation component of the National HIV/AIDS Prevention Plan (2018-2021) has been drafted with inputs from key populations representatives, but it has not been shared widely.

NACA and FMOH have a relatively strong system to monitor the HIV prevention response at national level, but the system is weaker at state levels, and across other sectors.

Data routinely collected at public health facilities reveal how prevention services are accessed and used. However, it’s harder to evaluate prevention work done by others due to a general lack of coordination. This is exacerbated by civil society organisations being mostly funded by different donors and working on a project basis.

10 Strengthen national and international accountability

At the state level the Agencies for the Control of AIDS regularly brief communities on the implementation of prevention work through technical working group meetings, and NACA reports on its contribution to the National Strategic Plan annually. However the country has not held a consultation to reflect on progress against the prevention road map or strategy. A youth scorecard has tracked engagement of young people in the national HIV prevention response, but this has been done outside formal national accountability processes.

Nevertheless, there are ongoing efforts to improve civil society engagement. In July 2018 UNAIDS held a retreat to reenergise Nigeria’s national Civil Society Accountability Forum. Participants discussed membership, structure and coordination of the group. Terms of Reference and a fully costed action plan are yet to be finalised, but it is expected to play a critical role in holding the government to account on its HIV prevention commitments.
In order to meet the global and national targets, we believe Nigeria should prioritise the following actions:

1. Commit to creating a more enabling environment for the people most at risk of acquiring HIV. This includes prevention interventions that address stigma and discrimination and that tackle other barriers. A key step to creating an enabling environment for young people and adolescents will be ensuring that the National Council on Health approves lowering the age of consent for access to HIV testing, while for key populations this also requires changing laws that criminalise sex work, homosexuality and drug use.

2. Include transgender people in prevention policies. Develop population size estimates for transgender people in Nigeria, define prevention packages of care tailored to their needs and make the services stigma-free.

3. In line with the target set in Nigeria’s national HIV prevention strategy, substantially increase funding for prevention, allocating resources for the implementation of combination prevention services for all marginalised groups. This needs to include funding for groups led by key populations, as these organisations are in a better position to provide accessible and effective services to the most marginalised. Clarify plans for the government’s transition from donor funding to a domestically funded HIV response.

4. Improve communication and coordination between federal government and state government agencies, ensuring policies developed centrally are implemented on the ground. Publish and implement a technical assistance plan, reflecting both the subnational and national needs.

**METHODOLOGY**

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation’s progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

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For national progress reports see: www.frontlineaids.org/prevention

**OUR PARTNERS**