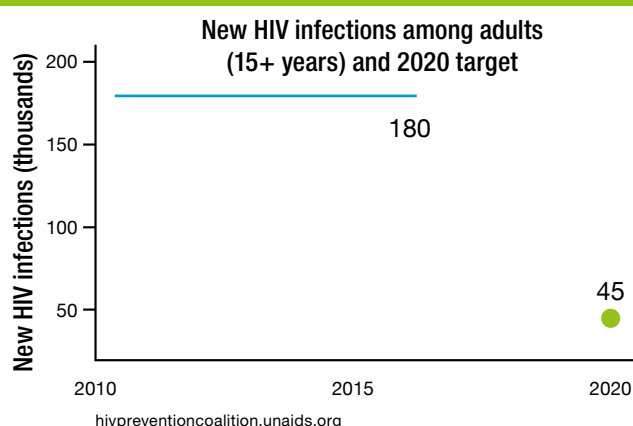




# Nigeria

## HIV prevention shadow report

### On track to meet the 2020 target?



### Stigma & discrimination

Discriminatory attitudes towards people living with HIV

Global AIDS Monitoring data 2016/ MICS 2012

**46.8%**

### Gender-based violence

Prevalence of recent intimate partner violence among women (15-49)

Global AIDS Monitoring data 2016

**10.9%**

### Key populations



Latest size estimate conducted in:

Global AIDS Monitoring data 2016

Men who have sex with men

**2015** (7 states)

Sex workers

**2015** (7 states)

People who use drugs

**2015** (7 states)

Transgender people

**NO DATA**

### Young people (15-24)

Knowledge about HIV prevention



**22.3%**



**27%**

Global AIDS Monitoring data 2016 / PBS survey 2014

### Harm reduction

Supportive reference to harm reduction in national policy documents

Global State of Harm Reduction 2016

**NO DATA**

### Summary of civil society analysis

With one of the highest rates of new HIV infections in Africa, controlling the epidemic in Nigeria requires concerted action from government, donors and civil society. There has been an improvement in reaching key populations with HIV prevention services, although restrictive laws and widespread stigma mean that progress is limited. Despite supportive policies there is inadequate funding and implementation of programmes to promote sexual and reproductive health and rights for young people. Civil society organisations believe that meaningful engagement of communities – in particular organisations led by key populations and young people – is the key for Nigeria to meet its ambitious prevention targets.



# 10-point plan – a civil society analysis

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 perspective on how well Nigeria is performing.**



## **1 Conduct strategic assessment of prevention needs and identify barriers to progress**

The Federal Ministry of Health (FMOH) and the National Agency for the Control of AIDS (NACA) are conducting a survey to provide up to date analysis of the epidemic among key populations. The last reference study dates back to 2015 and prevalence rates no longer correspond to reality on the ground.

While some large non-governmental organisations (NGOs) have been consulted, community-based organisations (CBOs) representing key populations and young people have not been fully involved in assessing prevention needs.



## **2 Develop or revise national targets and road maps**

The National Strategic Framework 2017-2021 guides Nigeria's HIV response including at sub-national levels. In September 2017 there was a national prevention consultation to start the process of revising targets and plans to align with the Road Map. A national HIV prevention plan for 2018-2022 is currently being developed and draws on the stakeholder consultations taking place across the country. These consultations have included some representatives of civil society including key populations but organisations of key populations and young people are not systematically engaged.



## **3 Enhance prevention leadership, oversight and management**

NACA is recognised as the lead national entity for coordinating and overseeing the HIV response in Nigeria. The agency has the power and capacity to strengthen cross sectoral collaboration and hold actors to account but is constrained by inadequate funding. There is also a lack of coordination between NACA and the State Agencies for the Control of AIDS (SACAs). The technical working groups include one on prevention but this does not meet regularly. Greater oversight and coordination will be key to achieving the ambitious targets on HIV prevention.



## **4 Introduce legal and policy changes to create an enabling environment**

It is widely acknowledged that punitive laws (on homosexuality and sex work) as well as stigma and gender-based violence impede access to services for key and priority populations. Civil society organisations (CSOs) are concerned that despite the evidence there are no specific plans to mitigate the impact of these laws.

However, there is some progress. In March 2018, Education as a Vaccine (EVA) and its partners succeeded in getting the National Council on AIDS – the highest technical and policy advisory body on HIV in the country – to adopt the recommendation to lower the age of consent for HIV testing for adolescents and young people. A recent technical review that included participants from FMOH, CSOs, adolescents and young people and development partners recommended that the age of consent for HIV testing be lowered from 18 to 14.

Addressing gaps highlighted in the National Strategic Framework, Nigeria's prevention priorities include ensuring rights-based programmes for key populations and adolescent and young women. In practice, programmes have focused on biomedical and behavioural interventions and structural interventions are mostly dependent on donor funds. A Global Fund-supported Africa Regional Grant (2016-2018) helped Nigeria establish a multi-sectoral platform to address structural barriers faced by vulnerable communities. Greater political commitment and action is needed to change harmful laws and policies, reduce stigma, and strengthen mechanisms for key populations and adolescents and young people to report and seek redress for human rights violations.

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

Nigeria has updated its policies in line with the latest WHO guidelines including a “Test and Start” policy and guidelines on task shifting. The 2017 National Condom Strategy aims to reduce stockouts and improve the coordination and supply of condoms in the public and private sectors. Currently, pre-exposure prophylaxis (PrEP) is only provided through a demonstration project but is being considered for key populations.

The minimum package of prevention interventions follows a combination prevention approach for key populations. Support is mainly from donors, including funds to provide commodities like condoms, lubricants and test kits.

While there is a National HIV Strategy for Adolescents and Young People (2016-2020) there is inadequate funding to implement it.

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### **Assess available funding and develop strategy to close financing gaps**

The prevention consultation in 2017 found that the proportion of the HIV budget allocated to prevention increased to 25.62% in 2014. However, spending on key populations was only 2.22% in the same year. While it is known that the HIV response is dependent on donors, resource tracking of budgets is weak and CSOs are not clear on the financing gaps.

Nigeria has launched a new initiative to make each of its 36 states contribute up to 1% of their monthly allocations from the federal government to the HIV response. Nigeria also aims to increase private sector investment in the response from 2.1% in 2014 to 10% in 2018. The AIDS Trust Fund launched in March 2018 aims to raise money from private companies and private individuals though the funds are primarily to support HIV treatment.

Nigeria is currently engaged in a financing dialogue mainly focused on their funding request to the Global Fund.

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### **Develop capacity building and technical assistance plan**

The prevention consultation in 2017 identified the need for technical assistance in programming for adolescent and young people as well as key populations. Capacity building – especially for CBOs – is often limited to projects and supported by donors. CSOs are concerned that they have not been involved in developing a consolidated national technical assistance plan.

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### **Establish or strengthen programme monitoring systems**

There is no national programme monitoring system. Monitoring is largely driven by tools developed for specific projects. However, NACA has recently been restructured to include a Department for Program Monitoring which will include state level monitoring. NACA offices at state level are meant to ensure monitoring at community level but this is rarely done. The SACAs do not monitor the HIV response at state level as most programmes are supported through donors.

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

NACA has identified strengthening of community structures as key to improved prevention outcomes. There is a need for community-led programmes such as those that link people from communities to health facilities or provide youth friendly services. Although there are service delivery platforms at the community level, CBOs are not supported directly to provide these services. While there have been a few good examples in Nigeria of strengthening prevention interventions through contracting NGOs and CBOs, there is no national plan or mechanism to contract civil society as yet.

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### **Strengthen national and international accountability**

CSOs are hopeful that they can strengthen accountability through the National Council on AIDS as they are invited to raise issues and submit memorandums for consideration at their annual meetings. CSOs have also set up a CSO Accountability Forum. However, organisations for key populations and adolescent and young people need to be supported to engage and make the most of these accountability mechanisms.

## Recommendations

**We welcome the political commitment of the Nigerian government and the steps taken in recent months to push HIV prevention higher up the country's agenda. As civil society and community organisations we commit to partner with you in these efforts. In order to meet the global and national targets, we believe Nigeria should prioritise the following actions:**

- 1** Use the new data on key populations to ensure that the prevention targets, prevention packages and the budget all clearly prioritise those most affected – men who have sex with men, transgender people, sex workers, people who inject drugs, adolescent girls and young women.
- 2** Improve coordination between the two government agencies (NACA and SACA) as well as with civil society and development partners.
- 3** Scale up investment in combination HIV prevention especially for programmes for key and priority populations including harm reduction, and sexual and reproductive health and rights for young people.
- 4** Strengthen community structures including through a social contracting mechanism that supports community-based organisations to deliver services.
- 5** Develop a plan and allocate funding to address the structural barriers that key and priority populations face, such as implementing the anti-stigma bill, interventions to reduce gender-based violence, and implementing the Stigma Index to measure stigma. The government needs to follow through on its commitment to lower the age of consent enabling better access to HIV testing for adolescents and young people.
- 6** Meaningfully engage organisations led by key and priority populations in setting targets, implementing HIV prevention programmes and monitoring progress. Communities must also be engaged in the financing dialogue, as well as developing a national technical assistance plan and accountability framework.

## Methodology

As a member of the Global HIV Prevention Coalition, the International HIV/AIDS Alliance has played a leading role in convening civil society and community organisations. Activists from 22 countries participated in interactive workshops to learn, share and agree advocacy priorities. As part of this process activists worked in teams to analyse their country's progress on HIV prevention. Some country teams continued their collaboration and developed shadow reports based on responses to a standard questionnaire developed by the Alliance. These reports voice the priorities of civil society organisations and offer an alternative to official assessments.

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National research and analysis:

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**For national progress reports see:**  
[hivpreventioncoalition.unaids.org](http://hivpreventioncoalition.unaids.org)

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## Our partners



APYIN

NEPWHAN

