

## Brief: HIV Response for Adolescents and Young People in Nigeria, 2019

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### Background

The United Nations defines ‘adolescents’ as individuals between the ages of 10 and 19 years, ‘youth’ as persons aged 15 to 24 years and ‘young people’ as those between the ages of 10 and 24 years. Nigeria’s HIV programme has adopted this age range 10-24 years and refers to the population as Adolescents and Young People (AYP) (see Figure 1). They account for one-third of Nigeria’s total population<sup>1,2</sup>. In 2019, it was estimated that over 66 million AYP lived in Nigeria – one of the largest in the world<sup>2</sup>. This sub-population can therefore not be ignored in Nigeria.

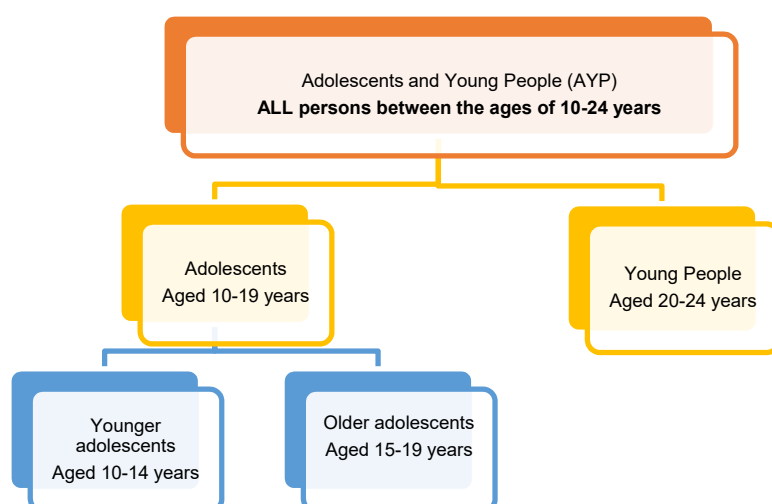


Figure 1: AYP age categorisations

Since the start of Nigeria’s HIV/AIDS response, there have been several policy documents that address HIV and AYP (see Box 1). One target of the National Strategic Framework (NSF 2011–2015) is that “at least 80% of young people 15–24 years adopt appropriate HIV and AIDS related behaviour.” The President’s Comprehensive Response Plan for HIV and AIDS (PCRPP) recognizes young people and has a specific priority area dedicated to addressing HIV prevention among young people. Some of the other national documents that address HIV among AYP are the National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria (2007–2011) and the National Prevention Plan (2014–2015).

Although these policy documents recognised the problem of HIV among the AYP, there was no standards document that provided sufficient guidance for HIV programmers and service providers to design and implement evidence-based AYP-focused interventions until 2016. The National HIV Strategy for Adolescents and Young People (2016-2020) makes the case for focused programming of AYP as part of the overall HIV response in Nigeria and provides

the guidance for HIV response among AYP; it sets the clear objectives, defines the target population (age 10 to 24 years) and sub-populations and identifies priority areas of action across five themes. It also provides an implementation strategy as well as governance and management framework.

The AYP subcommittee of the National HIV Prevention Technical Working Group, which was established in 2010, provides technical inputs and assistance to the programme. The national civil society network- National Youth Network on HIV/AIDS in Nigeria (NYNETHA) coordinates a youth-led and youth-focused response. The Association of Positive Youth Living with HIV in Nigeria (APYIN) provides a voice for AYP living with HIV in Nigeria.

- National HIV Policy on HIV/AIDS (2010-2015), NACA
- National HIV/AIDS Strategic Framework (2010-2015), NACA
- National HIV/AIDS Strategic Plan (2010-2015), NACA
- National Health Sector Strategic Plan & Implementation Plan for HIV/AIDS
- National Policy on Health and Development of Adolescent and Young People in Nigeria 2007, FMOH
- Strategic Framework for the National Policy on Health and Development of Adolescents and Young People in Nigeria (2007-2011), FMOH
- National Action Plan for Advancing the Health of Adolescents and Youth in Nigeria (2010-2012), FMOH
- National Youth Policy (2009-2013), FMYS
- National Reproductive Health Policy (2010), FMOH
- National HIV Strategy for Adolescents and Young People (2016-2020), NACA
- Strategic plan on Women, Girls, Gender Equality and HIV & AIDS, FMWASD
- National Youth Policy (2019-2023), FMYS
- National Policy on the Health and Development of Adolescents and Young People in Nigeria (2020-2024), FMOH

**Box 2: Policy and program strategy documents**

### **HIV among AYP – Situation Analysis**

The 2018 Nigeria AIDS Indicator and Impact Survey (NAIIS)<sup>3</sup> suggests that there are about 180,000 AYP living with HIV in Nigeria with HIV prevalence especially high among females 20-24 years at 1.3% (95%CI: 1.1-1.5). The survey further showed that the level of awareness of one's positive HIV status was lowest among AYP (only 29.4% among 20-24 years old and 35.5% among 15-19 years old compared to 47% among older adults) reflecting the low rates of HIV testing. Levels of viral load suppression were also lowest among AYP compared to other age groups.

AYP especially adolescent girls and young women (AGYW) have particular vulnerabilities for HIV in Nigeria perpetuated by gender inequalities and harmful practices like early child marriage, female genital mutilation. They also demonstrate poor comprehensive knowledge of HIV, have challenges accessing sexual and reproductive health (SRH) services, have low risk perception, and are more likely to engage in risky sexual behaviors than older adults<sup>3,4</sup>. As such, control of HIV in AYP is particularly challenging, but critical for the long-term epidemic control. Although the situation of AYP is similar across the country, these indices and vulnerabilities are worse of in 10 high burden states (Abia, Akwa Ibom, Anambra, Benue, Delta, Enugu, Imo, Lagos, Rivers and Taraba).

Gender is an inextricable part of the HIV/AIDS equation. Young women are disproportionately vulnerable to infection. Gender inequality and poor respect for the human rights of women and girls are key factors in the HIV/AIDS epidemic. Studies in Nigeria identified the following as factors that make women and girls more vulnerable to HIV- most women and girls lack power to control key aspects of their lives including marriage and sexual negotiation in and out of marriage. Most women and girls also lack social and economic power to control the impact of the epidemic in their lives. About 70% of Nigerian women live below the \$ 1 a day threshold emphasizing the feminization of poverty in Nigeria. Studies have also demonstrated strong links between gender-based violence (GBV) and HIV infection with violence as a risk factor for HIV as well as a consequence of being HIV positive. About 35.6% of women across the world have experienced either non-partner sexual violence or physical or sexual violence by an intimate partner or both.

### **AYP- focused Interventions**

Examples of national level interventions focused on AYP include: Family Life HIV/AIDS Education (FLHE) `curriculum for Junior Secondary Schools in Nigeria, The National Youth Service Corps peer education programme, National HIV/Prevention Campaign #iSabiHIV (national + Lagos, Benue, Kaduna and FCT). Other notable interventions are: EVA/One World UK information and communication technology for AYP (MyQ and MyA services), SFH/GF Action Research and intervention in 3+1 states (Kaduna, Akwa Ibom, Oyo and FCT), EVA/UNICEF Comprehensive service delivery for AYP (Benue and Kaduna).

### **Key Challenges to the Programme in Nigeria**

- Few programmes are focused on AYP and are small in scale and implemented in piecemeal
- Paucity of data to inform programming
- Weak coordination at sub-national levels
- Poor integration of adolescent HIV and the SRH services
- Age of consent policy limits access to SRH/HIV services for AYP

- Limited capacity of programmers to target AYP
- Poor financing of focused interventions for AYP
- Poor legal and human rights response for vulnerable populations including AYP
- Poor data capture of human right violations of AYP.

### **HIV Prevention among AYP and Achieving the first 90: Proposed Strategies to address HIV among AYP**

Informed by an analysis of epidemiological, demographic and behavioral drivers, the following strategies towards HIV prevention and achieving the first 90-90-90 target among AYP<sup>1</sup>. These strategies have been prioritized to be implemented in high burden states and targeted local government areas (LGAs) to be identified within these states:

1. **Demand creation** for high impact services namely comprehensive condom programming, HIV prevention messaging, and innovative peer-led approach to community outreach and school setting to meet the needs of in and out of school AYP;
2. **Differentiated service delivery** of a defined core package of interventions that include screening and testing for HIV and STIs, provision of condom and lubricants, provision of SRH comprehensive care including mental health and psychosocial support, referrals and linkages;
3. **Strengthen community systems** to be responsive to AYP through community dialogues, mapping of AYP platforms and need assessments, capacity building (training, tools development, comprehensive sexual education) for gatekeepers (to create an enabling environment and support access) and for AYPs (to facilitate participation as advocates, service providers, peer-influencers and monitors), and setting up social protection mechanisms (skills acquisition, grant, insurance, keeping girls in school, user fees to address the vulnerabilities of AYP);
4. **Knowledge management** including monitoring and evaluation for tracking results and progress (scorecard, dashboard, supportive supervision); implementation research to identify strategies for targeting vulnerable AGYW and partners and learning collaboratives.
5. **Programme management** - including quarterly coordination across multiple sectors to ensure effective collaboration and partnership for AYP programming, training of program managers and AYP-centred design.

Some of the government's current interventions to mitigate the issues of GBV and HIV include development of a five-year Strategic Plan on Women, Girls, Gender Equality and HIV & AIDS, popularization of the 2014 HIV Anti-Discrimination Act and mainstreaming gender issues, women empowerment and male involvement in all efforts of the national HIV response. Also, the integration of reproductive health and HIV services including comprehensive programmes

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<sup>1</sup> Information on strategies for treatment, care support and adherence among AYP are contained in the “.....” Brief/factsheet (available at <http://Paed ART...>)

that address gender inequality in a holistic way and cross-examine the socialization of boys and girls at home and school.

### **Targets**

- By 2025, 80% of AYP have comprehensive knowledge on HIV.
- By 2025, 90% of AYP use condom correctly and consistently with a non-regular partner
- 50% of vulnerable AYP access HIV testing services

### **Expected Outcomes**

It is expected that the above focused investment in AYP will lead to increase in comprehensive knowledge on HIV prevention amongst AYP, increased uptake of male and female condom and increased in uptake of HIV Testing Services the most vulnerable AYP. Ultimately, there will be a reduction of HIV incidence among AYP strongly advancing the vision of zero new infections in Nigeria.

### **Way Forward, conclusion**

- AYP are key and need to be engaged in order to achieve epidemic control. Although a national strategic plan to address HIV/AIDS in AYP exists, AYP are rarely engaged
- Investing in AYP is crucial for ensuring health, creating prosperity and fulfilling human rights.
- Gender inequality contributes to many health and social problems. Adolescent girls and boys, and their families and communities, should be challenged and supported to change inequitable gender norms.
- AYP need comprehensive, accurate and developmentally appropriate sexuality education.
- AYP-centered health services can prevent SRH problems and detect and treat them if and when they occur.
- Cogent need to address social and cultural barriers to the provision of sexual and reproductive health education and services for AYP.
- AYP should be involved more meaningfully in national and local actions intended to meet their needs and respond to their problems.

### Annexure: Selected Indicators on AYP and HIV in Nigeria

Indicator	Value	Year	Reference
<b>Population of AYP in Nigeria</b>			
10-24 years (ALL)	66,137,852	2019	Spectrum/EPP <sup>5</sup>
10-14 years (Male)	13,295,287		
10-14 years (Female)	12,769,108		
15-19 years (Male)	11,153,711		
15-19 years (Female)	10,777,472		
20-24 years (Male)	9,204,087		
20-24 years (Female)	8,938,188		
<b>Prevalence of HIV (%) in Nigeria</b>			
10-14 years (Male)	0.2 [0.0-0.3]	2018	NAIIS <sup>3</sup>
10-14 years (Female)	0.2 [0.0-0.3]		
15-19 years (Male)	0.1 [0.1-0.2]		
15-19 years (Female)	0.3 [0.2-0.4]		
20-24 years (Male)	0.3 [0.2-0.5]		
20-24 years (Female)	1.3 [1.1-1.5]		
<b>Number of AYP Living with HIV in Nigeria</b>			
10-19 years (Male)	43,240	2019	Spectrum/EPP <sup>5</sup>
10-19 years (Female)	49,290		
15-24 years (Male)	61,910		
15-24 years (Female)	93,360		
<b>Number of New HIV Infection among AYP in Nigeria</b>			
10-19 years (Male)	2,170	2019	Spectrum/EPP <sup>5</sup>
10-19 years (Female)	4,960		
10-19 years (Female)	8,030		
15-24 years (Male)	14,380		
15-24 years (Female)			
<b>Number of AIDS Deaths among AYP in Nigeria</b>			
10-19 years (Male)	1,370	2019	Spectrum/EPP <sup>5</sup>
10-19 years (Female)	1,070		
10-19 years (Female)	1,280		
15-24 years (Male)	1,000		
15-24 years (Female)			

<b>Viral Load Suppression (Percentage of HIV positive AYP with viral load &lt; 1,000 copies/ml) in Nigeria</b>		2018	NAIIS <sup>3</sup>
15-19 years (Male)	-		
15-19 years (Female)	32.6		
20-24 years (Male)	27.9		
20-24 years (Female)	32.1		

**References :**

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5. Spectrum/EPP Nigeria Country Estimates