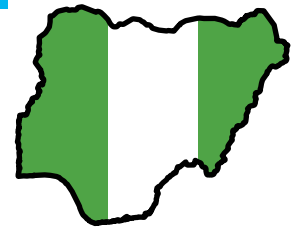




NIGERIA

HIV PREVENTION SHADOW REPORT 2020



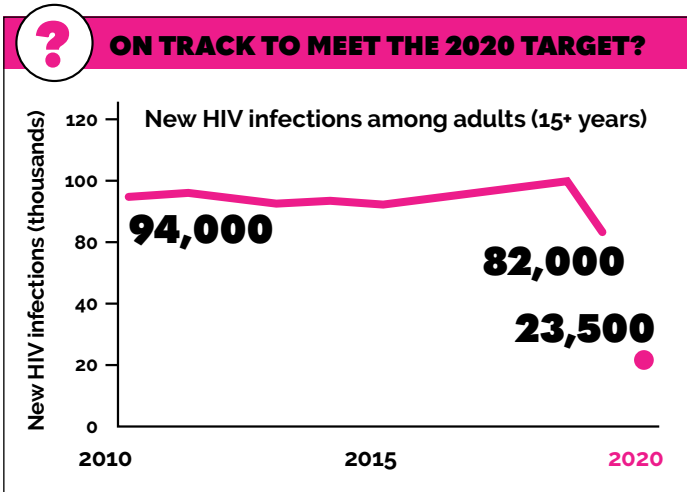
Summary of civil society analysis

Nigeria has taken steps to strengthen its HIV prevention response, as seen from the substantial portion of funding dedicated to HIV prevention in the new Global Fund grant. However, poor data on programme quality and coverage for adolescents and key populations continue to hold back the response.

Although there has been progress on structural barriers such as gender-based violence and in removing policies that restrict access for young people, police crackdowns, human rights abuses, violence and stigma towards marginalised communities are still common.

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

1	Needs assessment	●
2	Prevention targets	●
3	Prevention strategy & leadership	●
4	Legal and policy reform	●
5	Key population size estimates	●
5b	Defined key population package	●
5c	Adolescent girls & young women size estimates	●
5d	Adolescent girls & young women package	●
6	Capacity development & technical assistance plan	●
7	Social contracting	●
8	Financial gap analysis & strategy	●
9	Strengthen monitoring	●
10	Performance review & accountability	●



Global HIV Prevention Coalition 4th Annual Progress Report

● Good progress ● Partial progress ● No or little progress

	KEY POPULATIONS: DATA, SERVICES, STIGMA			
	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2019	2019	2019	NO DATA
HIV prevention services utilisation	20.1%	17.6%	9.3%	NO DATA
Avoidance of health care due to stigma & discrimination	NO DATA	NO DATA	NO DATA	NO DATA

KP Atlas, Global HIV Prevention Coalition 4th Annual Progress Report

LAWS THAT CRIMINALISE	
Same-sex activities	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Criminalisation of transgender people	NO SPECIFIC LAWS
HIV transmission, non-disclosure, or exposure	CRIMINALISED

UNAIDS Laws and Policies Analytics

ADOLESCENT GIRLS AND YOUNG WOMEN		
SRHR services not available without parental consent	Intimate partner violence (15-19 years)	HIV prevention service coverage
Under 18 yrs	12.6%	NO DATA

Global HIV Prevention Coalition 4th Annual Progress Report

HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a global HIV Prevention 2020 Road Map, to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress, including lack of political leadership; restrictive laws and policies; insufficient funding; and lack of implementation at scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country's progress against these barriers. This shadow report sets out civil society's perspective on how Nigeria performed in 2020.



STRENGTHENING POLITICAL LEADERSHIP

The National Agency for the Control of AIDS (NACA) continues to be responsible for coordinating Nigeria's HIV prevention response. National prevention targets were set last year following consultations with civil society and key population networks, but there have been lengthy delays in reporting due to COVID-19.

In states with donor funded projects, local implementing partners contribute to ongoing reporting, yet this is not true for other states. There is also still no formal technical assistance plan in place to address these data gaps. NACA reports directly to the Office of the President, but since 2019 there has been no formal review of progress against the Global HIV Prevention Road Map. This year's CSO Accountability Forum will take place, though it's unclear whether HIV prevention will be the focus.

Sex workers, people who use drugs, people living with

HIV and adolescents are well represented in the national Prevention Technical Working Group (TWG), which met regularly until the arrival of COVID-19. Meetings now take place virtually, with some partners meeting face to face. That said, their recommendations are not always acted on, especially on challenging topics, such as overturning age of consent laws or the decriminalisation of key populations.

There are few serving politicians advocating for laws and policies that are more favourable towards LGBT people and sex workers. A growing number of politicians speaking out on drug policy reform, as seen by the introduction of the Cannabis Control Bill (2020), which could open opportunities for further reforms. Within the Federal Ministry of Health there are also strong allies for harm reduction. Former President Olusegun Obasanjo, who Chairs the West African Commission on Drugs, also continues to advocate for decriminalisation.



ADDRESSING POLICY GAPS AND LEGAL BARRIERS

This year the Global Fund's pilot Needle and Syringe Programme began in three states, reaching 2,400 people who inject drugs. In Gombe, this has led to a new State Drug Control Committee, which is drawing-up a Road Map for the expansion of drug treatment services in the state, using domestic resources.

While this is a step forward, decriminalisation remains a priority concern for key population groups. Drug user networks continue to advocate for the repeal of the National Drug and Law Enforcement Act (1989), and the Dangerous Drugs Act (1935), which are used to harass and incarcerate people who use drugs.

LGBT organisations continue to advocate for repeal of the Same-Sex Marriage (Prohibition) Act (2014), which carries a 10-year sentence for same-sex relations. Progress on overturning this is slow.

Police crackdowns, human rights abuses and violence towards marginalised communities are common. These violations continue despite protests and campaign to end

SARS – a police unit responsible for multiple incidents of torture and mistreatment, including against members of the LGBT community and sex workers.

Transgender people are absent from all HIV policies, although this year's Integrated Behavioural and Biological Surveillance Survey finally commits to tracking data on this community.

HIV testing among young people is well below the 95% national target. The revised National Adolescent Health and Development Policy (2020-2024) finally addresses age of consent. This policy calls for the creation of an appropriate legal framework to reduce the age of consent for sexual and reproductive health services, from 18 to 14.

The Family Life and HIV Education curriculum guides the provision of sexuality education. Nigeria has expanded sexuality education, although it is still largely abstinence-based, and implementation differs widely between states. In addition, political and religious opposition, especially in northern states, remains high.



ADEQUATE AND SUSTAINABLE FINANCING

The 2019 National AIDS Spending Assessment shows that overall funding for the national HIV response declined between 2016-2018. As a proportion of total spending, allocations for HIV prevention halved from 25.32% in 2016 to 12.74% in 2018, while funding for "most at risk" and "other key populations" also fell.

Previous prevention scorecards have shown large financing gaps with shortfalls across key pillars of the response, including programming for key populations. There is no financing data on adolescent girls and young women.

More positively, around 40% of this year's Global Fund request budget is allocated to HIV prevention, covering condoms and lubricants, self-testing, prevention of mother to child transmission (PMTCT) and encouragingly, harm

reduction. However, there is no provision within the funding request for human rights programming or social enablers. PEPFAR funding for HIV prevention has also slightly increased from 2016.

As of 2018, donor funding still accounts for around 80% of Nigeria's HIV response although the government has moved to fill resource gaps and increase domestic financing. This includes pushing to include HIV in social health insurance schemes and working with private firms to establish a National HIV Trust Fund. There is a concern that the economic impact of COVID-19 could threaten these initiatives, but the government has introduced a COVID-19 sustainability plan and should include these important actions to sustain HIV funding within it.



IMPLEMENTING QUALITY PROGRAMMING AT SCALE

In 2018, Nigeria conducted national size estimates for female sex workers, men who have sex with men and people who use drugs. That said, there is still uncertainty over the validity of some of these estimates.

In terms of service provision, there's been a shift towards creating "trusted access" platforms for key populations, which are meant to provide a comprehensive package of services. However, large gaps still exist. For example, the pilot needle and syringe programme still lacks critical HIV prevention interventions including opioid substitution therapy, alongside key elements including wound care and Naloxone distribution.

Most trusted access platforms are run non-governmental organisations that who employ community representatives, but only a handful are led by key-population organisations. Attempts to introduce social contracting in Nigeria continue to stall. NACA consistently maintains that there would be a conflict of interest, if civil society groups were contracted as service providers, as their primary function is to act as watchdogs.

Comprehensive HIV strategies and guidelines exist for

adolescent girls and young women but there is still limited data on the overall quality and scale of programming. The National Adolescent Health and Development Policy (2017-2021) contains plans to generate more accurate data. A youth scorecard found that adolescents are not routinely involved in the design and implementation of programmes, and technical support to help them engage is non-existent.

The National Strategic Framework (2017-2021) aims for 90% of Nigerians to use condoms regularly by 2021, but condom use remains low, particularly among women. To meet these ambitious targets, the Global Fund has committed to increasing funding for condoms and lubricants, although it's currently unclear what impact this additional investment will have.

Following successful demonstration studies, Nigeria began to scale-up delivery of PrEP in early 2020, with support from PEPFAR. Currently more than 8,000 people are enrolled, a significant increase from last year. PrEP is now targeted towards all populations most at risk of HIV. PrEP guidelines are also in the process of being adjusted to make it more accessible to young people.



THE IMPACT OF COVID-19 ON HIV PREVENTION

Lockdown measures have taken their toll on the most marginalised communities. Restrictions on travel have prevented people accessing services and import restrictions have led to shortages of condoms and lubricants, particularly between March and July.

In June, the government floated proposals to slash the country's health budget by 45%, as a result of low oil prices, which has been widely opposed. Since the health budget is already very low, any cuts could have serious consequences for the HIV response and for broader health system strengthening efforts.

That said, Nigeria's HIV response continues to be funded by international donors, which for now at least provides some degree of flexibility. As a result, civil society groups

have been able to adapt their services, including providing antiretroviral deliveries, delivering HIV testing services for men who have sex with men and increasing needle and syringe distribution for people who use drugs. Despite these changes, marginalised communities continue to face real challenges and economic hardship.

During lockdown there's also been a surge in people experiencing and reporting gender-based violence (GBV). Unfortunately, plans to address GBV were not included in the emergency plans being presented by the presidential Task Force on COVID-19. Women's rights advocates formed an alliance that carried out rallies. 36 states supported their calls, and the President consequently created a new Inter-Ministerial Committee, which will propose legislative changes.



RECOMMENDATIONS



IMPACT OF COVID-19

COVID-19 has disrupted HIV prevention services and exacerbated economic and social drivers, with the risk that new HIV infections may begin to increase. Nigeria must commit to sustaining progress on and funding for HIV prevention, and must protect the human rights of the most marginalised communities.

LEADERSHIP

Nigerian political leaders at national and state level must recognise the crisis in HIV prevention and urgently increase leadership and accountability in order to secure a substantial reduction of new HIV infections. This means pursuing and supporting legal and policy reforms that will make prevention services more accessible for the most marginalised.

LAW AND LEGAL

The government of Nigeria must repeal laws which criminalise key populations and enable police crackdowns, human rights abuses, and violence against them. It must also ensure that legislative changes relating to structural barriers are followed with full implementation – especially at the state and district level and with key stakeholders involved in the delivery of services.

FINANCING

Nigeria's Ministry of Health must maintain and indeed increase investment in HIV prevention, including funding for key population-led groups, as these organisations are in a strong position to provide accessible and effective services to the most marginalised. This includes working alongside the Ministry of Finance and National Assembly to ensure adequate funding within the national health budget and taking steps to safeguard new funding initiatives for HIV such as the National HIV Trust Fund.

QUALITY PROGRAMMING

The Ministry of Health must improve systems to track HIV prevention programme coverage and quality, by providing technical support on this issue. Urgent action is also needed to put social contracting mechanisms in place in order to ensure that key population-led communities can access government funding.

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. As part of this process, activists from different community-based organisations decided to work together to analyse their nation's progress on HIV prevention. The reports are based on responses to a data collection tool developed by Frontline AIDS. In 2020, activists from seven countries agreed to update their reports. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments put forward by governments.

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