



NATIONAL AGENCY FOR THE CONTROL OF AIDS

HIV/AIDS POLICY & ADVOCACY NEWSLETTER

Quarter 1 2018



Policy issues in this maiden edition

1. Increasing Public Sector Funding for HIV services in Nigeria

- Estimated 3.2 million PLHIV in Nigeria
- Unit cost to put one PLHIV on treatment for one year is NGN47,885
- Cost of putting 50% of the estimated PLHIV on treatment is NGN20,782,520,965.00
- HIV response in Nigeria still hugely donor dependent (over 70%) and not sustainable
- National Council on Health recommended that FG approve the setting aside of 0.5%-1% of monthly Federal allocation to fund HIV response in Nigeria.
- National Economic Council has approved that 0.5%-1% of monthly Federal allocation to states be used to fund the HIV response in Nigeria

2. 4th National Council on AIDS

- 191 Delegates attended the 4th National Council of AIDS (NCA) meeting in Abuja from 19th -20th March, 2018
- 49 memoranda were submitted for consideration by the Council
- 11 memoranda were recommended for Council approval;
- 12 memoranda were recommended for Council information.
- Council meeting was declared open by the Secretary to the Government of the Federation (Barrister Boss Mustapha)
- Council approved 14 memoranda for implementation
- The 5th NCA meeting is scheduled to be hosted by Lagos State in March 2019

Increasing public sector funding for HIV services in Nigeria

Background

The HIV/AIDS response is funded through multiple funding sources that include: International donor partners, public sector or domestic sources as well as the private sector.

However the response to HIV and AIDS in Nigeria is still hugely dependent on funding from international, multilateral and bilateral organizations. International donor funding for the HIV response in Nigeria increased from \$255,392,257.00 in 2007 to over \$700,000,000 in 2013 only to dip to \$447,769,523.00 in 2014. HIV expenditure by the Nigerian Government (public) increased from \$43,854,336.00 in 2007 to \$171,174,761.00 in 2014. There was a dip in funding from all sources by 13% between 2013 and 2014. The lowest HIV funding came from private sector and witnessed an increase from US\$1,207,840 in 2011 to US\$ 9,275,917 in 2012 and to US\$13,434,315 in 2014.

Nigeria, with an estimated population of 180,000,000 million people is Africa's most populous country and second largest economy. With an economy that was growing in excess of 6 percent annually and was projected to remain above that mark over the coming decade in 2014 the economy was rebased and upgraded to a *Lower Middle-Income Country (LMIC)*. Furthermore, the country accounts for over 75 percent of West Africa's Gross Domestic Product (GDP) and about 60 percent of its population.

The implication of these classification of Nigeria as LMC on the national response is enormous. The most significant is that Nigeria is no more eligible for most foreign aid. This coupled with increasing donor fatigue occasioned by the current global economic meltdown has led to decreased funding for HIV/AIDS which if not addressed will impact on the country's drive to reach the 90-90-90 targets and take significant steps towards ending the HIV epidemic by 2030.



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HIV response financing gaps and challenges in Nigeria

- Financing for the HIV/AIDS response in Nigeria is still heavily donor dependent
- Out of the 1,066,223 PLHIV on treatment as at December 2017 PEPFAR accounted for 69 % (735,694) while GF accounted for 19% (202,582). Thus together international donors are responsible for keeping 88% of PLHIV on treatment
- 99% of pooled commodities purchased for HIV/AIDS in the country is donor funded
- PEPFAR funding has dropped by 27% from USD488,614,278 in 2012 to USD358,614,280 in 2016
- Antenatal clinic user fees remain barriers to treatment uptake by pregnant women (Prevention of Mother-To-Child Transmission - PMTCT) with annual cost for ANC including delivery put at NGN21.6 billion
- Donors may not support the national response from 2018 if ANC user charges subsist
- In 2016, even though states budgeted for HIV response activities at least 10 states report that the budgeted funds were not released.
- At unit cost of N47, 885 per client the country will require nearly 21 billion naira annually to scale up treatment by 50%.

Estimated cost required to scale up treatment by 50%

What does it cost to treat PLHIV in Nigeria?

Unit cost for ARVs only
per PLHIV per annum =
N34, 000

Unit cost for ART
(including ARVs, lab
services, staff salaries)
per PLHIV per annum =
N47, 885

Estimated number of
PLHIV (2017) =
3,164,491

90% treatment target =
2,848,041

Currently on treatment
(2017) = **1,066,223**

Treatment gap (less
current on treatment) =
1,781,818

Gap in treatment target =
62.6%

State	HIV Prevalence %	Number of PLHIV	Number on Treatment	50% Treatment Scale up	Funding Gaps in Naira for HIV treatment scale up(47,855/client)
Abia	3.3	56,468	15,366	7,683	367,900,455.00
Adamawa	1.9	48,926	31,620	15,810	757,061,850.00
Akwa Ibom	6.5	225,242	56,840	28,420	1,360,891,700.00
Anambra	1.2	42,225	25,111	12,556	601,220,117.50
Bauchi	0.6	49,721	13,503	6,752	323,295,577.50
Bayelsa	2.7	64,496	4,228	2,114	101,228,890.00
Benue	5.6	183,084	140,615	42,469	2,033,628,065.00
Borno	2.4	58,778	10,764	5,382	257,717,070.00
Cross River	4.4	75,990	23,251	11,626	556,687,067.50
Delta	0.7	32,841	25,981	6,860	328,491,100.00
Ebonyi	0.9	48,074	7,010	3,505	167,836,925.00
Edo	0.8	139,966	25,730	12,865	616,040,525.00
Ekiti	0.2	4,982	3,427	1,555	74,461,175.00
Enugu	1.3	32,585	27,798	4,787	229,225,495.00
FCT	7.5	101,901	55,324	27,662	1,324,594,870.00
Gombe	3.4	54,201	25,664	12,832	614,460,320.00
Imo	2.5	113,197	19,249	9,625	460,869,182.50
Jigawa	2.1	67,292	6,018	3,009	144,085,965.00
Kaduna	9.2	159,694	45,023	22,512	1,077,963,177.50
Kano	1.3	102,179	29,474	14,737	705,681,245.00
Katsina	0.7	44,536	13,131	6,566	314,388,967.50
Kebbi	0.8	23,384	8,518	4,259	203,942,215.00
Kogi	1.4	47,201	21,727	10,864	520,198,697.50
Kwara	1.4	31,559	6,939	3,470	166,137,007.50
Lagos	2.2	207,215	56,607	28,304	1,355,313,097.50
Nasarawa	8.1	107,014	46,137	23,069	1,104,635,122.50
Niger	1.2	65,841	19,525	9,763	467,477,312.50
Ogun	0.6	82,611	13,500	6,750	323,223,750.00
Ondo	4.3	81,871	8,632	4,316	206,671,660.00
Osun	2.6	62,492	6,098	3,049	146,001,365.00
Oyo	5.6	210,224	16,308	8,154	390,454,290.00
Plateau	2.3	66,825	38,632	19,316	924,946,660.00
Rivers	15.2	115,038	39,037	19,519	934,643,372.50
Sokoto	6.4	128,637	9,208	4,604	220,462,540.00
Taraba	10.5	158,487	48,550	24,275	1,162,408,375.00
Yobe	5.3	55,239	6,022	3,011	144,181,735.00
Zamfara	0.4	14,475	3,930	1,965	94,094,025.00
	3.45	3,164,491	983,980	434,009	20,782,520,965.00



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Call to Action

Why invest in HIV?

- Investment in HIV treatment will lead to increased life expectancy in the country and a proportionate increase in GDP
- National Ownership of response - reduce dependency on donor funding for HIV services and attendant development benefits
- Donor funding is flattening out (global economic recession, falling crude prices, emerging priorities etc.), with grave implication for Nigerians on treatment
- To reduce the widening gap between those who require HIV care and treatment and those actually able to access it
- Ensure the country is on track to eliminate HIV/AIDS by 2030

Steps taken to increasing public sector funding for the response

- Allocation from Federation account in 2016 was NGN2,316,690,000,000
- Estimated cost to achieve 50% treatment scale up is N20,782,520,000
- Thus if 1%(NGN23,166,900,000) of federal allocation is applied across all states and set aside it will cover the 50% treatment scale up cost
- At the 59th National Council on Health (NCH) recommendation was made that Council consider and approve that at least 0.5 to 1% of the monthly Federation allocation to states be earmarked for financing the implementation of the HIV/AIDS sustainability roadmap"
- Similar the NCH was asked to consider and approve the adoption of universal free antenatal services and abolition of user fees associated with accessing PMTCT services.
- 59th National Council of Health adopted the resolution that "At least 0.5 to 1% of the monthly Federation allocation to states be earmarked for financing the implementation of the HIV/AIDS sustainability roadmap"
- NCH also approved that part of this 0.5-1% federal allocation to be set aside for HIV should be used to offset costs associated with adoption of the universal free ANC services
- Council also recommended that states set up an ANC/PMTCT revolving fund
- Following NCH adoption of the resolutions on how to increase domestic funding for HIV activities the resolutions were presented to the 84th meeting of the National Economic Council (NEC) held on 18th January 2018 and chaired by the Vice President of the Federal Republic of Nigeria, Prof Yemi Osinbajo
- The NEC has approved that:
 1. At least 0.5 to 1% of the monthly Federation allocation to states be earmarked for financing the implementation of the HIV/AIDS sustainability roadmap"
 2. The country adopt universal free antenatal services and abolition of user fees associated with accessing PMTCT services. The loss of revenue could be offset by:
 - ✓ Dedicating part of 0.5-1% in one (1) above.

The decision of the NEC has been communicated to NACA via extract **MBNP/AB/PS/2482/I/366**



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4th National Council on AIDS

Background

The National Council on AIDS (NCA) is the highest HIV/AIDS policy influencing mechanism. The National Council on AIDS consists of representatives from NACA; FMOH, MDAs, the 36 States plus the Federal Capital Territory (FCT); donors, implementing partners, umbrella organizations of Civil Societies; people living with HIV/AIDS; media organization involved in HIV/AIDS; youth and women organizations involved in HIV/AIDS; faith-based organizations and the Nigerian Labor Congress among others.

The NCA is chaired by the Director General of NACA, meets annually and is responsible for establishing minimum standards for the control and management of HIV and AIDS by providing policy direction; and maintaining unity and co-operation among all stakeholders. Delegates to the National Council on AIDS deliberate on priority policy and programme issues that will enhance the coordination, planning and implementation of HIV/AIDS interventions and activities of the national response. Similarly they make recommendations for improved performance, coordination, ownership and sustainability at all levels.

4th NCA Meeting Highlights

- The 4th National Council on AIDS with the theme "Making our Money go further: Improving Efficiency of HIV Service Delivery, " held at the Rotunda Conference Room of Federal Ministry of Foreign Affairs, on the 19th - 20th March, 2018.
- 191 participants attended the event
- In attendance were members of the National Assembly, the Chairperson and Members of the NACA Board, the Director General and Directorate level staff of NACA, Heads of SACAs from 36 states and the FCT, as well as heads of HIV donor agencies and implementing partners.
- Executive Secretaries/National Presidents and representatives of umbrella bodies of Civil Society organisations and Non-Governmental organisations involved with HIV/AIDS, people living with HIV/AIDS, youth organizations and the media were also in attendance
- The NCA commenced with a technical meeting on the 19th of March during which delegates deliberated on a total of 49 memoranda covering various areas of the response such as improvement of policy and programme issues pertaining to governance systems, prevention, treatment and care service delivery, accountability and efficiency, and strengthening local resource mobilisation respectively.
- At the end of the technical meeting, 11 memoranda were recommended for Council approval; 11 others were recommended for Council information; 3 were deferred to the next Council meeting; 16 memoranda were recommended for withdrawal; and 7 others were stepped down.



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4th NCA Meeting Highlights

- The Council meeting held on the 20th March 2018
- The Secretary to the Government of the Federation (SGF) Barrister Boss Gida Mustapha declared the Council meeting open
- 14 memoranda were approved by the NCA.
- Communique on the council resolutions reached at the 4th NCA meeting was then developed and adopted by council.
- The next NCA meeting is to be hosted by Lagos State in January 2019

List of approved memoranda by the NCA-1

1. Memorandum on the Status of Implementation of Resolutions of the 3rd National Council on AIDS.

2. Memorandum on Advocating for Universal Free Antenatal Services in Nigeria to support the Elimination of Mother to Child Transmission of HIV. Recommended for information and noting.

Required actions

- *Memo to be sent to the next National Council on Health (NCH)*
- *NASCP to lead supported by NACA*

3. Memorandum on resource mobilization for HIV response from Niger Delta Development Commission (NDDC)

Required Action

- *DG NACA to lead advocacy to NDDC and PCNI in collaboration with relevant states*
- *NACA to work with relevant states to develop proposal and 'modus operandi' for engagement with NDDC and PCNI*

4. Fully integrate HIV/AIDS data into the National Health Management Information System/District Health Information Systems (NHMIS/DHIS) platform

Required action

- *FMOH DPRS to work with NACA DRM&E and NASCP to commence harmonization process*

List of approved memoranda by the NCA- 2

5. Hosting of NCA meeting within the six geo-political zones on a rotational basis

Required action

- *NACA to note and take forward*

6. Encourage local manufacture of Anti-retroviral (ARV) drugs, Rapid Test Kits (RTKs) and other HIV-related commodities

Required actions

- *DG NACA to continue to lead advocacy and engagement across sectors (public, private, multi-laterals)*
- *Identify bottlenecks and develop packages/options for engagement*

7. Improved care and support for Adolescents and Young People Living with HIV (AYPLHIV) in Nigeria

7a. AYP focused stakeholders be supported to develop a National AYPLHIV status disclosure guide for harmony in disclosure patterns and reduction of post disclosure crisis;

7b. Treatment partners exempt AYPLHIV (10-24years) from paying user fees of any form or guise to access ART;

7c. The National response forge a high-level alliance to push for reduction in age of consent for HIV testing as a means of reaching AYP

Required actions (NACA, UNICEF, FMOH, FMOW)

- *Identify and engage with all relevant stakeholders.*
- *Develop status disclosure guide*
- *Commence advocacy towards reduction of age of consent*

8. Ensuring HIV Drug Resistance and Surveillance in the National Response.

Required actions (NACA, NASCP & FHI 360)

- *Develop and implement a strategy for Drug Resistance surveillance in the national response*



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List of approved memoranda by the NCA-3

9. HIV programme efficiency - Partner Notification Services (PNS) and Index Case Tracing (ICT), and reduction of age of consent for HIV testing for Adolescents. Council recommended that the prayers be separated clearly

- All HIV prevention, care and treatment programs to be encouraged and supported to practice PNS. - (By June, 2018)
- All HIV prevention, care and treatment programs to be encouraged and supported to practice ICT. (By June, 2018)
- Advocate for implementation of the recommendation of reduction of to 12 years as minimum age of consent for HIV testing for adolescents - (addressed under resolution 7)

10. Adoption of a Total Market Approach (TMA) for Condoms and Condom Lubricants Programming to Ensure Sustainability of Funding for HIV/AIDS.

Required actions (NACA, USAID, AIDSFreet, SFH)

- *Advice to all implementers to adopt TMA approach for condom programming*
- *Develop proposal/strategy for transition to TMA for condom and lubricants from a sustainability perspective*

11. Provision of Comprehensive Interventions for Female Sex Workers in Nigeria.

- Female Sex Worker (FSW) interventions should be comprehensive, addressing the full package of the MPPI which includes support for IGA especially for those who wish to exit

Required action (NACA)

- *Advice to all partners programming for FSW*

12. Review the National HIV/AIDS Policy

Required action (NACA, all stakeholders)

- *Review the 2009 National HIV/AIDS Policy 2009 and develop a new one*

13. Coordination of HIV/AIDS Control during and after the return of Nigerian migrants from Libya and other countries

Required action (NACA)

- *All documents/guidelines etc. should include specific strategies for addressing reintegration, rehabilitation and effective coordination of programmes for people in humanitarian/emergency situations*

14. Council approved that the 5th National Council for AIDS meeting should hold in March 2019 and would be hosted by Lagos state.

Required action (NACA and Lagos SACA)

For more information, please contact Director, Directorate of Policy, Planning & Stakeholder Coordination, National Agency for the Control of AIDS, (NACA) Plot 823 Ralph Shodeinde Street, Central Area, Abuja. Tel: 234 - 9 - 2904411 - 17 or NACA website www.naca.gov.ng, Email- info@naca.gov.ng; o_kayodem@yahoo.com; francis.agbo@gmail.com; enoefiong_2006@yahoo.com

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