

# NIGERIA

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
Treatment and elimination of mother-to-child transmission (eMTCT).	<b>SLOW PROGRESS</b>	The HIV testing and treatment cascade is 90-86-72. There are almost 1.5 million people on ART, out of the 1.7 million people living with HIV. The paediatric testing and treatment cascade is at 45-45-31, highlighting the need to intensify efforts among children. Prevention of mother-to-child transmission (PMTCT) coverage among HIV positive pregnant women is 44% (Spectrum 2021).
Prevention for young people and internally displaced persons.	<b>SLOW PROGRESS</b>	Young people contribute 27% of the new infections in Nigeria and thus are a priority population. New infections among 15-24 years reduced by 26% between 2010 and 2020. The Global Fund is supporting interventions for young people in three states, and lessons learned will be used to scale up interventions for young people (GAM 2021). No data available on internally displaced persons.
Prevention for key populations (men who have sex with men, female sex workers, transgender people, people who inject drugs, and persons in closed settings).	<b>SLOW PROGRESS</b>	The weighted HIV prevalence in 2020 among some key populations has increased since 2014 (from 14% to 15.5% in female sex workers, from 22.9 to 25% in men who have sex with men and 3.4% to 10.9% in people who inject drugs). In the absence of size estimates for weighting data, the unweighted HIV prevalence is 28.8% among transgender people. (2020 IBBSS Report)
Ensuring that compliance with coordination, human rights and access to justice form an integral part of the response to the key populations, while recognizing the legitimacy of national security concern of the communities.	<b>SLOW PROGRESS</b>	In 2020, a memorandum of partnership was between the National Agency for the Control of AIDS (NACA), and the National Human Rights Commission (NHRC) to respond to rights violations and to protect and respect the human rights of people living with HIV and key populations.

**JOINT TEAM**

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT

**JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020**

*Besides mobilizing significant funds for vulnerable women during COVID-19 via the UN Basket Fund, the Joint Team contributed to advance a self-testing HIV pilot targeting the workplace, mapping PMTCT progress in eight states and national plan of action to address barriers to paediatric service delivery. Prevention programmes for key populations have focused particularly on vulnerable women, including female sex workers, and human rights, while sexual and gender-based violence has been addressed in communities and schools. The Joint Team also leveraged resources for the National Condom Operational Plan. Work on keeping girls in schools, raising awareness on discrimination and gender-based violence (GBV) against vulnerable women with better monitoring of cases and response through the National Violence Against Women Situation Room and promoting of the rights of key populations were also areas of focus which will continue in 2021.*

**HIV TESTING, TREATMENT AND PMTCT****POLICY ADVICE; TECHNICAL SUPPORT; CAPACITY BUILDING; COMMUNITY ENGAGEMENT**

To support a self-testing HIV pilot initiative, 20 000 kits were distributed, and 200 people were trained as HIV workplace peer educators, in Lagos, Abuja, and Akwa Ibom. The training focused on the distribution and use of self-testing kits, and monitoring and reporting results, with the aim of expanding HIV self-testing service provision in the workplace, especially in industries such as transport, construction, security, petroleum and the health sector. A total of 13 756 people (7076 male and 6680 female) were tested, of which 62 (24 male, 38 female) tested HIV positive and were linked to care and treatment. Additionally, technical support was provided for the review and validation of national HIV self-testing M&E tools to adequately capture HIV workplace indicators, and to develop HIV self-testing demand-creation messages.

To improve efficiency, quality, impact and sustainability of the treatment programme, the Joint Team actively supported the national alignment process, harmonising PEPFAR and Global Fund programmes with the Government of Nigeria's national treatment and PMTCT programmes. Also, a national plan of action (2020-2022) has been developed and disseminated to help address the programmatic barriers (low case identification, inadequate optimization of paediatric regimen etc.) to paediatric service delivery.

A laboratory capacity assessment for early infant diagnosis and viral load testing services was conducted for health facilities with point of care machines and/or Genexpert machines in Kaduna and Anambra states, and a roadmap developed for point of care early infant diagnosis and viral-load testing, which will inform the roll-out of point of care programmes in these states; six viral-load testing (mPIMA) machines were procured to support the programme.

In 2020, technical assistance was provided by the UN Joint Team to map PMTCT interventions in eight selected states (Abia, Borno, Cross River, Kano, Nasarawa, Ogun, Plateau, Taraba). The outputs of this mapping will be used to improve and optimize PMTCT/early infant diagnosis in 2021.

### PREVENTION FOR YOUNG PEOPLE

#### ADVOCACY; CAPACITY BUILDING; TECHNICAL ASSISTANCE

Technical assistance was provided to develop a dashboard/situation assessment and profile of the operational framework for HIV prevention programming for adolescent girls and young women in Nigeria, and to produce a business case for increased investment in young people. Implementation of the National Condom Operational Plan (2020-2025) was also supported through mobilization of resources from the Global Fund to strengthen comprehensive condom programming in Nigeria.

Capacity building was provided to youth-friendly service providers; 90 people (including 44 females) were trained using a tool kit of resources, towards empowering adolescents with life skills and promoting adolescent participation at the community level. 26 sessions were delivered to cohorts of 25 young people at a time, covering 2000 adolescents and young people in 16 Local Government Authorities (32 communities) in 7+1 states.

### PREVENTION FOR KEY POPULATIONS

#### PARTNERSHIPS; CAPACITY BUILDING; TECHNICAL ASSISTANCE

The Joint Team supported the 'Education as a Vaccine' intervention, in partnership with a female-sex-worker-led organization, to train 44 female sex workers, adolescent girls and young women living in high-risk areas on sexual and reproductive health (SRH), use of male and female condoms and other contraceptives, HIV/STI risk and testing, vulnerability to GBV and life skills. Those trained were supported to reach their peers with HIV/SRH information through structured sessions, with a final outreach of 572 adolescent girls and young women. In addition, HIV testing targeted at sex workers was conducted at red light districts, night clubs and during peer session meetings; 227 people (7 male) were tested for HIV; 6624 condoms and 4320 lubricants were distributed.

Technical assistance was provided to develop and validate a standard operating procedure on HIV testing services for custodial centres in Nigeria, aimed to ensure HIV testing services among persons in incarceration are aligned to national guidelines and international best practices. IEC materials were also developed to strengthen HIV prevention and treatment services in national custodial services, and support was provided to draft a national care and referral model for HIV, tuberculosis and other health conditions in custodial centres to help standardize service delivery and improve the quality of HIV, tuberculosis and hepatitis B services delivered in health facilities associated with custodial centres. Similarly, a rapid situational assessment of women's health in custodial centres was designed, focusing on identifying SRH and mental health issues, risks and vulnerabilities to HIV infection, including GBV, and the availability and accessibility of SRH and mental health services. The finalized protocol is under review, for implementation in 2021.

### GENDER INEQUALITY, HUMAN RIGHTS, AND VIOLENCE AGAINST WOMEN

#### ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Technical assistance has been provided to the National Human Rights Commission on sexual and GBV reporting, documentation, referrals, and accountability; and advocacy conducted to leverage the Spotlight initiative to reach 33 190 people participating in community programmes that promote gender-equitable norms, attitudes and behaviours. Besides, the Federal Ministry of Women Affairs received support from the Joint Team to launch the National Violence Against Women Situation Room, an online reporting platform for real-time data visualization and timely responses.

With technical assistance from the Joint Team, 17 510 people were directly reached by interventions transforming negative social norms and gender stereotyping; about 800 000 were reached through radio campaigns in local languages. In addition, technical assistance supported the provision of care at one-stop centres and other health facilities for 910 survivors of SGBV, and 700 000 condoms were distributed for the prevention of HIV/STIs.

A protocol was developed to report and respond to school-related GBV, used in training 422 people (257 males/165 females) including school administrators, teachers, school support organizations, security agents, health workers, gender champions, traditional and religious institutions, and a member of the judiciary on responding and reporting school-related GBV. Additional training was given to 118 stakeholders as members of school-related GBV-response teams in eight states and the Federal Capital Territory (FCT). About 300 in-service teachers in Ebonyi State and FCT were trained on effective delivery of Family Life HIV Education, while 3321 community gatekeepers in Lagos, Taraba, Nasarawa, Benue, and FCT were reached with advocacy and sensitization to keep girls in school, and address adolescent pregnancy, child marriage and GBV.

The Joint Team has prioritized the promotion and protection of human rights of key populations, supporting CSOs to respond to arrests among this population. Technical advisory support has been provided for a concept note for the institutionalization of a mechanism to deal with future arrests in a structured manner, and on the gender and human rights component of a harmonized national key populations guideline, informing the delivery of facility/community-based services. Additionally, the Key Populations Secretariat (an umbrella organization representing men who have sex with men, female sex workers, transgender people and lesbians) was provided with technical assistance and financial resources to develop its strategic plan charting the development of the key populations network, to expand growth and enhance its sustainability between 2020-2025.

#### **TOWARDS AN EVIDENCE-BASED, SUSTAINABLE RESPONSE** ADVOCACY; CAPACITY BUILDING; TECHNICAL ASSISTANCE; COMMUNITY ENGAGEMENT

Catalytic technical support was provided to mobilize about US\$ 890 million for HIV, tuberculosis and malaria from the Global Fund, utilising key reports developed and facilitated by the Joint Team, including the National Strategic Framework, M&E Progress Report, Gender Analysis Report and a business case for investment into adolescent and young people's HIV programme, and the National Condom Operational Plan. Support was also provided to the development of other strategic documents, including the gender-responsive national policy on HIV 2020-2025, and national integrated HIV prevention and treatment guidelines.

The 2020 Integrated Biological and Behavioural Surveillance Survey was conducted with technical assistance from the Joint Team, including in terms of capacity building, data collection and data analysis, and towards ensuring an adequate focus on adolescent and young people. A visualization dashboard was developed to assess the national policy and systems for HIV prevention programming among young people, and an analysis was undertaken to define the risk and vulnerability profile for HIV among this population.

#### **CONTRIBUTION TO THE COVID-19 RESPONSE** ADVOCACY; CAPACITY BUILDING; TECHNICAL ASSISTANCE; COMMUNITY ENGAGEMENT

The Joint Team mobilized funds to support community action in the face of COVID-19. The UN Basket Fund mobilized US\$ 73 million from the European Union, Canada, British Government and the private sector to successfully support the National Multisectoral COVID-19 Pandemic response. The risk communication and community engagement pillar was leveraged by the Joint Team to support additional women from the Association of Women Living with HIV in Nigeria (ASWHAN), in addition to the 640 women living with HIV/AIDS from resource-poor and conflicted-affected areas and communities across 18 states who received support comprising food items, hygiene and facial masks for personal safety.

Technical support resulted in guidance on integrating gender priorities into the national COVID-19 Multi-Sectoral Pandemic Response Plan for Nigeria, and advising on the private sector's role in COVID-19 impact mitigation for vulnerable women and girls, and with regards to GBV.

14.5 million young people were reached with information and educational messages on COVID-19/HIV prevention and GBV through mainstream and social media platforms via over 60 mixed-media messages. Information and educational materials and personal protection equipment (PPE) were distributed to communities reaching about 40 traditional and religious leaders, 1800 adults and 7000 young people. Additionally, 1500 adolescents and young people were trained on COVID-19 through school outreaches in Cross-River State. COVID-19-related health, hygiene and protective messages and GBV awareness were communicated using mixed-media in English and local languages and disseminated through multiple channels, reaching 10 million young people, especially vulnerable adolescent girls and young women in and out of school. 299 591 young people (83% female, 17% male) young people were engaged in Kaduna, via a COVID-19 prevention social media dialogue/campaign #COVID19KDYouthspeak led by Joint Team-supported youth groups in Kaduna.

For coordination during COVID-19, a WhatsApp platform was established by the Association of Women Living with HIV&AIDS in Nigeria (ASWHAN) and, with technical assistance from the Joint Team, tailored educational materials as well as information on drugs, food and other supplies and services were shared. The platform also serves as a community space to hear the voices of women, and for sensitization, awareness raising, discussions, learning, programme planning, and advocacy.

Virtual consultations were conducted with the prison system authorities on their COVID-19 response, and capacity building supplied for 75 health and non-health care staff, focusing on infection prevention and control in prison; PPE worth about US\$40 000 was procured and distributed to the 244 custodial centres in the 36 states of the Federation and the Federal Capital Territory.

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Members of the Joint Team serve as UN INFO focal points, facilitating the measuring of UN Sustainable Development Cooperation Framework results and annual reports, for progress towards the realization of the 2030 Agenda.

A two-day hybrid stakeholders' consultation was held on the status of adolescents and young people's health and wellbeing. The consultation was part of the processes to the West and Central Africa Ministerial Commitment towards educated, healthy and thriving adolescents and young people in the region. Technical and financial support were provided to Federal Ministries of Education and Health for the event. The recommendations of the consultation were endorsed by the Honourable Ministers of Education and Health.



PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>Due to the COVID-19 pandemic and related restrictions, slow progress was made in meeting national targets.</p>	<p>Continue the strategies and efforts instituted in 2020 including the community-based and One UN response to COVID-19 to ensure continuous HIV programming.</p>
<p>ASWHAN has been unable to effectively deliver on its mandate due to the lack of strong institutional and technical capacity for effective coordination and capacity in advocacy on GBV and other inequalities affecting women.</p>	<p>Support the strengthening of institutional and organizational capacities of ASWHAN to better carry out their coordination mandate and community engagements. Support the conduction of a Gender Assessment for an evidence-based HIV/AIDS response.</p>
<p>The needs of women in custodial centres have received inadequate attention from relevant authorities and the public health system. Environmental conditions in custodial centres and other close settings, which are crucial for women's psychological and physical health, are likely to be overlooked.</p>	<p>Support implementation of a women's health study on the influence of the interactions between structural conditions and social and institutional factors on behaviours of women in custodial centres in Nigeria, in partnership with the National AIDS and STDs Control Programme and the Family Health Division of the Federal Ministry of Health.</p>
<p>Low stocks of HIV test kits for testing of pregnant women affect PMTCT service delivery.</p>	<p>Support the implementation of the National Treatment and PMTCT 2020–2021 and support the roll-out of point of care in 2 states (Kaduna and Anambra). Support the implementation of the National Acceleration Plan for Paediatrics/ Adolescents (2020-2022) at the state level.</p> <p>Work with the National AIDS, Sexually Transmitted Infections Control and Hepatitis Programme (NASCP)'s procurement and supply chain management technical working group to develop HIV commodity security plan to quantify and forecast the commodity needs for all the different programmes (PMTCT, HIV testing and screening, ART, HIV prevention etc.)</p>
<p>There is inadequate data on adolescents and young people for evidence-informed programming, especially at the subnational level.</p> <p>Poor community structures/platforms to promote engagement/participation of adolescents for sustained uptake of services.</p>	<p>Conduct secondary analysis, reporting and dissemination of key adolescent and young people findings of the IBBSS.</p> <p>Support the scale-up of the adolescent toolkit participation initiative in communities.</p>
<p>Systems for planning and real time monitoring are weak, hindering implementation of innovative evidence-based initiatives to reach most vulnerable adolescent girls and young women.</p>	<p>Provide technical and financial support to integrate Geographic Information Systems into mapping the risk and vulnerability of adolescent girls and young women in four high-burden states.</p>

The lack of secondary schools in some rural communities is a key driver for early marriage / adolescent pregnancy.

Conduct a policy dialogue with government for the establishment and expansion of primary school structures to secondary schools to improve adolescent girls' access to secondary education, reduce school dropout, early marriage, and adolescent pregnancy and its associated cycle of poverty.

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