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**

- Needs assessment
- Prevention targets
- Prevention strategy & leadership
- Legal and policy reform
- Key population size estimates
- Defined key population package
- Adolescent girls & young women size estimates
- Adolescent girls & young women package
- Capacity development & technical assistance plan
- Social contracting
- Financial gap analysis & strategy
- Strengthen monitoring
- Performance review & accountability

**KEY POPULATIONS: DATA, SERVICES, STIGMA**

<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><strong>HIV size estimates</strong></td>
<td>2019</td>
<td>2019</td>
<td>2019</td>
</tr>
<tr>
<td><strong>HIV prevention services utilisation</strong></td>
<td>20.1%</td>
<td>17.6%</td>
<td>9.3%</td>
</tr>
<tr>
<td><strong>Avoidance of health care due to stigma &amp; discrimination</strong></td>
<td>NO DATA</td>
<td>NO DATA</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

**LAWS THAT CRIMINALISE**

- Same-sex activities
- Sex work
- Drug use or possession for personal use
- Criminalisation of transgender people
- HIV transmission, non-disclosure, or exposure

**UNAIDS Laws and Policies Analytics**

**NIGERIA HIV PREVENTION SHADOW REPORT 2020**

**ON TRACK TO MEET THE 2020 TARGET?**

- New HIV infections among adults (15+ years)
  - 2010: 94,000
  - 2015: 82,000
  - 2020: 23,500

**ADOLESCENT GIRLS AND YOUNG WOMEN**

- SRHR services not available without parental consent
- Intimate partner violence (15-19 years)
- HIV prevention service coverage

**Global HIV Prevention Coalition 4th Annual Progress Report**

**KP Atlas, 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 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 work for the repeal of the National Drug and Law Enforcement Act (1984), and the Dangerous Drugs Act (1953), 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 continue. These violations continue despite protests and campaigns 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 access to 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 enable.

PEPFAR funding for HIV prevention has also slightly increased from 2019.

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 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 is prioritising these important actions to sustain HIV funding within it.

IMPLEMENTING QUALITY PROGRAMMING AT SCALE

In 2019, 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 “one-stop” 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 supplies. That said, Nigeria’s HIV response 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 programmes. The National Adolescent Health and Development Policy (2017-2021) contains plans to generate more accurate data. A youth-led coalition 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 Nigerian residents 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 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 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 is prioritising these important actions to sustain HIV funding within it.

ADEQUATE AND SUSTAINABLE FINANCING

The 2019 National AIDS Spending Assessment shows that overall funding for the national HIV response declined between 2010-2018. As a proportion of total spending, allocations for HIV prevention halved from 24.35% in 2015 to 12.74% in 2018. For 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

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We deeply appreciate all the civil society partners for their joint efforts and leadership to develop the 2020 shadow report. National research and analysis: sincere thanks to our country partners listed below.

Coordination and editing: Buky Williams, Toyin Chukwudzie, Matteo Cassolato, Clare Morrison, Fionnula Murphy, Aditi Sharma, Juliet Hellier, and Vicky Anning.

Design: Fruit Design

We gratefully acknowledge funding from The Partnership to Inspire, Transform and Connect the HIV response (PITCH). PITCH is a joint partnership between Frontline AIDS, Aidsfonds and the Dutch Ministry of Foreign Affairs.

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

December 2020

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.

IMACT 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.

METHODOLOGY
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