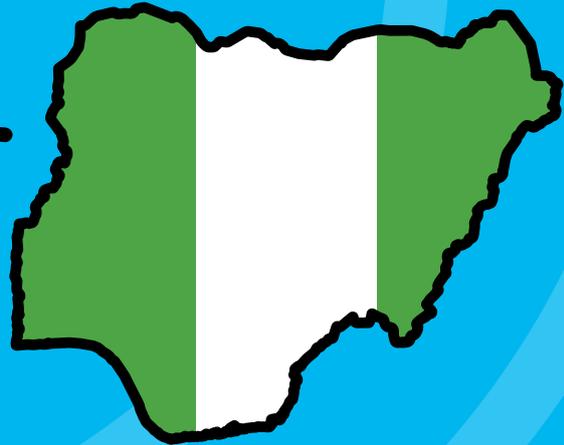


NIGERIA



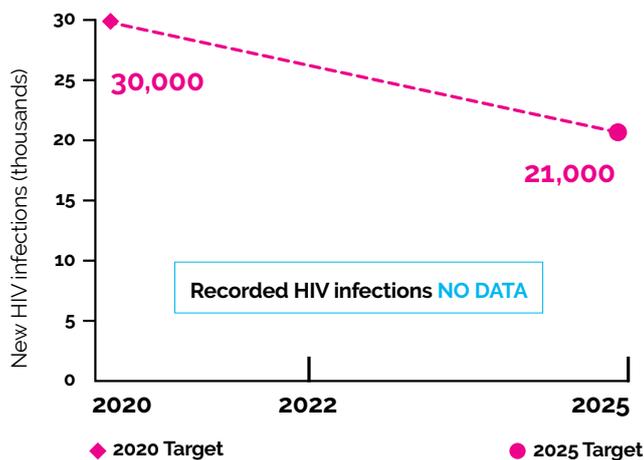
**HIV PREVENTION
& ACCOUNTABILITY
A COMMUNITY
PERSPECTIVE
2023**

SUMMARY OF CIVIL SOCIETY ANALYSIS

Nigeria has successfully developed a National Prevention Plan (NPP) (2022-2027), which is closely aligned to the Global HIV Prevention Coalition (GPC) HIV Prevention Road Map and the National HIV and AIDS Strategic Framework (NSF) 2021-2025. The Civil Society Accountability Forum, which government actively engages with, is a space for advocates to actively hold government accountable and to highlight community priorities.

However, despite Nigeria having achieved these milestones, there are significant – and growing – challenges. The Government of Nigeria recognises the risks of reliance on international donors, especially with donor funding decreasing, and has been strategising about how to address this. The absence of concrete solutions is jeopardising the sustainability of the response. Structural elements also need to become an urgent priority, particularly in the face of the growing anti-rights movement, which has the potential to dismantle significant progress made on sexual and reproductive health and rights (SRHR), comprehensive sexuality education (CSE) and rights for lesbian, gay, bisexual, trans and queer (LGBTQ+) communities.

NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

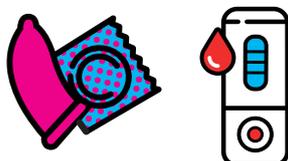


KEY POPULATIONS

	Sex workers	Men who have sex with men	People who use drugs	Transgender people
Latest size estimate	2022	2019	2022	2022
Estimated HIV prevalence	16.7%	25%	10.9%	28.8%
HIV prevention service coverage	57%	31%	40%	NO DATA
Avoidance of healthcare due to stigma and discrimination	NO DATA	NO DATA	NO DATA	NO DATA

Source: [UNAIDS Key Populations Atlas](#), The Global HIV Prevention Coalition

INTEGRATION



HIV testing and counselling services are integrated with sexual & reproductive health services (SRH)

✓ Integrated in some health facilities

Source: [National Commitments and Policy Instruments Database](#)

STRUCTURAL BARRIERS



LEGAL ENVIRONMENT

Same-sex sexual acts

CRIMINALISED

Sex work

CRIMINALISED

Drug use or possession for personal use

CRIMINALISED

Transgender people

CRIMINALISED

Gender expression

CRIMINALISED

HIV transmission, non-disclosure, or exposure

CRIMINALISED

Source: [UNAIDS Laws and Policies Analytics](#), [Human Dignity Trust](#)

NIGERIA



GENDER VIOLENCE



13.8%

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: [UN Women](#)

STIGMA



Latest stigma index report conducted in

2021

Source: [Global Network of People Living with HIV \(GNP+\)](#)

FINANCING



15% Abuja Declaration target

5.75%

of government budget to health expenditure

Sources: [The Development Research and Projects Centre](#)



International funding for HIV prevention (2019)

0%

Source: [UNAIDS Financial Dashboard](#)

Domestic funding for HIV prevention (2019)

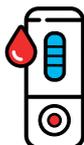
100%

ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✗ No, for adolescent under 18 years old



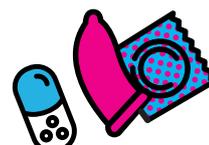
HIV testing without parental consent

✗ No, for adolescent under 18 years old



National CSE curricula in place

✓ Secondary only

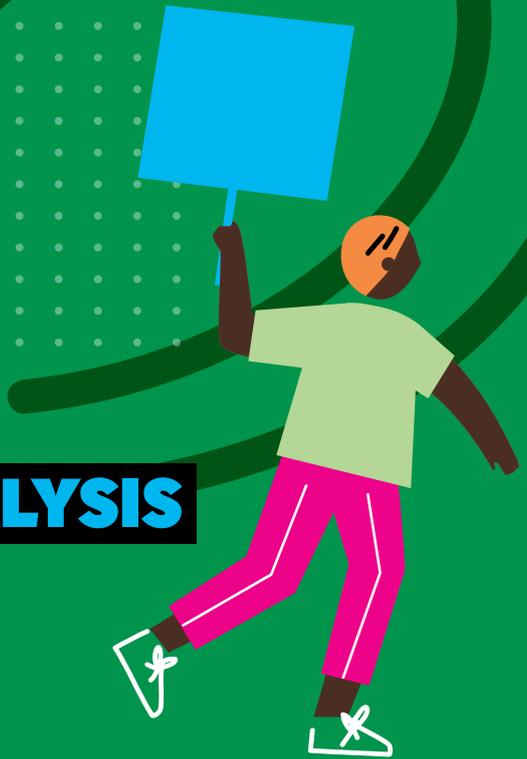


43% YOUNG WOMEN
34% YOUNG MEN

Aged 15–24 have comprehensive knowledge of HIV

Source: [UNAIDS Laws and Policies Analytics](#), [UNESCO](#), [Nigeria Demographic Health Survey](#)

PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS



ACTION

1

EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



Nigeria's strategic framework to tackle HIV and AIDS (NSF) was developed in consultation with civil society and communities. It highlights key challenges that need to be addressed, including low knowledge of vertical HIV transmission and low use of condoms. Civil society applauds the inclusion of additional harm reduction interventions, including Needle and Syringe Programmes (NSP), Medication Assisted Treatment (MAT), mental health support and naloxone for overdoses.

However, the framework fails to strike a balance between the biomedical, behavioural and structural interventions needed to reduce new HIV infections. It lacks sufficient detail on eliminating restrictive laws and policies for key populations and falls short of improving pre-exposure prophylaxis (PrEP) uptake among adolescents and young people. It also fails to address recommendations from the Programme Self-Assessment Tools (PSATs) and the Action Plans developed in 2021.

The most recent population size estimates (PSE) for men who have sex with men, female sex workers and people who inject drugs were conducted in 2018, with support

from the Global Fund. In 2022, these studies were expanded to cover additional states and included transgender people as well as prisoners. Civil society and community networks were tasked with mobilising communities in these processes.

High-risk districts are mapped as part of the Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS), which was last completed in 2018. Data collection for the Nigeria Demographic and Health Survey (NDHS) is scheduled to begin in 2024, but there are concerns it will exclude sex workers, people who inject drugs, men who have sex with men and younger adolescents.

RECOMMENDATIONS

- ✓ Use the recommendations from the PSAT tools to inform national strategies, policies and programmes, including ensuring more priority is placed on balancing biomedical, structural and behavioural interventions.
- ✓ Ensure findings from the PSE and NAIIS are published in full, and push for the inclusion of all key populations in population surveys.

ACTION

2

PRECISION PREVENTION APPROACH



The NASF and corresponding Monitoring and Evaluation Framework set out clear national targets. High-level targets across the prevention pillars are also included in the NPP (2022–2027), and these include targets for all key populations. However, many of these targets are incomplete as they either lack baseline data or use indicators that are not being tracked nationally.

Targets for adolescents are also incomplete with a focus on condom use, sexual behaviours and young people's knowledge of HIV prevention. Targets on service coverage do not exist and there are only a handful of structural targets focusing on reducing stigma and discrimination. Targets addressing the removal of legal and policy barriers, promoting gender equality and reducing gender-based violence are also conspicuously absent. Additionally, there are limited indicators on financing, which threatens the sustainability of the response.

The National Prevention Technical Working Group (NPTWG) convenes quarterly, with active participation from

community networks and civil society. These organisations unfortunately have to cover their own costs due to funding constraints. Civil society and communities are also working closely with the National Agency for the Control of AIDS (NACA) on the finalisation of the NPP.

RECOMMENDATIONS

- ✓ Develop specific targets on structural interventions in line with the Joint United Nations Programme on HIV and AIDS (UNAIDS) **10-10-10** targets, as well as strengthening existing targets on key populations and adolescents and young people.
- ✓ Strengthen the targets on financing to measure and report on progress to ensure better planning and budgeting.
- ✓ Publish and disseminate the NPP to ensure targets and milestones are widely understood and that all stakeholders are mobilised to support their achievement.

ACTION

3

COUNTRY INVESTMENT NEEDS



The health budget in Nigeria accounted for 5.75% of the country's total budget in 2023, falling significantly short of the 15% Abuja Declaration target.

The NSF is fully costed and approximately 34% of the NASF's intervention costs are allocated to HIV prevention, but there is no clear indication of funding gaps. The Domestic Resource Mobilization and Sustainability Strategy (DRMS 2012–2025) also proposes an increase in the budget allocation for HIV prevention at both the national and state level but advocates have expressed doubts about these commitments. The previous National AIDS Spending Assessment (NASA) (2015–2018) showed a significant reduction in HIV prevention funding between 2016–2018. The impact of the COVID-19 pandemic on HIV prevention is unclear with the most recent NASA (2018–2022) still being finalised.

If the new Global Fund (GC7) proposal is approved, it will expand PrEP coverage for key populations and expand the

harm reduction programme to five additional states.

The DRMS predicts that domestic financing for the HIV response will increase from 16% to 34% by 2025. To achieve this, NACA is advocating for both HIV prevention and treatment to be included in the Basic Health Care Provision Fund and is seeking ways to increase revenue for this fund. NACA is also planning to expand private sector partnerships through the HIV Trust Fund, launched in 2021.

RECOMMENDATIONS

- ✓ Publish annual budget and accounts in full. This includes budget allocations and spending for each of the five pillars, so that levels of investment can be tracked over time.
- ✓ Intensify advocacy to increase the amount of funding available for the Basic Health Care Provision Fund. This includes expanding the percentage of funding received from other sources.

ACTION**4****HIV PREVENTION POLITICAL LEADERSHIP**

NACA leads the coordination of the HIV response at the national level, while the State Agency for the Control of AIDS (SACA) and the Local Agency for the Control of AIDS (LACA) provide the same at state and local levels, respectively. NACA is not sufficiently staffed to coordinate HIV prevention and the multi-sectoral approach. There is a high attrition rate, and training and capacity building are not prioritised. States have an annual workplan that is drawn from the NSF. SACAs also hold monthly meetings with stakeholders but the consistency of these varies from state to state.

NACA's role includes intensifying efforts to strengthen the mainstreaming of HIV and AIDS and to build leadership within the Ministries, Departments and Agencies (MDA) to address HIV as a development challenge. Over the years, HIV mainstreaming within the MDAs has been challenged by lack of leadership and ownership, lack of domestic funding and poor understanding of what HIV mainstreaming looks like in terms of policy direction.

The government is supportive of HIV prevention, and provides clear guidance for implementation, with HIV services being provided to the five key populations. However, advocates are concerned about certain high-

profile politicians advancing a more regressive agenda, including the former Minister of Education, who is opposing comprehensive sexuality education (CSE), with backing from transnational anti-SRHR groups that are openly campaigning and lobbying legislators. Opposition groups are also opposing the rollout of Human Papilloma Virus (HPV) vaccines for girls, with false but vocal claims that it will promote promiscuity among adolescents.

RECOMMENDATIONS

- ✓ Ensure the national operational plan and budget provides clear roles and responsibilities for different MDAs, cascaded down to the state level, and enhance NACA's capacity to support effective mainstreaming at the MDA level.
- ✓ Regularly publish NACA's annual reports to improve transparency and provide up-to-date information on NACA's work.
- ✓ Develop a compelling narrative on how CSE protects Nigeria's young people and their future and ensure that this is actively promoted at all levels of government, both within and outside the HIV response, in order to counter the false claims made by anti-CSE activists.

ACTION**5****COMMUNITY-LED HIV PREVENTION SERVICES**

The NSF emphasises the importance of community-led services and recognises community system strengthening as a crucial component of the response.

In 2020, the Community-Led Monitoring (CLM) approach was piloted in Nigeria with the support of UNAIDS. The United States President's Emergency Plan for AIDS Relief (PEPFAR) then funded the design and launch of the first CLM Framework in Nigeria, completed in 2021. This was later embedded in the Community Systems Strengthening of the new Global Fund Proposal (GC7). Networks of people living with HIV and key populations, as well as other community-based and civil society organisations (CSOs), are at the centre of initiating, leading and implementing CLM.

Specialised mechanisms for social contracting do not exist. General procurement laws apply to all contracts, with organisations needing to meet certain criteria around organisational capacity and to have the required legal documentation in order to qualify. The way contracts are awarded is often influenced by lobbying, making government funding inaccessible to many.

Some international donors do provide funding to civil

society. Initiatives such as the PEPFAR Ambassador's small grants have supported civil society's involvement in data collection and monitoring. Apart from funding from the Global Fund, there is limited support to improve the quality-of-service delivery.

The South-to-South Learning Network (SSLN) has been supporting NACA in developing a Technical Assistance (TA) plan. Advocates are optimistic that the development of an Adolescent and Young People Investment Case (2023–2025) and SSLN's assistance in the creation of a key population financial landscape analysis will lead to increased funding for civil society and community-led networks.

RECOMMENDATIONS

- ✓ Develop specific targets on community-led service delivery in line with UNAIDS' [30-60-80](#) targets and develop indicators to measure and report on progress in this area.
- ✓ Develop specialised mechanisms for social contracting for HIV services to ensure transparency and accessibility.

ACTION

6

REMOVE SOCIAL AND LEGAL BARRIERS



Although there are no specific laws targeting CSOs, there are policies that hinder their operations and stifle civic action. The government intermittently uses legal actions and surveillance to target civil society and activists, with civil society activities banned in Zamfara state in early 2023.

The National Human Rights Commission (NHRC) maintains a centralised database of human rights violations, but it does not disaggregate data by population. A State of Human Rights Report has not been published since 2018. There is a joint rapid response mechanism, coordinated by the police and NHRC, to address human rights violations. However, this is not widely used. Indeed, key populations still face rights violations directly from the police and law enforcement, such as mass arrests and mistreatment.

There has been growing pressure from anti-rights groups within the legislature and the wider policy environment. Amendments to the National Drug Law Enforcement Agency Act, which seeks to limit judges' discretion and impose longer prison terms for drug-related offences, are awaiting Presidential approval.

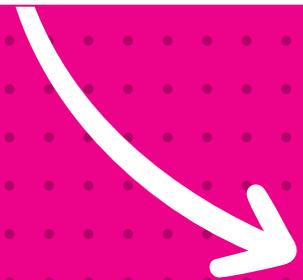
The Family Life and HIV Education programme also faces opposition, even though it is already abstinence-focused. Under 18s need parental consent to access sexual

reproductive health (SRH) services, including contraception and HIV testing. A youth-led initiative is being developed with the aim of lowering the age of consent for HIV testing services.

The 2021 Stigma Index shows progress, but reveals challenges related to discrimination based on sexual/ gender identity, drug use and sex work. Advocates support the Patient Empowerment and Education Programme, which aims to combat stigma and discrimination through educating patients about their rights. However, more must be done to scale up anti-stigma programmes, especially for key populations.

RECOMMENDATIONS

- ✓ Prompt the NHRC to publish disaggregated human rights violation data regularly, providing specific information on the people and communities most affected by HIV, and collaborate on anti-stigma programmes, particularly targeting key populations.
- ✓ Take proactive steps to protect the delivery of CSE in schools, by instilling strong commitment to CSE at all levels of government and ensuring that government actors are proactively advancing strong shared arguments in all discussions about CSE, HIV and SRHR.



ACTION

7

PROMOTE HIV PREVENTION INTEGRATION



Condom use and coverage in Nigeria is still relatively low, especially among women. The government has introduced a new National Condom Strategy Operational Plan (2021–2025) as well as new procedures, and is quantifying needs, reviewing demand creation materials and developing communication strategies, based on a total market approach. Ongoing challenges remain, such as declining donor funding and difficulties in data collection from some commercial sector actors.

Voluntary medical male circumcision (VMMC) is not a priority as many Nigerians already implement this practice for religious reasons. Oral PrEP use has increased since it started as part of the GC6 grant, targeting key populations and sero-discordant couples, although uptake is not as high as it should be. This has been attributed to low demand creation, misinformation and risk perception. Oral PrEP is still not available to adolescent girls and young women.

The government endorses Undetectable=Untransmissible (U=U) as part of the prevention strategy, although the percentage of key populations on antiretroviral treatment (ART) is worryingly low at around 25%.

There are minimum packages of services for all key populations. The young women and girls' programme remains largely donor driven, however, and there is limited data available. The government has also committed to develop a basic minimum package of adolescent and youth-friendly health services for primary healthcare

centres, and to reduce the age of consent for HIV testing and treatment in the National Policy on Adolescent Health and Development (2021–2025).

Universal Health Coverage (UHC) packages include HIV prevention, but services for key populations are not explicitly included. Pushing for this is difficult in the context of criminalisation.

Integration is a core principle of the NPP, which highlights integrating services such as mother and child healthcare, school health programmes and HIV prevention into mental health and sexual and reproductive healthcare for key and vulnerable populations. However, there are limited targets and no clear plan or guidelines on how it will be achieved.

RECOMMENDATIONS

- ✓ Increase demand creation for and uptake of both condoms and oral PrEP and rollout across Nigeria for all those in need, including expanding access to adolescent girls and young women.
- ✓ Improve data collection and transparency for programmes reaching young women and girls, and act on lessons from this information in order to ensure comprehensive district coverage and reach.
- ✓ Act on existing commitments to introduce a package of youth-friendly health services and lower the age of consent for HIV testing and treatment, as well as setting out clear plans to operation.



ACTION**8****NEW HIV PREVENTION TECHNOLOGIES**

Nigeria approved Cabotegravir Long-Acting Injectable PrEP (CAB-LA) this year and is currently reviewing the PrEP guidelines with plans to add the new prevention technologies. Around US\$6.8 million has been earmarked for CAB-LA in the new GC7 grant, mainly targeting key populations. Sadly, PEPFAR has not identified Nigeria as a priority country for CAB-LA in COP 2023.

The Dapivirine Vaginal Ring (DVR) is currently under review, but with PEPFAR unwilling to fund it, there are concerns about funding sources and sustainability. Widespread concerns have been voiced in Nigeria about the prospect of new prevention technologies replacing condoms. Demand creation materials need to be developed urgently, in consultation with communities, on the correct and safe use of these technologies, including the fact that they should still be used with condoms wherever possible.

As condom use is still relatively low in Nigeria, expanding access to new prevention technologies is an important strategy in extending choice for those who are at risk of

HIV, especially for people who may not always be able to negotiate condom use.

Nigeria is using various other innovations such as HIV self-testing, index testing, social network testing, multi-month dispensing, fast-track lines as well as using the total market approach to target hard-to-reach populations.

RECOMMENDATIONS

- ✓ Explore alternative funding sources to support the introduction of the DVR and expand the planned rollout of CAB-LA to all who need it.
- ✓ Collaborate with local communities to develop communication materials that provide accurate information and promote the safe use of new prevention technologies alongside condoms, while ensuring a strong understanding of the vital importance of choice in political, policy, health sector and community level discussions on effective HIV prevention approaches.

ACTION**9****REAL-TIME PREVENTION PROGRAMME MONITORING**

Nigeria has come a long way with the introduction of the Nigeria National Response Information Management System (NNRIMS), which has ended the manual submission of data on non-health indicators to NACA. The NNRIMS allows for national and sub-national data collection on a quarterly basis.

Nigeria also introduced the National Data Repository (NDR) and National Health Management Information System (NHMIS) a database for the Federal Ministry of Health, which includes data from the NDR. The government's efforts to consolidate data are really positive, although there is widespread concern that the systems themselves are slow, and there is also a need to urgently fast track their implementation at the national and state levels, with increased training – especially at the state level.

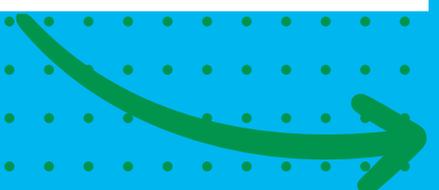
NACA has a Data Command Centre that collates data from various data sources – including community data for analysis. However, this is not yet available to civil society. The 2021–2025 Monitoring and Evaluation Plan states that

data validation takes place quarterly. Although this does happen at the national level as part of TWGs, it does not happen at the state level.

Other data systems are also being developed. During the COVID-19 pandemic, the Nigerian government launched the National Gender-based Violence (GBV) Data Situation Room and Dashboard. This aims to enhance GBV data monitoring and evaluation, making it easier for stakeholders to respond effectively to GBV, although reporting is not very transparent.

RECOMMENDATIONS

- ✓ Prioritise training and capacity building for data management personnel at all levels to ensure efficient and effective use of the data systems and improve data analysis and reporting.
- ✓ Make the Data Command Centre's reports available to civil society and the general public to promote transparency and inclusivity.



ACTION

10

ACCOUNTABILITY FOR HIV PREVENTION



The NPP for 2022–2027 is aligned with the Global HIV Prevention Road Map and the NASF (2021–2025). The NPP, which is set to be disseminated at the end of 2023, is thorough and includes specific milestones. However, advocates have raised concerns about the insufficient representation of priority populations in its development, indicating the need for more inclusive engagement with communities.

NACA mostly adheres to reporting deadlines such as the Global AIDS Monitoring (GAM) with the involvement of civil society and community representatives in the data validation, although participation is self-funded. The 2023 scorecards see large data gaps, particularly around ART-based prevention, which need to be addressed to fulfil obligations as part of the Global Alliance to End Paediatric AIDS. The results of the annual GPC survey were shared and validated by civil society prior to submission.

NACA engages civil society and community representatives through the NPTWGs and the Accountability Forum, although advocates argue that not all communities are represented due to the lack of financing to attend meetings. COVID-19 affected the regularity of this forum,

but meetings are now happening as scheduled.

The CLM Framework has been developed and includes all programme pillars, including HIV prevention, and aims to help strengthen the data collection and analysis process. CLM is funded by PEPFAR and the Global Fund, but the current emphasis remains on treatment. Civil society has called for CLM to be widened to other areas of health. As a result, there is planned harmonisation of the CLM framework for all diseases.

RECOMMENDATIONS

- ✓ **Strengthen engagement with the CSO Accountability Forum to ensure that civil society and community organisations are able to actively engage on Nigeria's progress in HIV prevention, including feedback to wider civil society and the public.**
- ✓ **Extend quarterly data validations to the state level, ensuring a more comprehensive and accurate monitoring and evaluation process.**
- ✓ **Prioritise funding for civil society and community representatives to attend NACA accountability mechanisms and validate data before submission.**



METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership in developing this report.

National research and analysis: sincere thanks to the country coalition partners below and the coordinating partner for Nigeria, Education as a Vaccine.

Coordination and editing: Vicky Anning, Leora Pillay, Clare Morrison, Libby Van Zee, Lola Abayomi, Fionnuala Murphy, Ntombizodwa Mthembu, Aditi Sharma, Amelia Weekley, Lois Chingandu, Revanta Dharmarajah and Suzanne Fisher-Murray.

Design: Fruit Design.

We gratefully acknowledge the funding for the United for Prevention programme from the Bill & Melinda Gates Foundation.

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