

d Ten-point Action Plan for country-level actions to Reach the 2025 Targets (**FIRST DRAFT**)

1. Assess HIV prevention programme needs and barriers

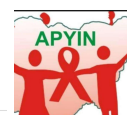
Milestones	Due by
Define country-specific action agendas for accelerating HIV prevention up to 2025	October 2022
Identify key country-level barriers and priorities related to (1) leadership, (2) financing, (3) policy and structural barriers, (4) implementation at scale	December 2022

Nigeria has one of the highest HIV burdens in the world, with a mixed HIV epidemic and high HIV prevalence among key populations such as female sex workers, men who have sex with men, and drug users. For strategic service placement and allocation of limited resources for targeted interventions, reliable and accurate mapping of key population hotspots is required. However Seeing as key population-defining behaviors are illegal in Nigeria and key population members frequently must evade law enforcement, hotspot closures and relocations were common.

Some research has been conducted to examine HIV epidemic patterns at the national and subnational levels in relation to NAIIS 2018, KP size estimates (2019), the most recent IBBSS, mode of transmission studies, and other factors. In communities' opinion, the key priorities here are whether the findings of those studies are released as soon as possible and whether they shape how we program for populations at risk of new infections. The NAIIS findings have, at the very least, informed a renewed focus on AGYW and KP, but interventions remain limited (focused on a few states under GFund and PEPFAR, for example), and the urgency with which we translate evidence from these studies into programs that impact lives at the national and subnational levels must change.

HIV epidemic pattern analysis is available among MSM. However, for the TG community, the IBBSS survey is used to analyze TG epidemic patterns. Data from the trans community at the subnational and national levels must be prioritized in order for the trans community in Nigeria to be fully engaged. Among the KP subgroups, MSMTG is the most powerful driver of the HIV/AIDS epidemic. However, the transgender community in Nigeria has the greatest need for HIV prevention services. because of the data on trans people in the most recent IBBSS survey in Nigeria. It demonstrates that transgender people exist in Nigeria. If the HIV/AIDS pandemic in Nigeria can be contained, HIV and Aids prevention services for the transgender community should be prioritized. PSAT was completed for KPs (SW, MSM, and PWID), but transgender and custodial settings are still in the works and will be completed soon.

Over the last four years, the national response has made concerted efforts to collect evidence on the implementation of programs aimed at adolescents and young people from all actors. A key component of this was an examination of HIV epidemiology and response among AYP.



The analysis revealed gaps in the response, such as poorly targeted HCT and condom programming for AYP, poor linkages to treatment, care, and support services for AYP living with HIV, low AYP participation in program development, and inadequate documentation, monitoring, and reporting. It also emphasized the need for improved AYP response coordination, stronger guidance for AYP HIV program implementers, and a clearer definition of roles and responsibilities. As a result, a national strategy to address gaps and provide clear guidance on what needs to be done in the HIV response for AYP is required. YPLHIV have not been very engaged in assessing prevention programs and barriers and have not conducted a stock-out exercise. ARVs are available, though third-line drugs are sometimes in short supply. While PrEP and PEP are available, long-acting injectable PrEP has yet to be approved as a national drug, and condoms are also in short supply unless provided by UN Partners. Young people conducted their own stock-taking exercise through the UPROOT SCORECARD, which is funded by the PACT and looks into laws and policies, leadership, partnership, participation, financing, and so on. The findings revealed that the government needs to improve its engagement with young people in order to review national progress in implementing prevention programs at scale and to ensure that stock-taking identifies policy, legal, and societal barriers to access and use of services, as well as criterion-based indicators.

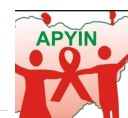
Key NSP-related priorities from the Youth Consultations held September 15–17, 2022, in Abuja, organized by NYNETHA through the Global Fund CE SI support clearly stated the following as youth priorities;

- ★ Scale up AYP access to prevention options including PREP, PEP, condoms, and lubricants through Youth Friendly centers and established one-stop shops
- ★ Strengthen the referral system within IDP camps, custodial settings
- ★ Scale up PWID prevention programming (harm reduction programming) through youth community-based groups and organization
- ★ Strengthen skill acquisition programs to empower AYP, particularly AGYW

The AGYW Prevention Self-Assessment Tool (PSAT) was recently completed in collaboration with multi-stakeholder partners, and it examines the country's performance on issues such as policies, strategies, guidelines, programs, M&E, services, and finance, among others.

2. Develop national HIV prevention 2025 targets

Milestones	Due by
Translate global HIV prevention targets into granular national and subnational HIV prevention targets based on detailed subnational and population-specific data	October 2022
Update national HIV Prevention Road Map based on new global and national targets and country-specific barriers	December 2022



The National HIV/AIDS Strategic Plan 2023–2026 included representation from all stakeholders, including youth. In addition, the youth had their own national HIV/AIDS strategic plan consultant, in which many young people were involved and priorities were established.

According to available information, various groups—AYPs, KPs, TGs, AGYWs, and other groups—participated in consultations on program priorities during the NSP 2022–2026 process, which began in September 2022. If the data from all of the studies conducted in the last three years—NAISS, IBBSS, MOT, and so on—are well-triangulated, they clearly inform the roadmap. Also, communities believe that the findings of these studies have led to NACA expanding Nigeria’s definition of KPs to include the following:

- ★ Sex workers (Both male and female)
- ★ MSM
- ★ People Who Inject Drugs
- ★ Transgender people
- ★ People in custodial and closed environments.

The University of Manitoba’s ongoing KPSE 2022 project should be incorporated into the National HIV Strategic Plan. To make up for the KPSE held in 16 states in Nigeria in 2018, the KPSE will be held in 20 states. This will align the plan with the identification of priority populations and locations.

Due to the stigma and discrimination associated with the community accessing services in facilities, TGs are not being adequately reached with HIV services. The community (such as transpersons) should lead and run OSS; large cities such as Lagos and Abuja may have more accessible services for TGs than other cities such as Ekiti, Oyo, and so on. Peer sessions in HIV interventions for new infection prevention in behavioral interventions must be reinstated. People who inject opioids must have access to opioid substitution treatment as well as community Naloxone for overdose prevention. Structural interventions, such as the decriminalization of KP activities, the reduction of stigma and discrimination, and the safety and protection of KPs from all forms of violence, must be prioritized. The Adolescent and Young Persons Age of Access should be reviewed to allow young people to access HIV services.

(A needs assessment for TGs should be conducted, as should structural interventions such as AGYW skills acquisition programs and school fee support.) There are drop-in centers for PWIDS in Abuja where they can get nutritional support, counseling, and other services.

3. Determine investment needs for adequately scaled HIV prevention responses.

Milestones	Due by
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Define HIV prevention investment needs for 2023–2026 and identify viable financing sources	December 2022
Develop and begin implementing fundraising strategies to address key gaps in current response	March 2023
Report annual prevention budget allocations and spending	July 2023

The investment in AYPs may only partially address this problem for a subset of the population; an investment case for HIV prevention that includes all relevant populations must be developed for the MSMTG investment case. The AYP Investment Case for 2021–2025 outlines how much money Nigeria needs to invest to reduce the risk of HIV infection among AYPS.

The TG/MSM community believes that men who have sex with men and transgender people have a human right to health. Prioritizing specific funding targets and benchmarks for HIV prevention should be done with caution in accordance with global recommendations. The National HIV Trust Fund, which focuses on PMTCT, was established by NACA.

The Nigerian government needs to prioritize funding for evidence-based interventions and programs for the most vulnerable people and ensure proportionate funding for all essential components of a combined prevention response. (At the moment, there is limited information on how the GON prioritizes allocations for people at the greatest risk (Key populations); however, current Global Fund and PEPFAR grants have allocations prioritized for locations defined as KP focused States; AGYW also has funds under the Global Fund grant

4. Reinforce HIV prevention leadership

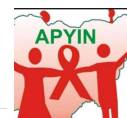
Milestones	Due by
Agree on Nationally Developed Milestones: three strategic milestones are determined for each action	December 2022
Report on achievement of Nationally Developed Milestones	December 2024

A National Prevention Technical Working Group exists at the National level - which meets on a quarterly basis and is currently developing a Harm Reduction policy for the country.

The decision-making processes sometimes exclude civil society who are not based in the capital city where these meetings are taking place; also communications gaps about the timing of meetings are a major challenge. CSOs also have limited resources to engage in the decision-making spaces)



There is a need for meaningful engagement of communities in coordination, decision-making, and oversight of prevention responses by providing funding for communities to engage. Funding could be provided from the 15% Community Engagement fund in the GF country grant to CCM. There is also a need to integrate Community-led Monitoring for HIV Interventions.



Milestones	Due by
Convene government entities, programme implementers and communities of key and priority populations to define the scaling-up of trusted community access platforms for HIV prevention, testing, treatment and support	December 2022
Nationally Developed Milestones: three strategic milestones are determined by local communities, and achieved	December 2024

5. Strengthen community-led HIV prevention services

- Promote community leadership so that communities have the knowledge, power and capacity to decide on priorities in HIV prevention programmes and deliver services.
- Set national and subnational targets for increasing the proportion of HIV prevention services delivered by community-led organizations, in line with global commitments.
- Provide adequate funding to community-led and other civil society organizations that are active in HIV prevention.
- Establish legal frameworks, effective mechanisms and transparent procedures for social contracting to enable public financing of community-led and other organizations to implement HIV-related programmes, provide services and conduct advocacy work.
- Invest in strengthening technical and managerial capacity of community-led organizations.
- Facilitate augmenting international financing of community-led services with domestic funding to enhance programme ownership and sustainability.

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In March 2019, the President of Nigeria, Muhammadu Buhari, announced the results of the Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) after six months of data collection and three months of data analysis. The NAIIS, the largest HIV-specific survey in the history of the global response to the epidemic, cost about \$100 million and covered over 200 000 people. 185 survey teams collected data for the NAIIS, the largest HIV-specific survey in the history of the global response to the epidemic.

The Federal Ministry of Health's HIV/AIDS Division in Nigeria has conducted three types of surveys to determine HIV prevalence and track the trends of the country's HIV epidemic:

- ★ The HIV Sentinel Survey (HSS), which is typically conducted every two to three years among pregnant women attending antenatal clinics, determines HIV prevalence.



- ★ The National Reproductive Health Survey (NARHS), is carried out among the general population every five years.
- ★ The Integrated Biological and Behavioral Surveillance Survey (IBBSS) is primarily used to track the prevalence and behavioural trends in key populations.

Despite this progress, there has been no corresponding improvement in the level of engagement among people living with HIV and the key population. These have, however, had an impact on national AIDS response achievements, with program implementers reporting difficulties in identifying people living with HIV and key populations in need of services. As a result, it was suggested that the HIV burden was not as severe as previously estimated using HIV prevalence data.

In our consultation with community representatives, it was reported that;

Data Collection Process

AYPLHIV, KPs, TGs were involved in the PEPFAR CLM from the beginning in the planning, design of the tools and data collection. AYPLHIV participated as data collectors in the CLM, which was organized as a pilot project by NEPWAN in collaboration with UNAIDS.

For example, in the fund AGYW research (the goal was to map out size estimates and service packages), AYPs were only involved in the design phase, but NO AYPLHIV was involved during implementation because NACA exempted the AYPLHIV constituency from the research process. They were, however, involved in validating the research results. PWUD (people who use drugs) is involved at the national and sub-national levels but not in the conceptualization of the data collection process.

AYPLHIV was not involved in the IBBSS research data collection process with NACA because the process leaders believed AYPLHIV lacked the technical competencies to complete the work.

As much as we talk about integrating TB into the HIV service spectrum, TB networks are rarely involved in HIV response. TB focused CSOs are rarely involved in the data collection processes for HIV. However with the commencement of the implementation of the Community systems strengthening and C19 RM Global Fund support grants in selected states, TB, HIV and Malaria focused organisations are working together on some community led monitoring (CLM) interventions

In some states, they are only partially involved in data collection processes. For example, SWs were only partially involved in the IBBSS research because they were excluded from every stage of the data collection process. CLM SWs assisted in data collection for PEPFAR. SWs may be excluded due to partners' perceptions of their capacity to deliver. During the KP size estimation, the sex workers demonstrated strong data collection capacity by adhering to the research team's SOPs.

The IBBSS KP size estimates include a portion (50%) of the transgender constituency. During the research's rollout, there was a lot of data manipulation and a lack of inclusion of the diverse LGBTQI community. The transgender community was the only constituency involved, while the rest of the constituency was ignored. There was no meaningful engagement with the community in terms of data collection.

The LGBT community was actively involved in the PEPFAR CLM, and the data from the process accurately represented the community's realities.



Key Populations were involved in data collection as Lead mobilizers and community gatekeepers in the IBBSS. Opportunities also existed for Key Populations to serve as supervisors and Field Testers. However, it was not consistent in all locations where the IBBSS was conducted.

Data Analysis

There is a widespread belief that communities (PWID, transgender, MSM, SW, TB, AYPLHIV) lack the technical capacity to analyze, so they are not involved and are instead delegated to consultants. Communities, on the other hand, have led initiatives in which data analysis competencies have been demonstrated.

The transgender communities were involved in the analysis of data collected during the process, which showed the level of competency within the community, during a study in Lagos state about stigma and discrimination against the transgender community accessing services in public institutions funded by the Elton John Foundation. The report will be published by the IAS as at the time of reporting it was, however, unavailable.

Community leaders believe that communities should be involved in data analysis to provide a realistic perspective. Participation gives you power. At all levels of intervention, PLHIV, particularly those from key populations, should be given equal opportunities for meaningful participation.

Key Populations were not involved in Data Analysis in the IBBSS. This was done exclusively by the University of Manitoba.

Program Planning and Development

There have been encouraging developments since 2021, particularly in community engagement in program planning and development. PWUD led the Needle and Syringe Implementers' Guide and Standard Operating Procedure coordinated by FMOH. However, the PWUD community has not been involved in the development of the Global Fund Country Grant for HIV (NACA), however, the Drug User community has been the National Drug Control Master Plan (NDLEA/UNODC), or national and subnational budgeting processes as part of the HIV response.

AYPLHIV/SWs participated in the PEPFAR Country Operational Plan (COP), Global Fund Country funding request (to finance HIV support for the country), National Strategic Plan, National HIV Prevention Plan, National HIV AYP Investment Plan, and National AYP HIV Strategy. PEPFAR collaborated with NACA on the development of the country's operating plan under the (National Strategic Plan), and National HIV Prevention Plan. The AYPLHIV constituency, however, is not well represented in NACA's annual operational plan, the UN Operational Plan.

The National STI/HIV Guidelines for KP, SWs, Transgender, and MSM were represented, but there was no constituency consultation, so the representatives responded based on individual perception rather than community perception. The Global Fund Country funding request included MSM, transgender, and SW participants.



However, community leaders reported that engagement in program planning and development at the subnational level is still lacking, as most representatives are usually unaware of the alleged engagement, which is critical to amplifying the needs of communities within the response.

Key Populations were engaged at different stages of the program planning and development through virtual and face-to-face meetings. Key populations were also involved in the review of the data collection tools for the IBBSS.

Priority Setting

NACA determines HIV prevention priorities in collaboration with SACAs, which receive input from local AIDS committees. The National HIV/AIDS Prevention Plan for 2018-2021 includes a set of national-level targets that are aligned with the Global Prevention Coalition Road Map. There have recently been no extensive consultations with key populations regarding community priorities. When subnational priorities will be established is unknown.

On the other hand, AYPLHIV is heavily involved in setting priorities for key programs. The National Priority Plan will include AYPLHIV. However, when it comes to UN engagement, the AYPLHIV community is rarely involved in the prioritization of programs and plans.

Apart from PEPFAR, LGBT/SWs are rarely involved in priority setting because most SW leaders do not know what to prioritize or how to prioritize the sex worker constituency.

TB stakeholders were involved in the prioritization of the Global Fund grant. However, participation in HIV-related work has been limited. The RSSH/C19 Global Fund grant, which focuses on community system strengthening for the AIDS, TB, and Malaria Networks, is currently the only way for the TB constituency to be involved in priority settings within the HIV context.

Priorities settings are determined from the reports of the surveys such as the IBBSS, 2020. Priorities of each community are also developed by the individual communities through a country consultation process in the Global Fund Country Grants. However, priority setting by some communities is hampered by the availability of funding for engagement of constituents.

Service Delivery

Communication and coordination between the federal and state levels in terms of service delivery and attaining the necessary coverage are still lacking, and communities are carried along to an extent.

The transgender community is about to be fully integrated into service delivery programs, thanks to the Nigerian government's recent recognition of the trans community as a key population. (According to the findings of the IBBSS study). Sex workers and PWUD are fully involved in all service delivery programs under PEPFAR.



AYPHLIV is fully involved in the Global Fund and PEPFAR IPs under CSS (Community Systems Strengthening). AYPLHIV, the AGYW component of the Global Fund, is not involved in service delivery programs because programs have not been implemented by youth-led organizations.

CBOs from the TB Constituency will be implemented as part of the CSS project, as specified in the priority setting.

Service delivery by community organizations is undertaken by community-led organizations on the GF grant. However in states where PEPFAR has oversight there is allowance for the use of community-friendly and community focused organizations.

Monitoring

The first pilot CLM initiative in Nigeria was supported by UNAIDS through NEPWHAN in 15 states. Several stakeholders were involved in the development of jointly harmonised indicators and plans for the CLM Process, which is supported by the Global Fund (PWUD, TB, AYPLHIV,). PEPFAR also implemented a pilot phased CLM process in 10 states in 2021, with representatives from the KP community and AYPLHIV participating. Under the PEPFAR Small Grants, sex workers will also carry out CLM activities.

The PWUD community is involved in community-led monitoring of its activities on the ViiV sexual reproductive health and rights granted in one state (Gombe). Monitoring of projects is usually incorporated into Global Fund grants to community-led organizations in the form of supportive supervision. However, the drug user community is implementing its CLM through the GF CRG SI for the Needle and Syringe Program pilot states.

Following approval of the activity on the GFHIV NAHI grant, supportive supervision of program sites is also planned. Joint monitoring and supervision with the National AIDS Council and IPs are not planned.

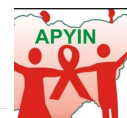
Sex workers were involved in the community-led monitoring supported by PEPFAR throughout the process, and sex workers' based organizations participated in the GF program-funded supportive supervision exercise as of 2019.

Advocacy

The PWUD community continues to advocate for a favourable environment for the implementation of community-focused programs. The activity is solely led by the community. Joint advocacy is also carried out at the sub-national and national levels with the Federal Ministry of Health (National Technical Working Group on Harm Reduction and Drug Demand Reduction). The community is also a member of the NTWG, which allows for advocacy opportunities.

The TB Constituency is a member of the RSSH/C19 project's advocacy team, which includes ATM Networks and will support advocacy activities in the following key areas:

- ★ Gender-based violence prevention and treatment
- ★ Response to human rights and gender-based service barriers
- ★ Monitoring and Advocacy by the Community
- ★ Social Mobilization



The ATM Network are involved in several advocacy activities aimed at reducing the disruption of essential health services caused by the COVID-19 pandemic, as well as advocating for measures to reduce stigmatization of people seeking these services at the national, state, and community levels.

The AYPLHIV is involved and advocates, particularly on policy reforms (lowering the age of consent for adolescents, human rights, anti-stigma, and discrimination) and access to HIV and sexual reproductive health and rights services, prevention, treatment, care, and support related to HIV response funded by donors or implementing partners. However, advocacy around reducing AOC has not been expanded to cover the full spectrum of sexual and reproductive health services.

Sex workers' led organizations are engaged in advocacy aimed at creating an enabling environment that promotes safety, access to justice, access to available SRHR services, and funding for the development of the sex workers' movement. These advocacy activities, however, are community-driven and carried out at the local level. Currently, the network led by sex workers is not actively advocating for policy reform at the national level, where its presence is visible.

Capacity building,

Unfortunately, capacity building opportunities are frequently linked to the funding provided. Grant recipients are frequently those organizations that have received funding and incorporated it into their proposals/grants.

Capacity building for the PWUD community is currently driven by donors and programs. The CSS component of the GFHIV country grant had no impact on the community because the government's technical capacity building of the community organization of PWUD does not include the community of drug users.

The RSSH/C19 Global Fund-supported grant for ATM networks has been the primary focus of the TB Constituency's involvement in capacity building.

There is optimal capacity building for AYPLHIV, which is fully supported by government agencies such as FMOH, NASCP, and NACA. However, AYPLHIV has had its capacity built on different HIV response needs by donors such as Global Fund, PEPFAR, UNICEF, UNWomen, UNFPA, UNESCO, UNAIDS, and implementing partners such as AIDS HEALTH Care Foundation (AHF), Institute for Human Virology (IHVN), Heartland

Capacity development is an IP, donor community, and partly government driven thing for sex workers, especially when it comes to HIV prevention and treatment service delivery. However, most sex worker-led organizations have had their capacity built on project management, proposal writing, financial management, monitoring, and organizational sustainability by IPs such as Heartland Alliance, USAID, SFH, and IHVN. Furthermore, sex workers-led organizations obtain funding from international donors through proposal submission for staff capacity development.

HIV prevention services are delivered by community-led organizations.

The drug-using community provides condom and lubricant services, needle and syringe programs, HIV testing, sexual contact tracing, and Index partner tracking. PrEP and PEP are, however, available at IP facilities. However, in Oyo state where the pilot Needle and Syringe Program scale-up is being implemented, the organization



sub-granted is not a community-led organization. The facility may also provide naloxone. The main issue outstanding in the PWUD community is the lack of community Naloxone.

Men who have sex with men and the transgender community provide condom and lubricant programs, HIV counselling and testing, index partner tracking, PrEP, and PEP. In Nigeria, TG CBOs provide temporary shelter, which is funded by PEPFAR.

Currently, the TB Constituency is not providing any specific HIV prevention services. However, in the implementation of TB case-finding activities, TB suspects who are referred to health facilities are required to undergo an HIV test and, if positive, are linked to HIV care. In addition, newly diagnosed HIV patients are placed on TPT (TB Prophylaxis)

The current Global Fund Project in Nigeria, specifically, the Resilient and Sustainable System for Health (RSSH) component of the grant, saw direct contractual agreement with about 5 APYIN state chapters involved. However, for the AGYW component of the grant, no youth-led organization/network has been engaged or contracted by the SR for implementation. Furthermore, with funding from donors such as JHPEIGO HIV Self Testing and PrEP service delivery for adolescents and young people in Lagos, ANAYD is currently implementing adolescent kits for expression, a community-driven project in 7 states in Nigeria.

Currently, sex workers-led organizations distribute condoms and lubricants as well as HIV prevention messages. Furthermore, some OSS owned by sex workers provide PrEP directly to community members.

Funding - Domestic/International

In January 2022, President Muhammadu Buhari launched an N62 billion trust fund in Abuja to assist Nigeria in eliminating AIDS as a public health threat and enrolling more people living with HIV in treatment on an annual basis.

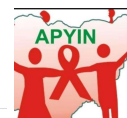
Ending AIDS as a public health threat in Nigeria will necessitate increased domestic funding. Using national resources, we have continued to fulfill our commitment to place more people living with HIV in treatment each year.

To sustain the response to HIV and other emerging public health emergencies, however, strong domestic resource mobilization with a long-term partnership and shared responsibility is required.

However, external donors provided 80 percent of the funds, primarily through the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The private sector contributed 0.1 to 2% of total funds, with the Nigerian government providing the remainder.

Currently, funding for PWUD community organizations is available through the GFHIV project for direct implementation by community organizations. The PWUD community is also prioritized through the ViiV positive Action project and the UNITAID HCV project. MSM/organizations receive funds through the PEPFAR/USAID Global Fund Project.

There are no current laws, policies, or practices governing civic space, nor are there any restrictions on NGOs receiving international funding or engaging in advocacy for sex workers, TB, or PWUD organizations.



A bill was proposed prior to the NGO regulator bill, but it was withdrawn from the House of Representatives due to CSO activism and opposition.

The US government provides nearly half of all global HIV and AIDS funding. President Trump's expanded global gag rule has already had a significant impact on the quality and availability of HIV services, including treatment, testing, and prevention—for more than previous iterations of the rule. Trump's policies are undoing decades of work to integrate sexual and reproductive health services with HIV care. The global gag rule is causing significant health service disruptions in vulnerable populations, particularly men who have sex with men.

Technical Assistance Plan

The CSS component of the GFHIV grant includes a technical assistance plan. It has not, however, been applied to PWUD communities. The International Network of People Who Use Drugs and the GF Community Rights and Gender Grant are currently providing the majority of technical assistance to the PWUD community.

CBOs (non-governmental organizations) in Nigeria can also get technical assistance from the Global Fund Secretariat's Community Rights and Gender Technical Assistance Department. However, the TA is focused on participating in Global Fund processes such as (funding request development, GF grant implementation, and monitoring), and CSOs must demonstrate how their TA requests align with GF processes.

Technical assistance for key populations and AGYW communities on HIV prevention is available through the South-to-South Learning Network (SSLN), where Genetics Analytics and the University of Manitoba are technical partners for Nigeria.

The IPs have a technical assistance plan for sex workers that funds sex workers' programs. These plans serve as a guide for the assistance they provide to sex workers-led CBOs as they plan, implement, and monitor their programs over time. The community capacity development needs assessment tools are used to generate these plans.

Some IPs, such as Heartland Alliance Nigeria, FHI360, and SFH, provide technical assistance to CBOs. The technical assistance plan, however, has not yet been shared with MSM/TG CBOs.

6. Remove social and legal barriers to HIV prevention services

Milestones	Due by
Define and implement specific actions to address policy and structural barriers	December 2022
Nationally Developed Milestones: local communities decide on and achieve three to five strategic milestones	December 2024



Current harmful laws and policies

PWUD:

The National Drug Law Enforcement Agency Act (1989) - Cap N30. - National Assembly

The Dangerous Drug Acts (1935) - Ministry of Justice/National Assembly

There was an attempt to increase the prison term for drug use to 25 years. However, the community of people who use drugs will be conducting a legal and environmental scan of relevant laws and policies on drug use between August and December 2022. This will lead to the development of advocacy priorities for the change of laws and policies that hamper comprehensive community-based harm reduction services.

MSM/TG/LBQ:

Same-sex Marriage prohibition act of 2014. SSMPA

Criminal and Penal Code Law

Sharia Law and other state Laws

MSMTG: amongst the KP sub-grounds in Nigeria, the Transgender persons remain the most community in the receiving ends of assaults and insults. the Cross-Dressing Bill, will affect the trans community human rights, such law will encourage more jungle justice against us in all our life activities. it will also affect the general populations such that it will dictate a certain of dress a man, woman should be putting on

Sex Workers

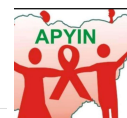
The Islamic penal code prohibits sex work, and the operation and ownership of brothels under sections 223, 224, and 225 of the Nigerian criminal code. (the constitution), ministries responsible: the ministry of justice, the ministry of health

However, there is no current strategic legal litigation.

Recommendations on Enabling Laws

The Patients' Bill of Rights (PBOR) should be made more widely known. Although the PBOR supports patients' rights and responsibilities, many clients (whether HIV or TB) continue to face stigma and rights violations in health care facilities.

A Legal Environment Assessment (LEA) for tuberculosis (TB) was also conducted, and a key priority highlighted is the need for an Anti-Stigma Bill around TB, as people with TB face stigma and discrimination, which often leads to dismissal from their workplace, among other things.



Beyond laws and policies, are there particular practices that support or hinder the achievement of the targets (e.g., policing practices, service provider practices, etc)?

Despite the progress made in the HIV response, community leaders continue to report gaps and challenges that prevent Nigeria from achieving 10-10-10 targets. Among the difficulties mentioned are:

AYPLHIV

- ❖ AYPLHIV age of consent has also hampered AYPLHIV's optimization of health services due to its non-approval.
- ❖ Poor attitudes of healthcare providers have continued to have an impact on AYPLHIV in some facilities.
- ❖ Inadequate capacity for youth-friendly health for service providers also continues to impede effective AYPLHIV service optimization.
- ❖ A lack of safe spaces or youth-friendly centres also limits AYPLHIV access to health services.
- ❖ The lack of AYPLHIV support group platforms also has an impact on efforts to maintain adherence and retention of ART treatment services.
- ❖ The lack of understanding of the anti-stigma and discrimination act, as well as its poor enforcement, has hampered progress toward justice for victims of stigma and discrimination.

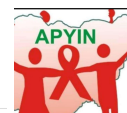
Despite these developments, there is a lack of significant progress in tackling the policy and legal barriers that impede access to services for other key populations. For example, young key populations (YKP, 10 – 24 years) remain absent from government HIV policies, including the National Strategic Framework (2019 -2021). There is also limited national discourse to change laws that criminalize sex work, homosexuality, or drug use. Interventions funded by international donors have limited coverage and scale. Thus, YKPs face numerous challenges such as a lack of adequate health services, a lack of policies that protect their human rights, and limited access to health information.

TB

- ❖ Stigma and discrimination against people with tuberculosis (which limits care-seeking and treatment adherence), as well as drug stockouts,
- ❖ Due to the obvious similarities in symptoms between TB and C19, people with TB were hesitant to seek care during the COVID-19 lockdowns, which hampered the achievement of targets in some states.

MSM/TG

- ❖ Stigma and discrimination against MSM and TG people due to a lack of PrEP and other HIV prevention commodities.



- ❖ MSM and TG drop-in centres are scarce.
- ❖ The staff of MSM and TG CBOs are paid very little.

PWUD

- ❖ Frequent commodity stockouts
- ❖ HIV services for drug users are not integrated.
- ❖ Drug users face stigma and discrimination.
- ❖ A scarcity of escort referral services
- ❖ Distance from the service centre
- ❖ Unavailability of community Naloxone and Community level
- ❖ Absence of Opioid Substitution Treatment (Medication Assisted Treatment)
- ❖ Frequent harrassment raiding of bunks by police officers

Sex Workers

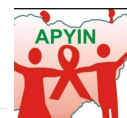
- ❖ Lack of policies in the facilities that prohibit employees from bringing religious morals to work.
- ❖ long lines at the facilities are limited Drop-in Centers (DICs) are located closer to communities
- ❖ Inadequate payment practices for field workers
- ❖ Stock up on condoms and lubricant.

What could be a win towards the 10-10-10 targets? When was the last PLHIV Stigma Index done?

The most recent Stigma Index was conducted in 2021, and KPs were included for the first time. (Please see the NEPWHAN Report.) . With funding from the Global Fund and technical assistance from the Global Network of People Living with HIV (GNP+), as well as collaboration from development partners. NEPWHAN coordinated the Nigeria PLHIV Stigma Index Survey 2.0. The study's goal was to document PLHIV's experiences with stigma and discrimination. The second set of Stigma Index findings influenced HIV programming priorities as global and national HIV responses enter new phases of strategic planning and resource prioritization. As a result, NEPWHAN provided technical leadership in the study's design, development, administration, planning, and implementation, as well as the production of a consolidated Nigeria HIV Stigma Index Report in September 2021.

PWUD

- ❖ Decriminalization of drug use and drug possession for personal use
- ❖ Improved access of women who use drugs to HIV, Harm Reduction and Sexual Reproductive Health and Rights Services.
- ❖ Domestication of the anti-stigma legislation at the subnational level



- ❖ Subnational domestication and implementation of the Violence Against Persons (Prohibition) Act (2015)

Sex Workers

- ❖ VAPPACT reform to include sex workers' rights
- ❖ PEPFAR is repealing the GAG Rule.
- ❖ The criminal code reform that criminalizes brothel ownership and operation
- ❖ Sex workers' criminalization
- ❖ VAPPACT domestication and effective implementation

MSM/TG

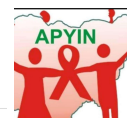
- ❖ SSMPA repeal Domestication of anti-stigma and discrimination legislation in Nigeria

AYPLHIV

- ❖ Age of Consent Implementation

Currently, nothing is being done to mobilize political/religious support for social and legal barriers. Opportunities for social and legal reforms have not arisen because the government has not led advocacy for community-impacting social and legal reforms.

However, organizations such as PEPFAR, via the Patient Education and Empowerment Project, the Global Fund, and NACA (via the Gender and Human Rights Grant), are collaborating with the National Human Rights Commission (NHRC) and law enforcement agencies to implement projects aimed at mitigating the impact of some of the human rights violations that key populations are experiencing as a result of these social and legal barriers. However, these interventions only address the symptoms and do not address the underlying causes or the need for legal reforms.



7. Promote the integration of HIV prevention into essential related services

Milestones	Due by
Nationally Developed Milestones: three strategic milestones are determined	December 2022
Report on achievement of Nationally Defined Milestones	December 2024

Support service integration for people who are typically underserved by formal health systems, including people who use drugs, people in prisons and other closed settings, people on the move (such as migrants), and people in emergency and humanitarian contexts (such as refugees, displaced populations and asylum seekers).

AGYW/AYPLHIV/WLHIV

HIV prevention services are integrated into existing family planning, STI, and MNCH programs for reproductive health and safe abortion. HIV prevention services should be integrated into SARC services.

TG/MSM

Gender affirming HIV prevention services for subgroups, particularly TG, addressing the mix of health disparities (differentiated services) MSMTG: Funders should pay more attention to health disparities in the Trans community, as their health needs differ from those of other KP sub-Groups. To achieve synergies for HIV prevention service outcomes, Trans people must be included in the planning stages of all trans-specific activities.

PWUD

DAPHO will offer comprehensive harm reduction intervention services at community centers. A needle and syringe program, as well as Naloxone and injecting wound treatment, should be part of the health service.

LBQ

Integration of HIV prevention services into the STI package of services, reproductive health, safe abortion, and SGBV services for LBQwome

8. Set up mechanisms for the rapid introduction of new HIV prevention technologies

Milestones	Due by
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Define specific actions for adapting to new HIV prevention technologies (additional PrEP options, virtual HIV intervention approaches)	January 2023
Nationally Developed Milestones: three strategic milestones are determined.	January 2023
Report on the Achievement of Nationally Developed Milestones	December 2024

- Introduction to long-acting PrEP and injectable HIV drugs
- Scale up needle and Syringe program for PWIDs
- OST services for Opioid users
- Harm reduction for stimulant users
- Introduction of hepatitis
- Introduction of Hyfrecator for anal warts treatment

Pre-Exposure Prophylaxis (PrEP)

In 2015, a PrEP demonstration project tested different models to deliver PrEP to serodiscordant couples in Nigeria. Enrollment of heterosexual couples was based on specific eligibility criteria. Couples were monitored over a 12 month period and at end of the study, one sero-conversion was recorded at Jos site

PrEP is primarily available through donor-funded implementation projects including: PEPFAR AND Global fund. Projects include a mix of service delivery models including one-stop-shops, facility-based, and community-based programming (focused on KPs) . Some projects include PrEP referrals from other services (e.g., index testing, PMTCT, family planning). Recently AGYW at high risk have been included to receive PrEP. There are lots of online interventions to generate demand for PrEP and link clients to uptake PrEP

Current progress

PrEP is included in current HIV/AIDS guidelines and strategic plans as an HIV prevention tool and NACA and NASCP are committed to PrEP scale-up. There is currently a national monitoring for PrEP implementation in Nigeria. The team is made up of NACA, NASCP and IP representatives. Truvada and generic forms of TDF/FTC are approved and available for use in Nigeria. After initial challenges, implementation projects currently have sufficient PrEP stocks. PrEP currently provided primarily to KPs and some SDC through one-stop-shops and community programs in select states. Very few other Public Health facilities offer PrEP Implementing partners have developed resources for PrEP and approaches to demand creation for PrEP that have been tested and refined. M&E tools for PrEP are also in place. PrEP sub-committee of HIV Prevention TWG in place. There are national resources for PrEP implementation (e.g., training slides for trainer and participants)

OST services for Opioid users- Medication Assisted Therapy (MAT) was adopted as OST in Nigeria. A MAT guideline has been developed and launched. Harm reduction for stimulant users PWID. A Harm Reduction

Technical Working Group (TWG) has been established

Introduction of hepatitis- hepatitis programmes are coordinated by the FMOH



Introduction of Hyfrecator for anal warts treatment

Gen-N(Generation Negative) has been launched as a national campaign for AGYW Programme in Nigeria. There are plans to Leverage/scale up on existing programs which leverage technology, i.e YaAH Naija program, Frisky by EVA .

Challenges

- Few healthcare workers have been trained on PrEP
- Low awareness and acceptance of PrEP among the general population
- Significant stigma towards HIV and PrEP use
- Low rates of uptake and continuation on PrEP
- intravaginal rings: available over the counter but there are no policy directions for its use in-country
- injectable drugs: available over the counter but there are no policy directions for its use in-country
- Field Management and Implementation



9. Establish programme monitoring systems with regular reporting

Milestones	Due by
Assess gaps in monitoring and evaluation systems and processes that lead to incomplete HIV prevention scorecards (coverage and outcomes of programmes)	October 2022
Nationally Developed Milestones: 3 strategic milestones to address gaps	December 2022
Complete reporting to Global AIDS Monitoring allows for full country scorecard.	March 2023
strengthen subnational monitoring and evaluation systems, including non health data, and put the subnational scorecard system into operation	December 2024

The non-Health sector tools have been reviewed to score indicators contained in the score card. National and sub national stakeholders were part of the process. Some trainings have been conducted using the non health sector tools to ensure that implementers report accurately using the tools.

10. Strengthen accountability of all stakeholders for progress in HIV prevention

Milestones	Due by
Institutionalize annual national HIV prevention performance review and accountability process / meeting involving government, communities and other partners	December 2022
Establish a quarterly subnational performance and accountability process that involves the government, communities, and other partners.	June 2023
Annual global and regional meetings for accountability	annually by December.

Accountability Framework



In Nigeria, there is an existing national CLM framework and an effective national steering committee coordination mechanism for CLM. Community-led monitoring (CLM), is implemented by community-led organizations such as NEPWHAN and DHRAN, and assists in putting the community at the centre of data collection and mobilization for use in policy engagement, program planning, and social accountability for health, rights, commodities, and human resources. The framework is co-led by government agencies such as NACA, as well as other implementing partners and civil society. This platform is participatory and transparent to some extent. Debriche Health Development Centre (DHDC) , one of the recipients of the TB Challenge Facility grant is also piloting the use of the OneImpact Tool developed by the StopTB Partnership in Geneva , for TB CLM initiative in Lagos State.

About 10 CBOs spread across different states in the country are also implementing the initial phase of the HIV programme CLM initiatives under the US Ambassadors Small Grant CLM project supported by PEPFAR Nigeria

However, there is no target-specific CLM for AYPs; even so, AYPLHIV is involved in various capacities in the NEPWHAN CLM, which is funded by UNAIDS and the Global Fund. Furthermore, with the assistance of GIZ BackUP Health, ANAYD will implement CLM for AYPs in Niger and Gombe.

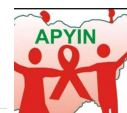
In Nigeria, CLM is a new innovation. Aside from the NEPWHAN-led CLM, other CLM activities are donor-driven and program-specific. The NEPWHAN CLM is primarily concerned with treatment. The DHRAN organization, however, has a CLM activity focused on prevention as part of the ViiV SRHR project. CLM activity is also planned for the Global Fund CRG for DHRAN to monitor the delivery of the Needle and Syringe Program. So far, CLM by the DHRAN organization in Gombe has been used to advocate for policy, practice, and resource changes at coordination meetings of the Gombe State Drug Control Committee.

For sex workers/TG, PEPFAR provides support worth 25,000 USD per organization and state for prevention, service delivery, and program impact. We can't talk about scaling up right now because this is the first time funding has been provided directly to the community to implement CLM.

The CSO Accountability Forum, with participation from national and subnational levels. It is being organized in partnership with civil society organizations. At the forum, civil society makes contributions and presentations. *In Nigeria, the CSO accountability forum is being organized in collaboration with a national agency for aid control and implementing partners. The entire civil society is involved in the process.*

Stock taking processes

The NSF mid-term review is an opportunity to take stock of progress made in the implementation of the National Strategic Framework (the last one was in 2017/2018). A few CSOs were involved in the process. The NSF has stated that they will begin joint annual progress monitoring reviews in 2021. Whether or not this has begun is a matter for further discussion with NACA. This needs to be updated based on what has transpired between September /October on the NSF (Consultations held in Abuja and 2 regional consultations also held - Southern Consultations held in Lagos and Northern Consultations held in Abuja in October



Recommendations for 2023 HIV Prevention Response in Nigeria: *Change the community wants to see in 1 or 2 years' time!*

Community representatives involved in the milestone's development made recommendations to the government and partners and agreed to work together to ensure;

- ❖ Field testing and treatment for all constituencies who are hesitant to access services in healthcare facilities due to stigma and confidentiality issues will begin in 2023. (Community Pharmacy-where care is provided in the community rather than in a facility)
- ❖ By the end of 2024, all constituencies should conduct research and sensitization on syringe and needle use, with a focus on trans people, PWUD/PWID, and the intersectionality of all key populations.
- ❖ Myths about HIV prevention and care must be continually debunked. By the beginning of 2023, awareness will be raised, knowledge will be generated and sensitized, IEC materials will be used, and jingles (media or prints) will be translated into different languages. (Heartland Alliance has the ENG version)
- ❖ Beginning in 2023, there will be a greater emphasis on sensitizing all constituencies, particularly young key populations in rural areas across Nigeria, about HIV intervention, treatment, and services, as well as healthcare facilities.
- ❖ From 2023 to 2024, there will be continuous engagement, sensitization, and advocacy on HIV prevention and treatment intervention for key populations to relevant stakeholders (religious, legal, traditional leaders, security agencies (uniform bodies).
- ❖ Capacity building on service provision for key populations for healthcare providers (Clinicians, Doctors, Nurses, Midwives, community health workers, therapists, and psychologists) concerning prejudice in healthcare delivery beginning in 2023.
- ❖ From 2023 to 2024, create reporting mechanisms (online reporting platforms, referrals, networking, and inter-organizational collaboration) to report discrimination and violations affecting all key populations (in reference to the HIV Anti-discrimination Act).
- ❖ By 2024, include Traditional Birth Attendants (TBAs) and Faith Centers in HIV interventions for the prevention of mother-to-child transmission for newborns, particularly for Persons with Disabilities, LBQ women, Adolescent Girls and Young Women (AGYW), Tuberculosis, and Trans men.

