FRONTLINE AIDS

AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN NIGERIA

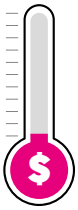
IMPACT AT A GLANCE

Nigeria's HIV response is at a crossroads: one in 77 adults is living with HIV, and recent gains in prevention and treatment are now threatened by recent funding cuts. PrEP use is stalling, one-stop clinics for key populations have closed, and access challenges are growing. Whilst the government has stepped up funding for antiretroviral treatment, further action is needed. Nigeria must continue to increase domestic financing, fast-track the development of social contracting mechanisms, train providers in stigma-free care and support community-led monitoring.

This year, the funding landscape for Nigeria's HIV response has changed dramatically

87% of Nigeria's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.

The **Global Fund** remains a key donor, but the current grant has also been **cut by 10%**.



Meanwhile, the **domestic health budget allocation** was **5.15%**, still well below the 15% Abuja target.

Sources: UNAIDS, Global Fund, Development Research and Projects Centre

As a result, vital programmes for key populations and adolescents have been scaled back or shut down

Approximately **1.5 million** people from key populations could **lose access to tailored HIV prevention services**.

US-funded programmes providing support to **young people** in all their diversity have been **disrupted**.

Source: Global Black Gay Men Connect

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies

Around **80%** of people **living with HIV are on treatment** with direct or indirect support from PEPFAR.

Oral PrEP use has **dropped sharply**, with an **85% decline** in users.

The **roll-out** of new prevention technologies is **continuing**, but only with support from the Global Fund.

Sources: Health Policy Watch, Aidspan, The Federal Ministry of Health & Social Welfare.

STATUS OF THE HIV RESPONSE: A COMMUNITY ANALYSIS

Nigeria's HIV response is at a critical juncture following the sudden withdrawal of US government funding, which previously accounted for 87% of the country's HIV budget. HIV treatment and prevention services for key populations[1] have been disrupted, putting an estimated 1.5 million people at risk of losing access to tailored HIV prevention programmes.

The impact on marginalised communities has been particularly devastating. Over 80 one-stop shops providing specialised, wraparound services have been disrupted. Funding uncertainties have affected the availability and expansion of critical interventions, such as pre-exposure prophylaxis (PrEP), condoms, harm reduction and other behavioural change interventions. Although guidance exists for providing stigma-free services to key and vulnerable populations, it is not being put into practice in public health facilities. The absence of social contracting mechanisms means that the government lacks a clear way to directly fund and support community-led services, making it difficult to sustain them and putting their long-term survival at risk.

US funding cuts have also severely impacted harm reduction services. The needle and syringe programme, which was originally planned for 12 states under the current Global Fund grant, has been scaled back to just four states. Likewise, plans to introduce opioid agonist maintenance treatment earlier this year, initially intended for four states, have been reduced to only one state due to a halt in US funding.[2] These cutbacks increase the risk of HIV and hepatitis C transmission among people who use drugs and threaten to undo years of progress in harm reduction.

Funding cuts have had a severe impact on programmes for adolescent girls and young women. Operation Triple Zero (a youth-focused initiative supporting adolescents and young people living with HIV nationwide), has been interrupted, resulting in the suspension of peer support meetings, counselling sessions and adherence monitoring activities. Nigeria's iCARE programme, which engaged young key populations as peer navigators and participants, has also been halted. As a result, young people's access to essential commodities such as condoms and lubricants, along with prevention services like oral PrEP, has been interrupted. Children affected by AIDS, including orphans and those from key populations, are also losing critical support, including HIV treatment, education and basic healthcare, as funding for these services has been cut.

Essential health commodities and medications remain at risk, even with emergency measures in place. People living with HIV report continued challenges with accessing treatment, even though the government has allocated an additional $3.2 million in funding.[3] Cuts to the community health workforce have also disrupted HIV testing and counselling services, reducing capacity for outreach, follow-ups and the provision of adherence support. The US withdrawal has also driven a sharp drop in PrEP use, from 43,000 users in November 2024 to fewer than 6,000 by April 2025. The implementation of long-acting cabotegravir (CAB-LA) has been disrupted, with access now limited to sites supported by the Global Fund.

Community and peer-led services continue to receive support from the Global Fund, although the reprioritisation has resulted in a 10% cut across the current grant. Funding has been earmarked for the roll-out of CAB-LA and lenacapavir, another form of long-acting injectable

[1] UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

[2] Opioid agonist maintenance treatment (OAMT) is a therapy for opioid dependence that uses prescribed medications like methadone or buprenorphine to help manage withdrawal symptoms.

[3] The $1.07 billion approved under the Human Capital Opportunities for Prosperity and Equity (HOPE) programme is intended to support healthcare sector reforms in Nigeria.

PrEP, although the exact amounts allocated remain uncertain. Other initiatives like the Stigma Index 2.0 2025 and the Integrated Biological and Behavioural Survey (IBBS) have been paused, creating critical data gaps to understand the epidemic.

The Government of Nigeria is struggling to make up for the loss of donor support with domestic funding. This year, healthcare made up just 5.15% of Nigeria's budget, far below the target set by the Abuja Declaration.[4] Nigeria is currently facing a debt crisis, with 23.1% of its government revenue projected to go towards debt payments in 2025. The Basic Healthcare Provision Fund (BHCPF) requires 1% of the Consolidated Revenue Fund (CRF) to go towards primary healthcare but this is not consistently implemented across states.[5]

The newly established AIDS, TB and Malaria Technical Working Group has been tasked with setting up crisis response plans, including channels for reporting service disruptions. The government is also leveraging $1.07 billion in funding for new health sector reforms, to offset the risks created by the funding cuts.[6]

Nigeria is still in the process of finalising its National Prevention Plan (2025–2030), which sets priorities for HIV prevention, testing, treatment and community-led services. To be successful, this needs to be complemented by a comprehensive resource mobilisation strategy, with measurable financing targets, timelines and accountability mechanisms to guide and sustain the HIV response.

Nigeria is also working towards providing integrated healthcare services – including prevention services, PrEP, condom programming, harm reduction, sexually transmitted infections testing and treatment, mental health, and sexual and reproductive health – as part of its ambition to achieve universal health coverage.[7] The country has also piloted healthcare worker training on service integration in two states. The National Health Insurance Authority and BHCPF packages cover HIV testing, but they need to be expanded to include ARVs, PrEP and harm reduction interventions, as a key step towards filling major gaps and protecting progress made to date, especially for key populations.

Nigeria has also taken some steps to introduce laws and policies to better support communities. Nigeria has committed to supporting the health and education of adolescents by signing the West and Central African Commitment. As part of this, the government is reviewing its Family Life and HIV Education curriculum to cover important issues such as gender-based violence. However, this review could be at risk, as some groups still strongly oppose comprehensive sexuality education, on religious or moral grounds. At the same time, progress is also held back by restrictive laws, particularly age-of-consent rules, which stop young people under 18 from accessing sexual and reproductive health services, including HIV testing.

The government continues to involve civil society in key platforms such as the National Technical Working Groups and committees. Civil society and communities have been part of data validation, and the National Civil Society Accountability Forum is still active and organises an annual meeting. However, due to the funding cuts, participation is dwindling and must must be sustained as a matter of urgency. A community-led monitoring (CLM) framework is currently being implemented by civil society organisations, which represents a positive step towards greater accountability. However, to be sustainable, this requires greater government backing with implementation outside of the Global Fund grant.

[4] Under the 2001 Abuja Declaration, African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems.

[5] The Basic Health Care Provision Fund (BHCPF), established under Nigeria's National Health Act (2014), supports primary healthcare nationwide. By law, 1% of the Consolidated Revenue Fund (CRF) – the government's main revenue account – must be allocated to the BHCPF. Whilst the federal government collects the CRF and distributes funds to states, the responsibility lies with individual states to release and effectively use their share for primary healthcare. This requirement is not consistently met across all states.

[6] Following the US funding freeze, Nigeria's president convened the first meeting of the Federal Executive Council to establish a multi-stakeholder committee. This committee is tasked with guiding the country's transition away from donor funding. As part of these efforts, the government allocated $3.2 million to procure 150,000 HIV treatment packs.

[7] Universal health coverage (UHC) is a system where all people have access to the full range of necessary health services, from prevention to treatment, without facing financial hardship or discrimination.

COMMUNITY IMPACT

At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve. The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships within the health system that were built up over many years.

Marginalised communities across Nigeria have had safe spaces taken away and the community members employed by US-funded programmes that supported and understood them suddenly removed from their positions. Communities have been left in panic due to a lack of clear information about which services were ending, why they were being cut or where people could go for help.

After the US withdrawal, PrEP implementation in the 33 US-funded states was restricted to pregnant and breastfeeding mothers, and that restriction is still in effect. PrEP supported by the Global Fund and other sources continues to be available to other vulnerable populations. Barriers to access have also deepened with the loss of peer educators and community health workers for most communities.

Communities are collectively worried about being sent to clinics far from home with long queues. Mental health services are not as comprehensive as they were before the cuts, leaving people in distress and without adequate support. Women living with HIV have raised concerns about shortages of essential supplies and life-saving medicines.

> ***I'm scared. The society discriminates against me as a man who has sex with men and now this HIV funding freeze means my medications and services have been cut off.*** *I've relied on these services to stay healthy. Without them, my life is at risk. Please, restore the funding to keep me alive."*
>
> **A man who has sex with men**

> *As a young trans woman from the northern part of Nigeria where it is very hard to access medical care, PrEP has been life changing... With the new eligibility criteria around giving oral PrEP only to pregnant and breastfeeding mothers [in the 33 US-supported states], this has taken another turn in* ***increasing the risk of young trans women to HIV infection.****"*
>
> **Trans community member**

> ***Mental health is another silent casualty. The psychological toll of living with HIV is hard enough, but now, there is added anxiety about whether services will be available next month, whether transport to facilities will be possible, or whether support groups will ever resume.*** *For many, clinics no longer feel like youth-friendly spaces, but intimidating institutions where stigma is alive and empathy is in short supply."*
>
> **Adolescent**

Rules that limit HIV programmes to only men and women are harming services for men who have sex with men and trans people. By ignoring diverse sexualities and gender identities, these policies make it harder for people to access the care they need without fear or shame. The impact is already clear at the state level, where these communities face a higher risk of HIV, and years of progress in providing tailored, stigma-free support are being undone.

Key and vulnerable populations are now left with restricted access to a patchwork of fragmented services. Community members warn that they do not feel safe or accepted within these limited options and this is impacting their access to and retention in services.

Sex workers are concerned about access to relevant interventions by sensitised healthcare workers and continue to face stigma, discrimination and violence. Organisations that reach men who have sex with men, and trans and gender diverse people have had their funding stopped or reduced, removing specialised services for these vulnerable groups. Youth-led support systems are shrinking because of dwindling resources, and the restrictive age of consent already makes accessing public services more difficult for young people.

While these experiences offer some very worrying insights, the full impact on communities in Nigeria is hard to measure because data gathered by UNAIDS, community networks and other agencies is fragmented, and a national picture is unavailable. What is certain, however, is that recent funding cuts have reduced the number of tailored, community-led services available in the country.

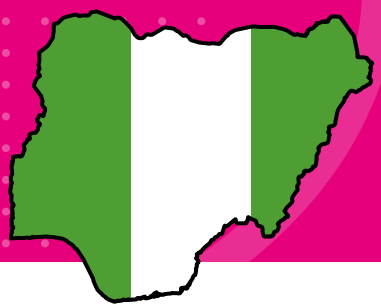
Nigeria is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

EVEN IF FUNDING RETURNS, THE BREACH OF TRUST IS IRREVERSIBLE.

THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.

> *I remember the first time I was introduced to PrEP as a female sex worker. It felt like my protection was finally complete. Since February 2025 I've gone to the clinic 14 times. Every time, they say the same thing: 'Come back later'. How many 'laters' do I have left? How many times will I waste my transport money just to hear, 'not available'? How long more before it becomes too late?* ***Because I am still out here working, facing the same vulnerabilities (violence, abuse, HIV) but now with a heavy heart and fear. It feels like the system is saying my life isn't worth a single pill."***
>
> Female sex worker

NIGERIA RECOMMENDATIONS



These recommendations were developed by a coalition of over 10 civil society organisations, community networks and diverse affected populations across Nigeria, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Nigeria, including the Federal Ministry of Health and Social Welfare, Federal Ministry of Finance Budget and Planning and the National Agency for the Control of AIDS.

To effectively support and strengthen Nigeria's HIV response at this critical time, and to prevent a potential new AIDS emergency, these recommendations will also require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY

1. Establish a sustainability situation room to enable seamless communication between government agencies, relevant Technical Working Groups, and other stakeholders, ensuring the timely delivery of information to strengthen transition and sustainability efforts.
2. Finalise, disseminate and implement the National Prevention Plan (2025–2030), with clear, measurable domestic financing targets that speak to the new funding environment.

FINANCIAL SUSTAINABILITY

3. Develop a comprehensive domestic resource mobilisation strategy to close HIV financing gaps, backed up with strong commitments from the Global Fund and bilateral donors, and a willingness to address critical barriers to sustainable health financing.
4. Increase domestic health financing from 5.15% to at least 8%, moving closer towards the Abuja Declaration target, and accelerate the development of a social contracting mechanism to ensure the continuity of community-led services.
5. Strengthen mechanisms that guarantee states meet their funding obligations to the Basic Health Care Provision Fund, thereby expanding financing for primary healthcare at the subnational level.

ENABLING ENVIRONMENT

6. Pass and sign into law the bill to create a National Institute for Drugs Awareness and Rehabilitation in order to strengthen harm reduction programmes.
7. Advocate for and secure approval to lower the age of consent for HIV testing at the upcoming National Council on Health.

SERVICE DELIVERY

8. Train healthcare providers in public health facilities to deliver stigma-free services and hold providers accountable for violations of human rights in HIV service settings.

9. Ensure community-led monitoring is maintained and expanded to keep HIV services responsive, equitable and community owned through full government support.

RESEARCH AND DATA

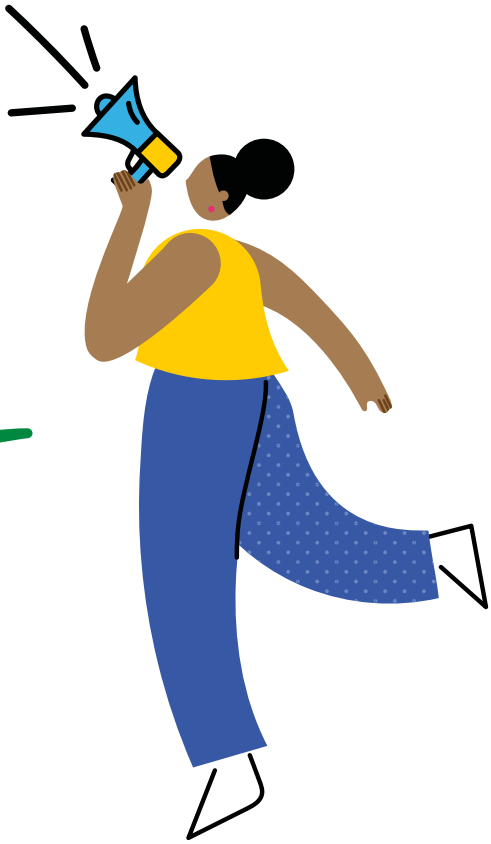
10. Secure funding to resume critical research initiatives, including the Stigma Index 2.0 2025 and the current Integrated Biological Behavioural Surveillance Survey, to close data gaps and guide evidence-based programming.

11. Track and publicly report service disruptions, commodity stockouts and PrEP coverage in real time, with feedback provided through the National Prevention Technical Working Group.

INTEGRATION

12. Implement a national guidance for integrating key population services into public health facilities, ensuring peer involvement, stigma-free care and strong referral mechanisms.

13. Include ARVs, PrEP and harm reduction interventions in the National Health Insurance and Basic Health Care Provision Fund service packages.



BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 but progress towards these goals in Nigeria is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS – together with advocates and civil society partners across Nigeria – reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

This report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition arrangements. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and to support the development of a more resilient and sustainable health system.

ACKNOWLEDGEMENTS

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

National research and analysis: Sincere thanks to the country coalition partners and the coordinating partner Education as a Vaccine.

Coordination and editing: Toyin Chukwudozie, Philip Idoko, Vicky Anning, Leora Pillay, Clare Morrison, Hannah Tendler, Lola Abayomi, Eolann MacFadden, Fionnuala Murphy and Suzanne Fisher-Murray.

Design: Dave Bridges.

We gratefully acknowledge funding for the Transition Initiative from the Swedish International Development Cooperation Agency (SIDA).

OUR PARTNERS

Not all organisations and networks that contributed to this report are represented in the logos displayed above.

SUPPORTED BY

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