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NOV'21 - Dec '22

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NEDC, NACA
Sign MoU on
Needs Assessment
in Borno, Yobe,
Adamawa •

Ensuring
Sustainable
Funding for
HIV •



Nigeria Moves to
End AIDS, Launches
New NSP •

PMTCT: Path to
an **AIDS-Free**
Generation
in Nigeria •

+

NACA
Boosts PMTCT
Campaigns in
South-East



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the Next 12 Months**
– **DG NACA**



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Ensuring Sustainable Funding for HIV

From the
Editor's
Desk

Toyin Aderibigbe
Head, Public Relations
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In 2020, the world witnessed a disease that would upend all aspects of human life. The highly contagious COVID-19 virus, which began its journey in Wuhan, China, spread across the world quickly, as governments in a bid to curb the spread, announced the closure of schools, banks, borders, worship centres and airports, altering daily life.

When Nigeria recorded its first case on February 27, 2020 in Lagos, there was widespread panic as experts wondered how a country with a fledgling health sector would survive since treatment for COVID-19 is generally free. But Nigeria weathered the storm.

One thing that would prove decisive was the massive financing that would go into the COVID-19 response. The wealthiest people and companies across Nigeria came together to create a Private Sector Coalition and put billions into a relief fund that would be used at the state and federal level.

With the COVID-19 pandemic now winding down and life returning to normal, there still remains other

epidemics most notably – HIV/AIDS. The question now is, how can we ensure that the spirit behind such philanthropy and cooperation does not disappear? How do we institutionalise this culture of wealthy individuals and firms channelling money in record time into a common pool to defeat HIV/AIDS?

To this end, the National Agency for the Control of HIV/AIDS (NACA) alongside the Nigerian Business Coalition Against AIDS (NIBUCA) initiated the HIV Trust Fund intended to draw N62 billion. The initiative, which was launched in January 2022, by His Excellency, President Muhammadu Buhari, is expected to help Nigeria end AIDS as a public health threat and place more people living with HIV on treatment annually.

President Buhari noted that Nigeria's purposeful partnership with the private sector in the response to COVID-19 pandemic had provided a readily available financing solution to leverage to sustain the HIV response. "Going forward, I hope The HIV Trust Fund of Nigeria will galvanise more of the private sector and other partners to surpass the target of N62 billion in the next five years," he added.

In his remarks, the Secretary to the Government of the Federation, Mr Boss Mustapha, revealed that over \$6 billion had been spent on the HIV response in Nigeria with the organised private sector contributing less than 2% to the sum.



The private sector contributed 0.1% to 2% of total funds with the rest of funds provided by the Nigerian government, Mustapha stated.



“Since 2005, about \$6.2 billion dollars has been spent on the HIV response in Nigeria and about 80% of the funds were contributed by external donors mainly 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 rest of funds provided by the Nigerian government,” Mustapha stated.

Indeed the donations from the private sector in recent years have not really been substantial enough to make the needed impact. But all hope is not lost. Chief Launcher and Chairman and CEO of Dangote Group, Alhaji Aliko Dangote, pledged that the private sector would be able to enter into a 50-50 partnership with the government in the area of funding.

He therefore appealed to individuals and corporate organisations in the country to donate generously toward the Fund, currently chaired by Dr Herbert Wigwe, the Group Managing Director of Access Bank Plc.

“We would like the private sector to work in partnership with the Federal Government on a 50-50 basis which we believe will help us eliminate Mother-to-Child transmission of HIV/AIDS in Nigeria,” he said.

Justifying the need for the Fund, the Director-General of NACA, Dr. Gambo Aliyu, maintained that providing life-long treatment to all Persons Living with HIV (PLWH) even after successfully stopping new HIV infections would require a domestically sustainable financing mechanism.

Apart from monetary funding, the private sector can be leveraged to provide HIV prevention, education, counselling and testing, care and support, and treatment services, says USAID. Also, private sector prevention and treatment efforts for other STIs can directly support HIV services which are even more cost effective.

Besides encouraging the super wealthy to donate to the HIV Trust Fund, everyday Nigerians could also be stimulated to do so by being offered tax incentives. This has boosted philanthropy in developed countries like the United States of America where eligible donations of cash, as well as items, are tax deductible.

Without a doubt, a system whereby a country's HIV response relies heavily on foreign donors and governments is not only unsustainable in the long run but unreliable. That is why this trust fund is timely. It is also part of the larger Alignment 2.0, a revolutionary programme initiated by NACA which will ensure increased funding and participation by both the Federal Government of Nigeria and the sub-nationals.

Instead of having implementing partners executing programmes at the state, using state structures, the Alignment 2.0 will allow each state to use its own structure to implement the programme while the implementing partners would become teachers, training and showing the state what they do and what they have been doing over the past 20 years to sustain the response and to provide treatment services to people in different locations throughout the state.

At the first instance they would do it together, after one year, the

implementing partner would now step aside and serve as technical advisers or technical assistants, providing the state technical guidance and technical services for the state to continue to drive the response. This is the way to go.

Research and experiences have shown that there is a clear nexus between increased funding and efficiency on the one hand and the ability to curb the spread of a disease on the other hand. This is why it is not surprising that the rate of HIV infections has continued to drop since Nigeria increased its ownership of the fight against HIV/AIDS.

According to the World Health Organisation, Nigeria has recorded a 22% decrease in new HIV infections in 2021 from 2015. The WHO adds that 90% of people living with HIV now have access to HIV treatment in the country. The downward trend in the rate of infections has also coincided with the Nigerian government's increased funding to the HIV response which now sees 100,000 people being added to the government's responsibility every year for the last three years in furtherance of President Buhari's promise at a high-level side event during the 72nd United Nations General Assembly in New York.

Indeed, with an improved cooperation between the Federal Government, states and the private sector in the area of funding and expanding access to quality care for people living with HIV (PLWH) and their families, Nigeria is on course to meeting the 2030 target of bringing HIV/AIDS to an end.



We need to Maximize the Next 12 Months – DG NACA

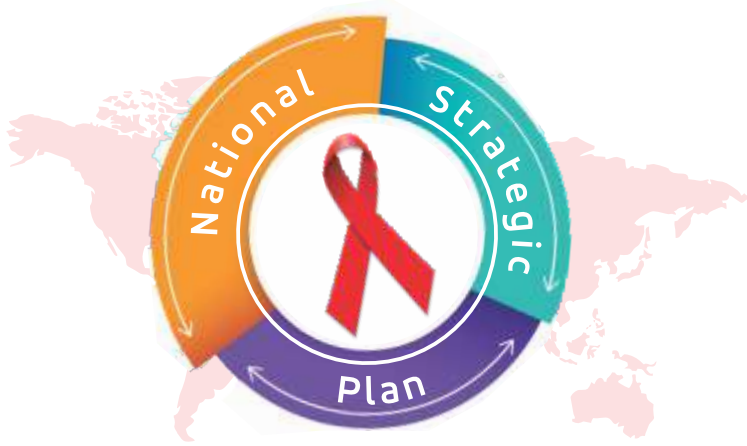


The DG NACA, Dr. Gambo Aliyu has called on Management and Staff on the need to accomplish all programmes that have not been concluded and the need to maximize the next 12 months before the current administration comes to an end.

The DG who made the call during the first technical meeting for 2022 stated that the agency should look forward to accomplishing key programmes in our mandate to end the spread of HIV/AIDS.

The DG further stated thus:

- That the bigger picture is epidemic control and sustain the tempo of commitment at NACA, Government and partner's level.
- That as a matter of priority the memorandum of Understanding (MoU) of sustainability model needs to be signed across the board to facilitate critical areas especially, scale-up and access to PMTCT to close the gap of new infection and death.
- That another priority in the New Year is to leverage on the gains made about the private sector's drive towards the actualization of the launch of HIV Trust Fund to push for the last mile. **He added that the Trust Fund will be launched at the Presidential Banquet Hall, Aso Rock on Tuesday, 1st February 2022.**
- He directed that all activities on prevention should continue and that internally as departments plan towards 2023, all activities are carried out within relevant budget lines flexible enough to guarantee service delivery.



Nigeria Moves to End HIV, Launches New NSP

— Shimsugh Chagbe



Nigeria is poised to end the HIV and AIDS epidemic in line with the global target set by the Joint United Nations Programme on HIV, and AIDS (UNAIDS). To achieve this, the country has evolved strategies to position itself to achieve this unique goal and to sustain the gains it has made over the years. Consequently, the National Agency for the Control of AIDS, (NACA) which statutorily coordinates the national HIV response, recently engaged in the development of the National Strategic Plan (NSP) 2022-2026).

This plan, which is the third strategic plan, is focused on guiding the country in its national response to the pandemic to remove HIV and AIDS as a fundamental challenge to public health and development concerns in Nigeria.

“*...the AIM of the NSP 2022-26 is to “attain epidemic control by achieving the 95:95:95 strategy; to ensure sustainability by fostering increased domestic financing, strengthening national and state level ownership and accountability of a sustainable HIV/AIDS response.*”

Though the national vision's targets – zero new infections, zero discrimination and stigma as well as zero HIV-related deaths – are yet to be achieved fully as envisaged, the country has made significant progress by improving access to HIV-related services.

Dr Funke Oki, the Acting Director of the Policy, Planning and Coordination Department of NACA, reeled out the timelines of the NSP development and explicitly stated the objectives of the document to stakeholders in both Abuja and Lagos, the venue for the meetings of NSP development process.

She stated that the aim of the NSP 2022-26 is to “attain epidemic control by achieving the 95:95:95 strategy; to ensure sustainability by fostering increased domestic financing, strengthening national and state level ownership and accountability of a sustainable HIV/AIDS response. Others are to align with policy directives and funding recommendations for the HIV/AIDS response and integrate national targets.

Dr Oki further explained that the process was very engaging and all-inclusive. It provided a platform for uniting relevant stakeholders in HIV/AIDS intervention towards achieving the country's targets and served as a resource-mobilizing tool for the national response among others.

Stressing the importance of the process and the need to own the document when reeled out, Dr Oki urged participants to make robust contributions that would reinforce the other strategic plans and address noticeable gaps to ensure Nigeria meets the global targets to end the pandemic.

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— Abiodun Alabi

A Look Back at How Nigeria Celebrated World AIDS Day in 2022

The world has come a long way since World AIDS Day in 1988, and Nigeria is no exception. Since Nigeria became a member of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1995, it has made significant progress in implementing a multisector national strategic plan for HIV/AIDS. Significantly, the Nigerian government advocated for a comprehensive approach to HIV prevention, treatment, care and support, and human rights in 2003. This advocacy led to the National HIV/AIDS and STI Strategic Plan for 2017– 2021, which provides a framework for preventing and controlling HIV and STIs in the country. Three priority areas are highlighted in the strategic plan: reducing new infections; expanding access to treatment, care, and support; and strengthening public awareness, education, and communication. These three priority areas have been the focal point around which World AIDS Day is celebrated in Nigeria.

For Nigerians, World AIDS Day is a chance to come together to show their support for people living with HIV/AIDS, press for more significant



*Know your HIV status
to bring attention to the ongoing battle
against HIV/AIDS.*

action to end the stigma, and raise awareness about the ongoing struggle against HIV/AIDS. The 2022 edition tagged "Equalise to end AIDS" came with its glamour as Nigeria uniquely celebrated it with a combination of public events, community initiatives, and education campaigns. From Lagos to Abuja, Nigerians proudly engaged in activities designed to spread knowledge about HIV/AIDS. Some of these activities include a colourful World AIDS Day march through the streets of Abuja, with participants holding placards and wearing shirts with slogans like "Know your HIV

status" to bring attention to the ongoing battle against HIV/AIDS. There was also an event attracting prominent attendees to commemorate the day at the International Conference Centre Abuja, where the Nigerian government committed to ending AIDS within a decade. The activities also featured roadshows in Lagos and every other state to raise public awareness about HIV/AIDS, a sporting activity, and a forum for Adolescent and Young People (AYP) to discuss young people's challenges in accessing HIV services.





L-R) Permanent Secretary (SGF) Dr. Maurice Nnamdi Mbaeri; Director General NACA Dr. Gambo G. Aliyu; UNAIDS country Representative, Dr. Leo Zekeng; International Partners and Stakeholders. At the unveiling of Gen-N National Campaign for AYP HIV Interventions in Nigeria, during the 2022 WAD - Main Event at The International Conference Centre in Abuja.

In addition to the various public events, community initiatives helped raise awareness about HIV/AIDS by targeting people working in the health sector, military members, and transportation workers like drivers and maritime workers, and many others. For example, there were HIV mobile test centres in various hotspots across the country that allowed people to find out their HIV status anonymously. There were also efforts to increase access to antiretroviral therapy, with the government committing to ensure that all people have access to antiretroviral drugs. An HIV stigma reduction project was also launched to help reduce prejudice and discrimination against people with HIV. This will also encourage people

to talk about HIV and promote confidence, respect, and privacy for people with HIV/AIDS.

As part of the efforts to raise awareness about HIV/AIDS, the Nigerian government also implemented several programs and services to help combat the disease. These included initiatives to improve access to HIV testing and treatment services, such as expanding public health facilities and providing home-based care to people who cannot leave their homes. The Nigerian government kick-started a five-year National youth-focused HIV prevention campaign, tagged "Generation -Negative (Gen-N)," to empower Adolescents and Young

People (AYP) with the necessary skills to stay free of HIV. The campaign will identify Gen-N Heroes, which includes community leaders, health workers, and youths, who will remove barriers to accessing care and serve as community champions. Financial assistance was also provided to people with HIV/AIDS, including grants for treatment and support services and social assistance such as food subsidies and housing assistance.

Furthermore, the Nigerian government has committed to ending HIV transmission by 2030. To achieve this, the Nigerian government plans to scale up the use of antiretroviral therapy to treat people with HIV, increase research funding to develop new HIV therapies and vaccines to prevent HIV, and sponsor a discussion about the need to scale up the use of biomedical prevention methods, such as pre-exposure prophylaxis or PrEP, and voluntary medical male circumcision.

Nigeria has made significant progress in combatting HIV/AIDS, but work is still to be done. Thus, Nigerian government officials, health care providers, and people living with HIV/AIDS will have to work together to end HIV transmission by 2030.





NACA Hosts Sixth National Council on AIDS

By Policy, Planning and Coordination Department

The National Agency for the Control of AIDS (NACA) held its 6th National Council on AIDS (NCA) at the Sheraton Hotels, LadiKwali Hall, Wuse Zone 4, Abuja, from the 17 to 19 May 2022. The theme of this year's event was **“Innovative Approaches towards HIV Epidemic Control and Programme Sustainability at State Level.”**

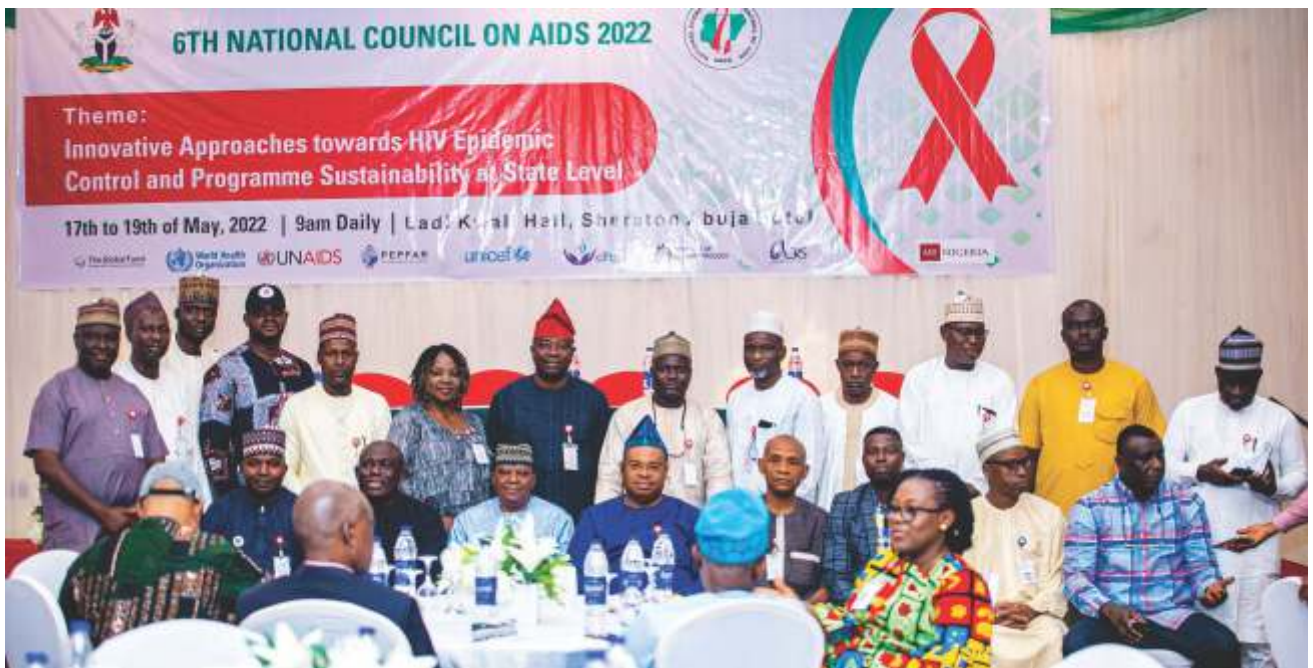
The three-day event had in attendance 248 participants from 36 states of Nigeria and Abuja. The participants comprised NACA,

relevant Ministries, Departments and Agencies, (MDAs), State Agencies for the Control of AIDS, (SACAs) and UN Agencies. Others were the United States President's Emergency Plan for AIDS Relief (PEPFAR), AIDS Healthcare Foundation (AHF), Implementing Partners, (IPs), Donors, Non-Governmental Organisations, (NGOs) Civil Society Organisations, (CSOs), and Networks involved in HIV issues.

The Acting Director of the Policy, Planning and Coordination Department, Mrs. Funke Oki, said the

primary objective of the NCA was to review progress in the implementation of approved resolutions from the 5th NCA. She added that during the meeting a two-day technical meeting would consider and recommend suitable memoranda for council deliberation and approval. In addition, a one-day council meeting would consider and approve memoranda recommended by the technical committee.

The NCA considered memoranda submitted by stakeholders on various issues bordering on the national



response to HIV in Nigeria. It also agreed on policy resolutions to facilitate epidemic control and enhance the implementation of sustainable programmes for HIV prevention, treatment, care and support in Nigeria, especially at the sub-national level.

Designated stakeholders made presentations about their success stories during the first two days,

which also featured technical sessions while the third day was exclusively for the council meeting.

Stakeholders submitted seventy two (72) memoranda addressing various aspects of national HIV response, which were considered by the NCA Council. They sought to address issues on governance and systems strengthening, programmes, Research, Monitoring &

Evaluation and Resource mobilisation, finance and sustainability.

Three technical sessions were held within the two days, 18 memoranda were reviewed during the first technical session, 29 memoranda were reviewed during the second technical session and 28 were reviewed during the third technical session.



After proceedings, 12 memoranda were recommended for the council's consideration and approval, 41 memoranda were recommended for council notification, 13 memoranda were withdrawn and 6 memoranda were not recommended to the council.

There were five presentations to highlight success stories in states. They include: Community PMTCT services in Lagos by Centre for Integrated Health Programmes (CiHP); the Rivers SURGE Project (IHVN Success Story) Health in All Policy (HiAP) by the World Health Organisation; the Prisons Study and Taraba State's presentation.

The following 12 memoranda were recommended for Council consideration and approval, out of which nine were approved as follows.

➤ **NCA/06/01:** Memorandum on the Status of Implementation of Resolutions of the 5th National Council Meeting
Resolution: Adopted

➤ **NCA/06/04:** Memorandum of the USAID-Funded Health Policy Plus Project on Strengthening Public Financial Management Processes in Enhancing Domestic Resource Mobilization at the Sub-National Level
Resolution: Approved

➤ **NCA/06/05:** Passage of the Anti-Discriminatory Law in Kogi State
Resolution: Noted

➤ **NCA/06/06:** Optimization of Coverage in Implementation of PMTCT Focused HIV Trust Fund (HTF), Through Involvement of SACAs, For Programme Sustainability
Resolution: Approved

➤ **NCA/06/15:** Memorandum of Association of Women Living with HIV and AIDS in Nigeria
Resolution: Approved

➤ **NCA/06/16:** Memorandum on the Need for SACAs Capacity Assessment towards Organizational Sustainability at Sub-National HIV Response.
Resolution: Approved

➤ **NCA/06/19:** Memorandum on Improving the Mother-to-Child

Transmission of HIV (PMTCT) Coverage through the Community PMTCT Approach.
Resolution: Approved

➤ **NCA/06/35:** Folder System of Keeping HIV/AIDS Patients Record versus Electronic System of Keeping Other Patients Record in a Facility as a Nidus for Discrimination.
Resolution: Approved

➤ **NCA/06/46:** Memorandum of the USAID-Health Policy Plus Project on the National Domestic Resource Mobilization and Sustainability Strategy for HIV 2021-2025
Resolution: Approved

➤ **NCA/06/56:** Memorandum on the Need for World Bank Credit as a Gap Filling Funds for National and Sub-National HIV Response
Resolution: Approved

➤ **NCA/06/66:** Memo on the Need to Share Information and Data on the Federal Constituency Project Carried out HIV at Community Level with SACAs.
Resolution: Approved

➤ **NCA/06/67:** Memorandum of Accelerating Epidemic Control by Enhancing Access to Safe and Equitable HIV Services for Key Populations.
Resolution: Stepped down (prayers, to be amended)

At the end of the consideration, approved memoranda were adopted while Lagos State was announced as the host of the next NCA.

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best decision
 for our well-being



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The National Call Centre for HIV/AIDS & Related Diseases (NCCH) was commissioned in June 2012 with the primary goal of providing information, counselling, and referral services to the public on HIV and AIDs and related diseases such as Tuberculosis, Sexually Transmitted Infections (STIs), and malaria.

The centre has efficient personnel that respond to telephone calls in English, Hausa, Igbo, and Yoruba languages. The workers at the centre receive inquiries from the public and provide accurate information about HIV/AIDS prevention, treatment, care, and support.

To further strengthen the strategy to curb the spread of HIV among young people, NACA partnered with UNICEF and launched the Youthful Alive and Healthy Nigeria (YAaHNaija) campaign on 20 September 2022.

YAaHNaija is an innovative intervention for increasing the use of effective HIV prevention measures among Adolescents and Young People (AYP). Primary prevention is a cornerstone to achieving the 95-95-95 HIV elimination targeted to be achieved by 2030 as projected globally by UNAIDS.

The use of HIV Self-test (HIVST), Pre-Exposure Prophylaxis (PrEP)

YAaHNaija: An Intervention Initiative for a Healthy Generation

-Barry Martin & Ikenna Odionye of NCCH

and Post-exposure Prophylaxis (PEP) among others are primary prevention tools used to target the key population.

The intervention programme uses friendly technology (U-report and digital social media platforms) to ensure AYPs have access to knowledge, and services and are fully engaged in the YAaHNaija intervention.

The National Call Centre also plays a key role in the YAaHNaija intervention programme as clearly illustrated below:

1. The definition of YAaHNaija and how to register for the U-test Journey.

2. HIVST, GBV, mental health, info on HIV, risk assessment, incentives (YOMA), and how to proceed with the U-Test User Journey.

3. HIV self-testing, modes of transmission, PrEP and other preventive measures.

4. Where to get an HIVST kit and PEP.

5. How to perform the HIVST, how to interpret the result and referrals for confirmatory tests if necessary.

If Adolescents and Young People remain healthy, there is hope for the birth of an HIV-free and vibrantly healthy generation.

Youthrise Nigeria supports the fight against **HIV/AIDS**

— Muhammad Ibrahim Yakasai

The Project Manager of the Federal Capital Territory Agency for the Control of AIDS, Dr. Uche Okoro, has stated that the collaboration between the agency and 'Youthrise' Nigeria has yielded fruit.

Particularly, it has affected positively in promotion of human rights, access to quality health care and social justice for young people, especially those vulnerable to drug use.

It has also helped in the fight against HIV and AIDS through community prevention programmes and awareness creation among youths in Nigeria.

He stated this at the Air force Conference Centre Abuja, where the entity marked its tenth anniversary recently.

Dr. Okoro said the collaboration between the two entities for the past 10 years has helped in reducing



Ronke Adeoye representing the NACA DG at the RISE FY22 Stakeholders Performance Review Meeting in Lagos. In the picture is the Country director of Jhpiego Dr Adetiloye and the Chief of Party Emmanuel Atuma

new cases of AIDS, therefore delisting the FCT from the rankings with the high prevalence rates of HIV.

The Youthrise is an advocacy and service-based organization in Nigeria, which helps to promote growth and development among Nigerian youths.

Dr Chinwendu Ndukwe, who represented Dr. Gambo Aliyu, NACA's Director-General, attended the



A Team of NACA HQ/ SW Zonal office at the National Agency for Food and Drug Control (NAFDAC) to carry out spot check verification exercise of laboratory equipment donated by GLOBAL FUND under the Assisted Health Grant.

event alongside other stakeholders collaborating to end AIDS as a public health problem in Nigeria.



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DISSEMINATION OF THE REPORT ON NACA GENDER ASSESSMENT OF THE HIV/AIDS NATIONAL RESPONSE IN NIGERIA: THE MEDIA IMPACT! — Umaru Henry Glane

Gender inequalities in HIV/AIDS have over the years been a key factor in analyzing and understanding the dynamics of the National response that findings from the 2019 Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) had revealed. According to the survey HIV prevalence among adults 15-49 years was 1.4% (1.9% females to 0.9% males and 1.9% females to 1.1% males ages 15-64 years respectively).

The National Agency for the Control of AIDS (NACA), in its bid to support the process of a more gender sensitive and responsive programming towards ending the spread of HIV/AIDS among women took an urgent step. It unveiled the Gender Assessment of the National HIV Response in Nigeria; which seeks to identify strategic investments to accommodate gender responsiveness in the national HIV response amongst others.

In Nigeria, the first Gender Assessment of the HIV response was organized by NACA in 2013 with support from the Joint United Nations Programme on AIDS (UNAIDS) to address critical barrier issues to the negotiation of safer sex due to the findings relating to

unequal power dynamics between the female and male gender.

Speaking at the dissemination meeting of the report at the Agency's Headquarters in Abuja, the Director General of NACA, Dr. Gambo Aliyu stated that the report would help to pinpoint strategic planning and budget processes that have essential information surrounding the potential epidemic. This would fast track the tackling of the pandemic in a more gender sensitive context and perspective.

Evidence have shown the potency of Gender inequalities in promoting the spread of HIV/AIDS and the need for the media to amplify such issues of gender equality and human rights to the fore using strategies that will promote meaningful stakeholder participation. These steps will go a long way in our global quest to end the spread of HIV/AIDS.

Noting the efficiency of media campaigns on critical societal issues, the recent findings on the gender inequality report, it is necessary that all media organizations get involved to promote key findings of issues relating to the phenomenon, using all strategies whether in commercials or programming.

For example, a 30-60 second radio commercials can have a significant impact ingenerating evidence and facilitate learning on the extent to which the national response recognizes and acts on gender inequality and gender- based violence as a critical enabler of the HIV response.

Information use on sexual violence and widespread violation of women's right for a more gender responsive national HIV response should be running more frequently and simultaneously across conventional and online channels many times per week. This would ensure that the target audience listens and understands comprehensive issues on Gender equality in HIV policies and programmes rolled out by key players in the HIV/AIDS response in Nigeria.

The media can be engaged to promote descriptive analyses in the HIV/AIDS prevalence difference between women and men, risk factors having differential effects between women and men, issues of women living with HIV/AIDS struggling with stigma and exclusion among other issues of gender inequalities.

Such issues aforementioned can frequently be promoted in the media via 'Sponsorship', 'Produced spots' and 'live read' programming, where an On-Air Personality who can discuss and persuade viewers/listeners with campaign messages from findings of the Gender Assessment of the National Response.

To ensure that Nigeria attains the UNAIDS target of 90-90-90 to end the spread of HIV/AIDS it is essential that the media space is effectively utilized in promoting key findings of numerous HIV/AIDS working documents, especially the recent unveiled report of the Gender assessment of the National Response.



How **NACA** is Winning Through Effective Zonal Programme Supervision

— Dr I. Miriam Ezekwe

Monitoring and evaluation of HIV occurrence and responses allow countries to track the epidemic and their prevention and control efforts. Scientists use standardised indicators to assess progress and challenges over time and make cross-national comparisons. Governments and international donors in sub-Saharan Africa are giving increasing attention to the need to develop effective monitoring and evaluation (M&E) programmes to provide reliable data in a timely fashion that can guide and help to improve such initiatives. Spending on the various national programmes and initiatives in different sub-Saharan African countries is determined largely by the stage and intensity of the epidemic, health policy, national resources, and donor support. These massive inputs, the colossal and

urgent needs at hand make systematic monitoring and evaluation of control and prevention of HIV infection and AIDS patient care programmes critical to maximising their cost effectiveness, particularly in resource-poor countries. In addition, the current emphasis on HIV prevention on combined biomedical, behavioural, and structural approaches requires accurate, appropriate, timely, and evidence-based information that M&E systems can provide.

The National Agency for the Control of AIDS (NACA) established regional hubs in 2019 to track and monitor the progress of HIV control programmes across Nigeria. These supervisory hubs are present in each of the six geopolitical zones of the country. The NACA southeast zonal office located in Umuahia, Abia state has carried out HIV/AIDS programme monitoring and supervision which has brought the activities of the agency closer to the communities while working in close collaboration with the State Agencies for the Control of AIDS (SACA) in Abia, Anambra, Ebonyi, Enugu and Imo states.

The conceptual model of the national HIV strategic plan with the four key thematic areas of prevention, treatment, care and support, and policy, and the linkages and interrelationships between these areas are ably supervised and monitored at the zonal level. At the national level, a three-tiered federal, state and local government structure and development functions are performed by Ministries, Departments and Agencies (MDAs). There is also the reference made to geopolitical zones, which like the community are without specific recognised constitutional or statutory conveyance. The community

concept connotes a grassroots unit decentralised for an easy and effective development process. While there are laws and policies for global, regional and sub-regional agencies and constitutional provisions for national governance at federal, state and local tiers; there are none for zonal (geopolitical) nor the community level. This is proof of strategic gaps existent in the 'Global-to-Community' development structure.

NACA is addressing this strategic gap through the zonal offices and is putting in place institutional frameworks at both zonal and community levels in collaboration with the states to achieve epidemic control. Some activities of programme monitoring and implementation are Programme Implementation Monitoring (PIM) Exercise in Abia, Anambra, Ebonyi, Enugu and Imo State in September 2022. The objectives were to ensure stakeholders/partners across the country are implementing community and health sector HIV/AIDS interventions as planned. Secondly, it strengthens states as they step into their managerial role for sustainability. The exercise demonstrated that coordination platforms for periodic interaction with the implementing partners including State Multidisciplinary Planning Team and various TWGs (prevention, ART, and TB) were active. There is an increasing uptake and frequency of HIV testing, particularly among the population at high risk of HIV because of awareness creation and availability of HIV self-testing options. The quarterly zonal office and implementing partners meeting brings together partners in different states of the southeast zone to solve problems, collaborate and share experiences.

Dr Ezekwe
NACA Zonal Coordinator, South-East

NACA Boosts PMTCT Campaigns in South-East



Love FM Umuahia

The National Agency for the Control of AIDS (NACA) has urged women in the South-East to avail themselves of Prevention of Mother-to-Child Transmission (PMTCT) services to know their status, ensure the well-being of themselves and their unborn child for a guaranteed future devoid of HIV infection.

The NACA Zonal Coordinator for the South-East, Dr Miriam Ezekwe, stated this during radio phone-in programmes dedicated to PMTCT. The programmes, which originated at the NACA headquarters, Abuja, were aired on Love FM and Rhema FM stations in Umuahia and Aba respectively on 20 October, 2022.

The Zonal Coordinator, represented at the occasion by Mr Anikene Moses Rock, explained the mandate of NACA to the audiences, adding that PMTCT interventions were a spectrum of care given during

pregnancy, childbirth and postpartum. She enjoined pregnant women to take personal initiatives to request HIV testing services which are free at most government-supported health facilities in the states “once pregnancy was confirmed.”

The Abia State Ministry of Health, PMTCT focal officer, Mrs Agwu Vivian, while contributing to the discussion, said the state government was aware that some pregnant women patronised traditional birth attendants (TBAs) and mission homes. She added that they have identified these homes and linked them to service delivery centres, which means orientation and engagement of TBAs across the 17 LGAs have been conducted. She also said the state has initiated cluster coordination meetings using the Hub and Spoke Model to reach pregnant women for increased PMTCT access and uptake in Abia state.

Also contributing, Caritas Nigeria Abia State PMTCT focal officer, Mr. Emeka Godswill Ukpabi, informed the audiences about Caritas activities in the state. He stated that the Catholic organisation has been collaborating with stakeholders in the state to identify viable options for PMTCT services in addition to the use of Baby Shower for the faith-based congregation and Mother Love party for non-faith-based gatherings to support pregnant women thereby eliciting their interest and willingness to access HIV services.

Mr. Emmanuel Ojiaku of the Public Relations and Protocol Division of NACA headquarters gave out the NACA toll-free lines for people to call for enquiries on HIV issues and services while assuring listeners that the line was safe, secure and user-friendly. Mrs. Mercy Edna Ukah told listeners that HIV was not a “death sentence” and urged pregnant women to always be available for HIV testing. NACA participants also informed the audiences that the Federal Government has prioritised PMTCT, explaining that the first tranche of the HIV Trust Fund focuses on the elimination of Mother-to-child transmission of AIDS.

ENSACA, UNICEF Peps Up Adolescents' Skills

— Habeebat Abdulwahab



A **facilitator** in one of a training session with adolescents in Enugu

The Adolescent Kit for Innovation and Expression was first introduced in Nigeria by the Children and AIDS section of UNICEF in 2017, serving as an entry point for programming with adolescents in the humanitarian context of the North East of Nigeria.

It was designed to empower adolescents – especially adolescent girls – build assertiveness and other skills relevant not only for protection against HIV infection and other STIs but also to empower them to be agents of peace and actors for development.

It was an opportunity for multi-sectoral convergence work with adolescents across all UNICEF sectors.

The Adolescent Kit for Expression and Innovation is a package of technical guidance, tools, activities and physical supplies intended to develop the capacity of adolescents especially for those individuals affected by conflict, poverty and other humanitarian crisis.

UNICEF has rolled it out in Enugu State in collaboration with Enugu

State Agency for the Control of HIV/AIDS (ENSACA). The scheme has so far trained over 500 adolescents across Enugu Metropolis making use of training. Facilitators pooled from the general population

and Adolescent Positive Youths in Nigeria (APYIN).

The AYPs constitute approximately one-third of Nigeria's population [70 million]. Nigeria has the fastest-rising number of HIV-positive cases in sub-Saharan Africa. The fastest rate is among 20-24 year-old females. Therefore, investments in Adolescents, Girls and Young Women (AGYW) will help reduce mortality and morbidity among AGYW [healthy mothers], reduce transmission rates to sexual partners and lower mother-to-child transmission of HIV.

ENSACA led by its Executive Secretary, Dr Arthur Idoko, has been leading the fight against HIV infection among AYPs. In collaboration with UNICEF and AYPIN, the Adolescent Kit-training

programme has been rolled out in local government areas of Enugu state, which started with Enugu East and Enugu North. Adolescents are trained on competencies that will enable them to live healthy lives, be creative and innovative, and make better decisions that will help improve their everyday lives.

Recently the Adolescent Kit Competition was held at the community, local government and state-level in commemoration of the International Day of the African child and the Adolescent Youth Day. Various prizes and medals were won, and the winners received huge cash prizes.

Since the training, ENSACA has recorded many success stories. It has shown commitment in liaising with AYPIN to make sure AYP are better engaged in Enugu State to enable them to attain good health and live better lives.

Dr. Ikechukwu Orakwue, ADOKITS Lead Resource Person, contributed to this article



Launch of South-West Data Situation Room

— Shimsugh Chagbe



NACA Board Chairman and his Team along with the **SW Zonal Coordinator** and other SW Zonal office staff holding copies of the Newly Launched Zonal Office Bulletin. The Bulletin is a review of activities and achievements of the southwest zonal office.

The National Agency for the Control of AIDS (NACA) recently inaugurated a Situation Room in its South West Zonal office. The NACA Chairman, Dr Oladipo Odujinrin, said at the inauguration in Lagos, on 3 October 2022 that the importance of data to HIV intervention could not be over-emphasised.

Dr. Odujinrin added that the agency's coordination of HIV national response solely depends on proper and accurate data on the pandemic. He expressed gratitude to the Kensington Adebute Foundation which supported NACA by providing IT equipment for the project.

The Zonal Coordinator, Mrs. Ronke Adeoye, stated that the Situation Room has effective, integrated electronic dashboards that can provide policy and decision-makers with a one-stop portal

to track progress and track implementation of all health and non-health sector interventions within the South West Zone.

Mrs. Adeoye expressed gratitude to the board chairman for his relentless efforts for using his influence to ensure the project was achieved. She said the objectives of the Data Situation Room are to provide data visualization and tracking of core HIV/AIDS indicators and information on HIV response at a glance for stakeholder performance management and decision-making. The centre would also show the geographical spread of health facilities and treatment coverage, provide information on HIV financing and gaps and implementation progress of the zonal response to determine implementation gaps, challenges, and areas of improvement.

*HIV has no cure,
prevention is the
best option*

*Especially When
Something Has
No Cure.*



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NACA: Fighting AIDS to Finish!

GENDER AND HUMAN RIGHTS STATE MONITORING TEAM VISIT PLATEAU

As the HIV and TB epidemics in Nigeria evolve, certain groups or sub-populations continue to experience high disease burdens, poor health outcomes, human rights violations, poor access to justice and other serious issues despite the significant expansion of the national responses over the last decade.

In addition, many structural level factors increase vulnerability to HIV and TB. These include serious challenges related to the protection and promotion of human rights for those most at risk of acquiring HIV or TB, and the significant negative public health consequences this entails individually and collectively. In services provision, components of access to justice are not available in all locations. Law enforcement and other duty-bearers need to address stigma and discrimination in the provision of their services to which survivors of violence are constitutionally entitled.

A fundamental principle of the United Nations Charter adopted by world leaders in 1945 is "equal rights of men and women", and protecting and promoting human rights is the responsibility of all. An innovative and efficient means for comprehensively addressing the identified gender, human rights and structural barriers to the protection of the rights of all Nigerians as it pertains to the HIV and AIDS response, is the establishment and strengthening of a multi-sectoral Gender and Human Rights State Response Team (GHR-SRT) in each of the states of the federation.

The key stakeholders across all segments of the multi-sector HIV and TB responses in Nigeria are intensely aware of the presence and effects of human rights and gender-related barriers and are fully engaged in programmes to reduce or remove them. Despite such efforts, however, progress to improve the effectiveness and impact of HIV and

TB programmes across all population groups, in all their diversity, remain less than optimal.

Given these and to ensure greater the achievement of the set goals of the national response, there is a need for bi-annual monitoring visits to NPS, PACA, NDLEA and state response teams to ensure standards are adhered to and followed.

The 18 organisations visited in Plateau State are: Plateau Agency for the Control of AIDS (PLACA); Network of People Living with HIV/AIDS (NEPWHAN), Association of Women Living with HIV/AIDS (ASWHAN), Plateau State Tuberculosis and Leprosy Control Programme, APIN, Key Population Secretariat, APYIN, NDLEA, State AIDS and STI Control Programme (SASCP), and National Human Rights Commission (NHRC).

A FUNDAMENTAL principle of the UNITED NATIONS Charter adopted by world leaders in 1945 is "equal rights of men and women", and protecting & promoting human rights is the responsibility of all.

Others visited include: Plateau State Ministry of Justice, Society for Family Health, Nigeria Security and Civil Defence Corps (NSCDC), Ministry of Women Affairs and Social Development, Legal AIDS Council of Nigeria Plateau State, Reproductive Health Concern Organisation (REHCON)-CSO, Plateau State Police Command and Nigeria Correctional Service.

The Zonal Coordinator, North Central, Mr. Lawrence Kwaghga, gave a brief background of the supportive supervisory visit to the state. He said the exercise aims to identify Gender and Human Rights programme gaps towards epidemic control and the global goal of ending AIDS by 2030 and to strengthen the response system for access to justice for HIV/TB, gender and human rights-related issues.

Throughout the five-day visit from October 30 to November 4, 2022, robust discussions were carried out around basic areas such as how violations or lack of attention to human rights can have serious health consequences (e.g. harmful traditional practices, slavery, torture and inhuman and degrading treatment, violence against women and children).

Other discussions include: How health policies and programmes can promote or violate human rights in their design or implementation, how vulnerability to ill health can be reduced by taking steps to respect, protect and fulfill human rights like freedom from discrimination on account of race, sex and gender roles, rights to health, food and nutrition, education, and housing.

The summary of the challenges with the gender and human rights programme in the

state are: Lack of funds for implementation of activities, no budgetary allocation for gender and human rights HIV response for implementation, non-passage of anti-stigma and discrimination law, lack of test kits, absence of guidelines for implementation, inadequate training/capacity building, lack human resources, absence of sustainability strategy, lack of proper synergy and collaboration and bureaucratic bottlenecks.

The summary for recommendation of a more effective gender and human rights summary of Recommendation for more effective gender and human rights interventions in the HIV/AIDS Response in Plateau State include: Effective coordination of interventions, better advocacy for adequate budgetary provision for state gender and human rights departments, and ensure advocacy visits to the Plateau State House of Assembly to press for the passage of the stigma and anti-discrimination laws.

Other recommendations include: Seeking support from the National Human Rights Commission, Plateau State Office on the passage of the stigma and anti-discrimination law, building capacity of the Gender and Human Rights State Response Team; organising gender and human rights training for all relevant organisations; providing HIV test kits and consumables to PACA, and other MDAs and CBOs that are involved in carrying out HTS and other prevention services; and institutionalising domestic resource mobilisation for gender and human rights interventions in the state.

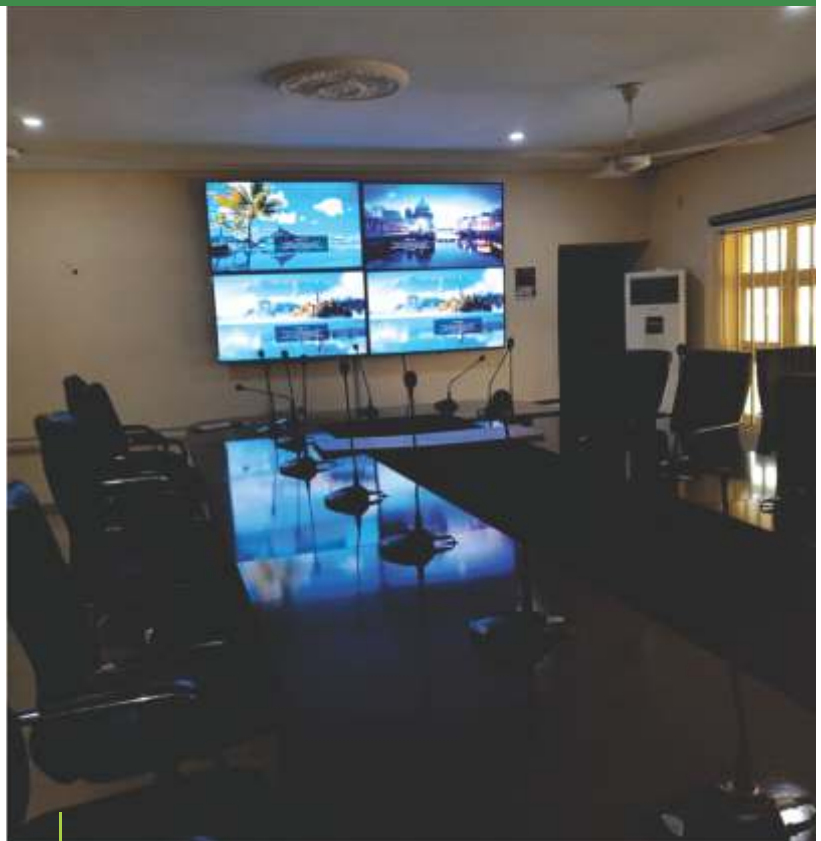
— Lawrence Kwaghga



Taraba State ART Sustainability Model: The Journey so far.

Dr. Garba Danjuma

Until October 2021, the management of HIV clients in Taraba State was under the Federal Government of Nigeria. The National Agency for the Control of AIDS (NACA) coordinated the programme through its Comprehensive AIDS Programme with State (NCAPS). On October 1, 2021, the Federal Government of Nigeria and NACA handed over the treatment of over 40,000 HIV clients to USAID to be implemented by Jhpiego through the Reaching Impact Saturation and Epidemic Control (RISE) project. The RISE project is designed in such a way that the RISE team will work alongside the Taraba State Government team. This is to ensure skill transfer and sustainability.



Situation room in TACA conference hall



*TACA Office Complex,
Jalingo*

The handing over of the treatment programme was preceded by a high-level advocacy visit led by the United States Charge d'Affaires in Nigeria, Kathleen Fitzgibbon, to the Taraba state Governor, His Excellency, Darius Dickson Ishaku, to flag off the commencement of PEPFAR Comprehensive ART support to Taraba State through Jhpiego-RISE.

The high-level advocacy team consisted of the Director General, NACA, Dr Gambo Aliyu; the PEPFAR team; the Chief of Party Jhpiego-RISE, Dr. Emmanuel Atuma; Country Director Data.FI, Dr Dauda S. Dauda; COP, PHI-ICHSSA4 among others.

During the visit, the Charge d'Affaires appreciated the partnership and collaboration between PEPFAR, NACA, and Taraba State Government. On arrival to the state, Ms Fitzgibbon was received by the state government delegation under the leadership of the Hon. Commissioner of Health, Dr Innocent Vakkai, and Director General, Taraba State AIDS Control Agency (TACA), Dr Garba Danjuma.

To ensure the sustainability of the ART programme, the RISE team is collocating in the TACA office complex. The Taraba State Government through TACA provided

both some office space for the smooth running of the operation of the RISE team, and a parcel of land for the RISE project to erect a portacabin to provide additional office spaces for the RISE staff within the TACA premises. The commissioner for health constructed the portacabin with funding from the USAID/Jhpiego/RISE and commissioned it on September 20, 2022.

Furthermore, to sustain the ART programme, the Taraba State Government was able to inaugurate the Technical Working Group (TWG) on Domestic Resource Mobilisation. Members of the TWG were trained on roles and responsibilities with the support of the RISE project. The TWG has commenced meetings. Similarly, the State Surge Committee was constituted which comprises relevant government functionaries in the HIV space and implementing partners.

The committee meets weekly in the situation room in the TACA conference hall to review data, develop action points and assign responsibilities. The meetings also provide an avenue for the Taraba State Government team to understudy the activities of implementing partners. This is to ensure sustainability and HIV epidemic control in the state.

The situation room was equipped with funding from USAID/Data.FI and

commissioned on June 14, 2022. The SAPC of SMOH chairs the weekly surge coordination meeting, while TACA provides the secretariat. The monitoring and evaluation officers of TACA and SASCP were trained in data visualisation and presentation of the Data by an FI consultant.

To ensure the sustainability of the situation room activities, the Monitoring and evaluation officers of TACA and SASCP collate, analyse and present data during situation room meetings under the guidance of the Data.FI consultant. Another USAID-funded project in the state is the Integrated Child Health and Social Services Award (ICHSSA 4), which focuses on children and adolescents living with HIV.

Other implementing partners and NGOs supporting the HIV response in the state include FHI/AHNI, EGPAF, SFH, CFID, WACHEF and GHEPI among others.

In conclusion, the TACA office complex also accommodates the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), the Society for Family Health (SFH), Data.FI, RISE Project, Taraba State Primary Health Care Development Agency, this is to provide HIV intervention under one roof promote effective coordination and efficient utilisation of resources.

Dr. Danjuma is the DG, TACA



*Furnishing of RISE office
(Portacabin) in TACA premises*



*RISE Project office (Portacabin)
constructed within TACA premises*

Nigeria has indicated a strong commitment to remove all forms of barriers hindering people's access to HIV services to build momentum to achieve the target of eliminating the pandemic by 230.

The Director General of the National Agency disclosed this for the Control of AIDS, Dr. Gambo G. Aliyu at the World Press Conference to mark the commencement of activities culminating in World AIDS Day 2022. In his speech, Dr. Gambo said "this year's World AIDS day seeks to promote equal access across the population that is marginalized among vulnerable and key affected population groups by removing economic, social, cultural and legal barriers to HIV prevention services across population groups that are vulnerable to HIV.

The global theme for this year's world AIDS Day is "Equalize." "Taking a cue from this Nigeria derived its national theme: "Equalize to END AIDS: Equal Access to Treatment and Prevention Services."

WAD 2022: Nigeria Poised to Remove All Barriers to HIV Services Access

— Shimsugh Chagbe

The global theme for this year's world AIDS Day is "Equalize." "Taking a cue from this Nigeria derived its national theme: "Equalize to END AIDS: Equal Access to Treatment and Prevention Services."

Dr. Gambo stated that the country has made great strides over the years and at the end of September 2022 placed 1.6 million persons on treatment, "which represents a significant leap when compared to 838,020 persons in 2017." He also disclosed that treatment sites have increased from 251 in 2007 to 2,262 in 2020 while new infections gradually declined from 103,404 in 2019 to 92,323 in 2021 as a significant growth in Key population treatment centres leapt from 10 in 2017 to 118 with significant coverage in treatment sites.

The NACA DG also reeled out some remarkable achievements which the country has made including Alignment 2.0, HIV prevention and treatment which entails the

shifting of ownership to States "while guaranteeing continued partnership and support from Donors" among other noteworthy landmark efforts in the national response to the pandemic.

He assured that Nigeria would intensify access to prevention, treatment, care and support services for hard-to-reach populations especially those communities circumscribed by conflict. He added that more focus would be directed at ensuring increased availability, quality and suitability of services, for HIV treatment, testing and prevention, to ensure the envisaged equality.

The Minister of Health, Dr. Osagie Emmanuel Ehanire expressed satisfaction at the level the country has achieved in controlling the HIV and AIDS epidemic. "Today we have 90% of



people who are HIV positive know their status, 98% of these are on HIV treatment and 95% of those on treatment have attained viral suppression," he stated.

He however expressed concern that "despite the availability of free treatment services, as of today, we still have an unacceptable number of children, less than 15 years, living with HIV who are difficult to find and place on treatment..."

The minister however assured that Nigeria will work to close the existing gaps to ensure a free-AIDS generation and meet the year 2030 targets to end the HIV pandemic. "We need to equalize access to essential HIV services, particularly for children, pregnant women, key populations and their partners and those in closed settings who are often forgotten. To do this, we must, in a consistent manner address and remove all structural barriers that affect negatively on access to services." He also commended the development partners for their earnest support in the fight to end the pandemic.

Meanwhile the Country Director of the Joint United Nations Programme on AIDS (UNAIDS), Dr. Leo Zekeng reassured Nigeria of the United Nations' commitment to working with her and other partners and communities to ensure that the HIV and AIDS pandemic ends by

2030. He also acknowledged the progress the global community has made in AIDS response, resulting in a significant decline in new infections and HIV-related deaths.

Dr. Zekeng however noted with concerns that there still exist barriers, which are blocking equal access to HIV treatment, care and support as well as preventive services to vulnerable groups. Such barriers, he said include economic, social, cultural and legal impediments.

"Evidence suggests that we have made a lot of progress in reducing new infections, putting many people on treatment. If you look at the global statistics new infections have declined by about 32 percent, the AIDS-related mortality has

decreased by about 52 percent because people who are tested are put on treatment and as a result, they can live normal life"

Citing global statistics of those living with the virus and those who have died of AIDS-related causes, Dr Zekeng stated that, insisting that there is a need for an urgent drive to close existing gaps that have hindered access to services, especially among vulnerable population groups. "In a specific case like Nigeria, those left behind are children living with HIV and AIDS, pregnant women, they are adolescents and young women, they are Key Population, and we need to do everything possible so that they have access to stigma-free services, he averred.

The UNAIDS boss reiterated the need for law reforms, policies and practices that are keeping away people with HIV and AIDS from accessing services, urging states to accent to and fully implement the HIV Anti-discrimination law 2014.

He also urged governments at all levels to reduce dependency on external resources to fund their programmes. Rather they should increase their contributions to funding health in line with the Abuja declaration and pep-up domestic funding sources to close funding gaps.

“Today we have 90% of people who are HIV positive know their status, 98% of these are on HIV treatment and 95% of those on treatment have attained viral suppression”

PHOTO GALLERY

Roadshow flagged off at the NACA HQs Abuja



© DG NACA **Dr. Gambo Aliyu**; Coordinating Director Resource Mobilization, & Performance Management NACA; **Mrs Josephine K.**; MD/CEO HTFN **Dr. Jekwu Ozoemene**, Head of PR & Protocol, **Mrs. Oluwatoyin Aderibigbe** & Deputy Director Staff Welfare and Training (NACA) **Mrs. Amem Mafeni**.

(R-L) Coordinating Director Resource Mobilization, & Performance Management (NACA); **Mrs Josephine Kalu**; Cross section of NACA Staff & National Youth Corp Staff. During the The Roadshow flagged off by the DG NACA at the NACA HQs Abuja.



(Center) DG NACA **Dr. Gambo Aliyu**; Coordinating Director Resource Mobilization, & Performance Management (NACA); **Mrs Josephine Kalu**; MD/CEO HIV Trust Fund of Nigeria (HTFN) **Dr. Jekwu Ozoemene**. During the The Roadshow flagged off by the DG NACA at the NACA HQs Abuja.



Cross section of Management Staff; NACA Staff & National Youth Corp Staff. During the The Roadshow flagged off by the DG NACA at the NACA HQs Abuja.



PHOTO GALLERY

2022 WAD Church Service @ The Praise Church, Abuja



Representative of the **DG NACA** and The Chairman 2022 WAD Committee and Coordinating Director Resource Mobilization, & Performance Management (NACA); **Mrs Josephine Kalu**; Management and Staff. During the 2022 WAD Church Service @ The Praise Church, Abuja



Representative of the **DG NACA** and The Chairman 2022 WAD Committee and Coordinating Director Resource Mobilization, & Performance Management (NACA); **Mrs Josephine Kalu**; and Members of Management Staff.



PHOTO GALLERY

2022 WAD Mosque Programme @ Central Mosque, Abuja



PHOTO GALLERY

WAD 2022 @ International Conference Centre, Abuja



(R-L) Honorable Minister of Health, **Dr. Osagie E. Ehanire** & Director General National Agency for the Control of AIDS (NACA), **Dr. Gambo G. Aliyu** and National Coordinator of National AIDS and STDs Control Programme (NASCP) **Dr. Akudo Ikpeazu**. During the 2022 WAD - Main Event at The International Conference Centre in Abuja.



L-R) Permanent Secretary (SGF) **Dr. Maurice Nnamdi Mbaeri**; DG (NACA) **Dr. Gambo G. Aliyu**; UNAIDS country Representative, **Dr Leo Zekeng**; International Partners & Stakeholders. @the unveiling of Gen-N National Campaign for AYP HIV Interventions in Nigeria, during the 2022 WAD - Main Event at The International Conference Centre in Abuja.



International Partners and Stakeholders. At the unveiling of **Gen-N** National Campaign for AYP HIV Interventions in Nigeria, during the 2022 WAD - Main Event @ International Conference Centre in Abuja



(L-R) Permanent Secretary (SGF) **Dr. Maurice Nnamdi Mbaeri**; DG (NACA), **Dr. Gambo G. Aliyu** & Chairman Senate Committee on Primary Healthcare & Communicable Diseases, **Sen. Ishaku Elisha Abbo**. During the 2022 WAD



(L-R) Permanent Secretary (SGF) **Dr. Maurice Nnamdi Mbaeri** & DG (NACA), **Dr. Gambo G. Aliyu**. @the signing of MOU, during the 2022 WAD - Main Event at The International Conference Centre in Abuja.



PMTCT: Path to an AIDS-Free Generation in Nigeria

— Hidayat Yahaya-Kuranga

Mother-to-child transmission of HIV (MTCT) is the transmission of HIV from a mother to her child during pregnancy, childbirth or breastfeeding. The prevention of this mode of transmission is referred to as the Prevention of Mother-to-Child HIV Transmission (PMTCT).

Mother-to-child transmission of HIV is a major cause of HIV infection in children and Nigeria accounts for a large number of children living with the infection in the world.

Different factors increase the risk of MTCT during pregnancy, delivery or while breastfeeding the baby.

At each stage, the risk of infection gets even higher when the viral load of the positive mother is high. Viral load simply means the measure of the virus in the body. However, there are effective measures health care professionals take to ensure the protection of the baby from being infected with HIV. This duty lies on

the infected pregnant mother, her family and health care providers.

The prevention of mother-to-child transmission of HIV can be through different approaches that are specifically for the mothers, the children and their families as stated below.

-Prevention of HIV infection among mature women (women of reproductive age) and their partners. This is done through the provision of easy access to reproductive health services such as counselling for safer sexual practices, early diagnosis and treatment of sexually transmitted infections including HIV testing services.

-Prevention of unintended pregnancies among HIV-positive women.

This ensures that women who are already infected with HIV – including their partners – have the best knowledge of their reproductive

health and rights and have access to family planning services so that HIV-positive women can avoid pregnancy if they choose.

-Prevention of HIV transmission from HIV-positive mothers to their infants

This ensures that when a woman who has an infection is pregnant, all efforts are put in place to prevent the transmission of HIV from the mother to her child at every stage of the pregnancy; during childbirth and breastfeeding.

Some of the health care services that must be provided are: HIV testing and treatment services, HIV and infant feeding counselling, safety practices during delivery, provision of antiretroviral therapy (ART) to positive pregnant women, and antiretroviral (ARV) prophylaxis to all infants delivered to HIV positive women. ARVs are medicines used to treat HIV. ART is the use of a combination of three or more ARVs to treat HIV, while ARV prophylaxis is a single or combination of ARVs that is given to the baby to safeguard the baby from getting HIV from birth.

-Provision of appropriate treatment and support to HIV-positive mothers, their infants and family: This approach ensures that mothers and their partners are provided with required HIV treatment services, other reproductive health screening services and treatment, counselling on infant feeding and psychosocial support. Services such as immunization are also provided to the children and ART for all HIV-infected children.

The most effective way for PMTCT in already positive mothers is the reduction of viral load, which is achievable through the early use of ART. With PMTCT, the mother can live a healthy life, the baby is born without contracting HIV infection, and the community in turn will have a society with fewer people living with HIV infection.

Influencing HIV/AIDS Response in Nigeria through Data Analytics

— Abiodun Alabi

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) have existed in Nigeria for over 30 years. The two index cases were discovered in 1985. In 1998, the prevalence rate of HIV/AIDS in Nigeria reached about 4.5%. This means out of every 1000 people, 45 were infected with the virus.

The National Expert Advisory Committee on AIDS (NEACA) was created by the Federal Government of Nigeria to develop HIV intervention for the country. Later the Federal Government through NEACA created several HIV/AIDS testing centres across the country with the support of the World Health Organisation. This was the first major intervention against HIV/AIDS in Nigeria.

In 2007, the National Agency for the Control of AIDS (NACA) was created by an Act of the National Assembly to coordinate the various interventions in the fight against HIV/AIDS in the country. NACA was saddled with HIV response in Nigeria and has over the years introduced many carefully designed and implemented interventions in the country. The

national interventions and responses in Nigeria are becoming more ambitious and efficient.

At the core of HIV/AIDS response are surveillance, monitoring and evaluation. Surveillance is a continuous, systematic and continuous evaluation of the health status of a population, aimed at improving the information collected that can be used for action. Monitoring includes keeping track of the progress of the execution of a programme's activities and changes in its performance over time. The purpose of monitoring is to enable stakeholders to understand whether the initiative is achieving its objectives and using its resources efficiently. The evaluation focuses on how well the programme's activities have achieved their intended objectives and if the changes in observed outcomes can be attributed to the scheme.

Surveillance, monitoring and evaluation need data to function effectively and efficiently. Informed decision-making is key to every intervention in public health and most especially HIV/AIDS response and these decision-making processes have over the years been influenced by data.

The data is used to inform policy, planning or programme decisions to attract additional resources to expand programmes or future initiatives. It assesses whether a policy, plan or scheme has produced the desired or anticipated effects and strengthens programmes by improving their outcomes, efficiency and the quality of services provided. It further identifies factors or interventions that influence health

outcomes, for accountability and reporting purposes.

Having identified the importance of data in the response to HIV/AIDS, the Director General of NACA, Dr Gambo Aliyu, created a National Command Centre for HIV/AIDS response. He maintained that the importance of data to the HIV national response mechanism cannot be over-emphasise, stressing that every data on HIV in the country belongs to NACA wherever it is generated.

Dr Aliyu stated further that the command centre could access data from all sectors to bring them together and analyse them. This would inform the national response monitoring and evaluation and decision-making in terms of how Nigeria is controlling the epidemic and how the country would sustain the epidemic after it is controlled.

The command centre harnesses data from the electronic Nigeria National Response Information Management System (eNNRIMS), National Data Repository (NDR), Health Management Information Systems (HMIS), District Health Information system (DHIS) and in some instances from different partners etc.

The past few years have been characterised by positive trends in understanding the HIV epidemic in Nigeria. Improved data availability and reliability have enabled more efficient decisions to be made to meet the needs of people living with HIV. More than 80% of those identified have been placed on life-saving treatments. Improved data management has spurred smarter intervention programmes, which are increasingly reducing HIV prevalence in the country.

KALEIDOSCOPE ON DEPARTMENTS IN (NACA) — James Onuh



In a bid to keep our esteemed readers abreast of developments in the National Agency for the Control of AIDS (NACA), we will commence in this edition a series tagged “*kaleidoscope on departments.*” The roles and functions of the Departments within an Agency cannot be overemphasized. The harmonious working relationship between and among departments (not working in silos) in any organization to a large extent translates into the overall success of the chief executive officer, in our case – the Director General (DG).

In our previous editions of *The HOPE Magazine*, we introduced the Directors of the various departments and stepping this further, we shall spotlight Divisions, Units, and the integral role they play in NACA. The Human Resource Division is in focus in this series. The Human Resource Division is a critical component of the Department of Administration and Support Services. The Department of Administration is saddled with the responsibility of the day-to-day running of affairs in the Agency; using the instrumentality of strategic deployment of both human and material resources.

The successful discharge of the Administrative responsibility of NACA goes in a long way in achieving the Mandate of the National HIV/AIDS Response as encapsulated in the Act of Parliament that established it in 2007. A Director, Dr. Emmanuel Change, heads the Department of Administration.

The Department of Administration is divided into three broad Divisions. 1. Human Resource Division 2. Staff Welfare & Training 3. General Administration. A Deputy Director heads each Division. However, in an exceptional case, a lower ranked but experienced officer could oversee a Division in an acting capacity.



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Human Resources Division in NACA

1. Dr. Gilbert Olukayode Ojo today heads the Human Resources Division as constituted. The Division is responsible for the recruitment, promotion and discipline of personnel. The Division ensures that necessary performance evaluation is carried out when personnel are engaged.
2. The Division assists in the design, implementation and monitoring of policies affecting personnel Management in the office. It implements the Human Resource component of the Integrated Personnel Payment Information System (IPPIS) platform by ensuring that staff are enrolled and removed as the case might be. It sends a monthly update on the IPPIS platform to the Accountant General of the Federation.
3. The Human Resource Division strives to enhance capacity building and the promotion of in-house awareness of attitudinal change. This is geared towards the provision of quality service delivery.
4. The Division conducts yearly staff promotion examinations. Before every exercise, it seeks the approved Establishment list from the Office of the Head of the Civil Service of the Federation (OHCSF) and in conjunction with other relevant stakeholders convene Senior and Junior Staff Committee meetings to approve the process for the conduct of the promotion examination exercise.
5. The Division ensures that it invites the Federal Civil Service Commission (FCSC), Office of the Secretary to the Government of the Federation (OSGF) to consider and confirm eligible candidates who scaled through all

the requirements necessary for the promotion exercise.

6. The Human Resource Division processes applications for staff Secondment, Leave of Absence, Study Leave with pay and without pay. It Issues and circulates both internal and External Circulars to the staff of the Agency.
7. The Division processes letters of introduction to Embassies for passports and visas for Staff preparing to travel on official engagements.
8. The Division confirms appointments of staff when they have fulfilled the required probationary conditions of two years without disciplinary issues.
9. The Division interfaces and processes waivers on recruitment from the Office of the Head of Civil Service of the Federation (OHCSF) to fill vacancies where personnel gaps exist.
10. Human Resource Division coordinates the activities of the Registry. The registry handles over 300 volumes of letters being dispatched by the Registry to the various MDAs in Abuja and other external locations.
11. The Division periodically updates the Nominal Roll of the Agency.
12. The Division handles issues that promote welfare of the staff such as processing of first 28 days' allowances, financial assistance for staff during marriages, celebrations and implementation of the statutory financial support in the event of loss of biological parents as calibrated into Top Management, Middle Management and junior staff.

13. The Division processes allowances/entitlements for NYSC members and internships in the Agency.

14. Human Resource Division liaises with the companies that handle Health, group Insurance and related matters.

15. The Human Resource Division coordinates the secretariat for the Management, Senior and Junior Staff Committee meetings. The director may determine the functions from time to time as circumstances detects.

Highlights of achievements of the Human Resource Division in the period under review:

- i. Successfully conducted promotion exercise for forty- six (46) members' of staff.
- ii. Appointments of twelve (12) members of staff were confirmed.
- iii. Disciplinary action against two (2) staff was implemented.
- iv. Certificates of seven (7) staff as demanded by the Senior Staff Committee were verified from various academic institutions.

Thank you for your attention and kindly watch out for General Administration Division in our next episode.

PHOTO NEWS



President **Muhammadu Buhari** GCFR confers National Honour of Officer of the Order of Niger (OON) on former NACA DG, **Dr Sani Aliyu** at the International Conference Centre, Abuja.



Former Director General of NACA, **Dr Sani Aliyu** (M) in company of **Dr. Gambo G. Aliyu**, the current DG of the Agency and Directors of NACA celebrate during the Conferment of National Honours of Officer of the Order of Niger (OON) on him



Center, DG of NACA **Dr. Gambo Aliyu**, Left **Dr. Jean Thomas Nouboussi**, Country Portfolio Manager Global Fund, & Right **DR. Adebobola Bashorun**, Deputy Director FMOH Head, Strategic Information NASCP during the Sustainability Alignment Meeting at NACA Conference Room

Staff Attends Burial Rites of Aa Colleague



Dr. Ojo Galbert and Members of NACA Staff at the funeral ceremony of **Mr. Areo's** mother at Ogbomoso, Oyo State.



Members of Management Staff and NACA Staff in attendance at the funeral ceremony of **Mr. Areo's** mother at Ogbomoso, Oyo State.

PHOTO NEWS

Dinner Held in Honor of The Outgoing UNAIDS Country Director in Abuja.



The Honourable Minister of Health, **Dr. Osagie Ehanire**; DG NACA, **Dr. Gambo Aliyu** & the outgoing UNAIDS Country Director in Nigeria, **Dr. Erasmus U. Morah** & his amiable wife. During a dinner held in honor of the outgoing UNAIDS Country Director in Abuja.



PHOTO NEWS

The Launch of the HIV Trust Fund of Nigeria



PHOTO NEWS

STAFF Birthdays



Dr. Emmanuel Chenge celebrates his birthday with members of NACA staff

States to take ownership of HIV response with alignment 2.0, says NACA

— Dr Funke Oki



As Nigeria hinges closer to controlling the HIV/AIDS epidemic, especially with respect to stopping new infections across the country, there is an urgent need for the government, particularly at the state level to take ownership of the response activities – case finding and management.

So far, out of the 1.8 million people living with HIV in Nigeria, the National Agency for the Control of AIDS (NACA) has successfully placed over 1.6 million of them on lifesaving treatment. This laudable feat has placed Nigeria among the foremost countries now on the watch list in terms of the race to control HIV.

Although this achievement did not come without the collaboration of partners like PEPFAR, Global Fund, USAID, UNAIDS, and other local and international partners, the global community has hailed Nigeria's efforts in tracking HIV cases and placing them on treatment, especially during the thick of the COVID-19 pandemic.

In order for Nigeria to effectively address its priorities in the HIV response, which includes: epidemic control; reduced transmission from mother to child; ensure quality of care; and strengthened data management, NACA facilitated the re-alignment of the country's HIV response in collaboration with the Federal Ministry of Health, the National AIDS and STDs Control

Program (NASCP) and donor partners.

With the successful rollout of alignment 1.0, stakeholders have begun to ask themselves what needs to be done to make the country's HIV programme more sustainable, and discussions have commenced as to what Nigeria would like Alignment 2.0 to look like. Expectedly, governments at all levels, donor agencies, implementing partners, civil society and community people living with HIV

have different interpretations of what Alignment 2.0 means.

There is therefore a need to bring all the thoughts of stakeholders to the table and build a consensus for the country in defining Alignment 2.0, and by extension the sustainability of the HIV response. In a chat, the Director-General of NACA, Dr. Aliyu Gambo, explained that the alignment is essentially a process that looks at the country's response and sees how gradually it can take ownership and sustainability of its response activities.

He said: "As we approach epidemic control, we are approaching a situation, where virtually everyone with HIV is identified, and now HIV is kept within people that have the disease. There are two things that always happen about HIV: case findings and case management. So, we are coming to the era of slowing down on case findings, because we have found virtually all the cases that are there.

"So, any money that is being used for active case tracking and findings would now be regional. And this is the second phase. The second phase is keeping all the patients that are identified to have HIV, on treatment to make sure that the virus is restricted within them. The virus is not allowed to come out and affect other people. So, this is the stage where the country would be required to respond. The country would be required going forward to be responsible for the response."





Dr. Funke Oki discussing with Dr. Dayo Adegbulu at a technical session on the National Strategic Plan (NSP) on HIV and AIDS in Lagos.

Stakeholders were divided into key thematic areas to take a bird's eye view of the existing gaps in the national response to close the "leaking taps" and formulate more effective strategic interventions to end the pandemic by 2030.

The agency held two consultative meetings in the north and the south of the country, specifically in Abuja and Lagos respectively. The fruitful meeting brought a spectrum of stakeholders ranging from policymakers and technical experts to representatives of HIV and AIDS Technical Working Groups.

They comprised the 36 State Agencies for the Control of AIDS (SACAs) and Abuja, National AIDS and STIs Control Programme (NASCP) and their state counterparts, SASCPs. Representatives of the UN Systems PEPFAR and other key NGOs, Civil Society Organisations (CSOs), Community-based Organisations (CBOs), religious bodies and the Association of People Living with HIV (PLHIV) attended the occasion.

Other participants were the national leadership of the Adolescents and Young People (AYPs), representatives of women living with AIDS, the National Human Rights Commission (NHRC), Persons with Disabilities (PWDs), and the Police Action Committee on AIDS (PACA) among other critical stakeholders.

Taking a critical look at important documents including the Political Declaration (PD) and Global AID Strategy (GAS), stakeholders deliberated on key issues to be mainstreamed in the NSP 2022-2026. At each forum of the consultation, technical sessions were held. Stakeholders were divided into key thematic areas to take a bird's eye

view of the existing gaps in the national response to close the "leaking taps" and formulate more effective strategic interventions to end the pandemic by 2030.

Key discussions centred on Monitoring and Evaluation (M&E), Prevention of Mother-To-Child Transmission (PMTCT); and social enablers.

The Executive Secretary of the Kwara State AIDS Control Agency (KWASACA), Dr. Saleem Alabi, stressed the importance of the consultative meetings, stating that the all-inclusiveness of the process will make participants own and relate to it better.

Alabi, who is also the Secretary and Chief Executive of States AIDS Control Agencies Forum (CESACAF), maintained that this would accelerate the implementation of HIV and AIDS programmes in Nigeria with maximum impact at the national and sub-national levels.

It would be recalled that the Global AIDS Strategy (GAS) 2021-2026 which has the theme 'End inequalities, end AIDS' seeks to reform global HIV interventions to address critical response gaps. The reinforcement of the precepts of this strategy by the Political Declaration on HIV and AIDS at the UN General Assembly in June 2021, aims to reduce and end the inequalities that drive the AIDS epidemic and put people at the centre to get the world on track to end AIDS.

The expectations are that NACA would unveil the NSP 2022-26 in December 2022 after the document is finalised and validated. Stakeholders have expressed optimism that the current NSP 2022-2026 would help to reinforce and reposition Nigeria's quest to end HIV and AIDS as public health concern by 2030.



Health Care Delivery: NEDC, NACA Sign MoU on Needs Assessment in Borno, Yobe, Adamawa States

NEDC, NACA Sign MoU on Needs Assessment in Borno, Yobe, Adamawa

“...every ward will have a Primary healthCare Centre across the 112 local governments in the entire northeast, adding that it will help to cater for minor ailments.

Dr. Mohammed Danjuma”

Healthcare delivery in Nigeria is both a private and government business. The federal and state governments are allowed to set up hospitals and other health facilities. However, effective healthcare delivery is usually a function of the quality, accessibility, and affordability of the service.

Nevertheless, for the northeast region most especially Borno, Adamawa, and Yobe states there is an urgent need to rev up support for the Internally Displaced Person (IDPs) as populations in need of healthcare services, especially women and children, are either underserved or suffer from avoidable and treatable health conditions.

Statistics also show that the northeastern states have the worst indices of maternal and child health in Nigeria. Endemic malaria still accounts for more than 50 percent of mortality and morbidity among children with acute respiratory tract

infection, watery diarrhea, and severe acute malnutrition as leading causes of illness.

As part of post-insurgency development efforts via the World Bank assisted project – the Multi-sector Crisis Recovery Project of the North East Development Commission (NEDC) and National Agency for Control of AIDS (NACA) have signed a Memorandum of Understanding to conduct a Rapid Baseline Need Assessment in the health sector in the Borno, Adamawa and Yobe states.

The assessment, which will be implemented by NACA, will help provide much needed information on specific health indices to provide context and evidence as well as guide the basis for planned health interventions.

The MoU signing ceremony, which was held in Abuja, had in attendance the National Coordinator for the

NEDC-NERSP, Dr Mohammed Danjuma, and the Director General, NACA, Dr Gambo Aliyu who signed on behalf of their Organisation, in the project scheduled to commence immediately

Needs Assessment study helps to identify needs and informs on how to intervene through project design to bridge the gap between a current and desired state.

Dr Danjuma said the Needs Assessment will help to review the health issues facing the states, leading to agreed priorities and resource allocation that will improve health and reduce inequalities amongst the populace.

He also noted that NACA as a government agency has the requisite experience to conduct the assessment while the NEDC-NERSP is in charge of recovery efforts in Borno, Adamawa, and Yobe states in terms of health, education, infrastructure development, and improving the livelihood of the populace.

“We are collaborating with NACA in terms of assessment. The assessment of these three states will help to identify peculiar diseases in the three states that have been ravaged by the insurgency,” Dr Danjuma said.

In terms of giving succour to the people, the national coordinator said the assessment would help in better targeting resources for health-related issues in the states.

He added, “You can observe that there are peculiar diseases in the same areas. For instance, why is kidney failure prevalent in Yobe and Borno? How are we going to better channel our resources to tackle these health issues? And for areas

with existing health centres, how will we make them more functional in terms of providing health care services for IDPs?”

“

We are collaborating with NACA in terms of assessment. The assessment of these three states will help to identify peculiar diseases in the three states that have been ravaged by the insurgency,”

Dr. Danjuma said.

”

The national coordinator said the goal of the NEDC-NERSP is to ensure that its resources are judiciously used to make life more meaningful for the people.

On assurance to the people in terms of health care delivery, he said, “The commitment of the commission is to build on what is on the ground and improve on them. We are resolute to identify new areas in the terms of health care that are lagging and provide improved services within the available resources channeled towards it.”

He maintained that the project is not all about building infrastructure, but ensuring that there are drugs and personnel.

Dr. Danjuma added that the priority of the programme is that the yearnings of the people are addressed.

“We don't want a situation where people may need water yet you are building schools, that is a misplaced priority, and that is what we are trying to avoid. We are determined to give them what they need,” he said.

On the need to focus on building hospitals in key areas instead of building hospitals across all communities with limited impact, he said, “health care delivery in existing hospitals will be improved.”

He said every ward will have a primary health care centre across the 112 local governments in the entire northeast, adding that it will help to cater for minor ailments.

“Our target is to see how we can make them functional. There are existing primary health care centres, state government health centres, and federal health care centres. All these hospitals collaborate to provide effective healthcare delivery.

He further said not only insurgency has caused displacement in the region, adding that the number goes up and down.

“We will continue to ensure that the health sector in the northeast is remodeled. This will also be achieved by ensuring that our supporters are impactful and we believe that this support will indeed return the lost fortune of the people of the region,” he said.

On his part, Dr. Aliyu assured that the project will be delivered in line with international best practices.

Culled from Leadership newspaper

The NACA boss said the global community – especially the US President's Emergency Plan for AIDS Relief (PEPFAR) – has helped many countries to arrive at that bridge. He explained that after they arrive at that bridge, beneficiary countries are expected to own the response and sustain it with continual assistance from the PEPFAR programmes.

Dr. Aliyu added, “So, this is what we started three years back. We are aware that we may be approaching epidemic control, but when we approach epidemic control, then what happens next? Instead of waiting for this time to come, three years back Nigeria started working on this.

He added: “So, we started with four things: First, there would be no collocation which means we should not find PEPFAR, Global Fund and Government of Nigeria implementing programmes in the same state. Second, if PEPFAR is implementing programmes in this state, we allow PEPFAR to be in charge.

“If the Global Fund is implementing a program in this state, we allow the Global fund to be in charge. However, the treatment package should be standardised in such a way that the treatment a patient receives from PEPFAR state, if they go to Global Fund state to receive treatment, it is the same treatment. Nothing changed in terms of the package standard of care.

“Third, we should have a unified supply chain system. Instead of the Government of Nigeria bringing commodities and moving them out to various locations, as well as Global Fund and PEPFAR doing it at the same time, why don't we pull all the resources together in one place, and then now we move them together to various locations at the same time; using the same system, one agency.”

Dr. Aliyu said the fourth approach was ensuring increased government investment. He added that Nigeria cannot talk of sustainability without the Government driving the entire team, whether it is at the center or at the state.

“And the Government cannot drive without making investment. Going forward, and this is what alignment is all about. With Alignment 2.0, we now want to see more local investment, more local resources coming to support HIV response,” the NACA DG stated.

He explained that these local resources must not only come from the government, it can come from the private sector.

“And that was the reason for launching the HIV Trust Fund of Nigerians at the beginning of this year, in February. It is structured to bring more resources that are local into the equation, as the Government of Nigeria at the center brings in more,” Dr. Aliyu explained.

He noted that under Alignment 2.0, Nigeria would need more of these investments from the Federal Government, from the private sector, as well as from the states. States will also have more responsibilities and would be in the driver's seat.

“At the moment, the implementing partners go into the state, they use the state's hospitals, they use the state's structures in terms of human resources. Health care workers that provide services at the hospital are being used to provide these services, they are not people from outside that used to come, they are the same people within the facility that provide these services, and at the same time, coordinate the treatment, as well as prevention services. This is what we want the state to do, going forward.”

The National Coordinator of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Mr. Abdulkadir Ibrahim made his views about the expectations of his community in the national response. He stated that what is needed in the alignment 2.0 is such that priorities are given to other interventions such as sensitisation, rights protection and fighting against stigma as well as sensitising people more about their HIV status and the need to take their medication religiously.

Written by Moses Emorinken
Culled from the Nation





FRC Commends NACA for Timely Filing of Financial Report

The Executive Secretary, Financial Reporting Council of Nigeria (FRC), Ambassador Shuaibu Ahmed, has commended the National Agency for the Control of AIDS (NACA), for prompt compliance with financial regulations.

“Last year was the beginning; 124 public sector entities filed last year. This year we were surprised that by the end of the first quarter, which was March 2022, some of the public sector entities started filing and the first to file was NACA,” Ambassador Ahmed stated.

Ahmed described the development as “impressive” since the accounting year ends on December 31, “So you can imagine that within the first three months after the end of the accounting year, their accounts have been audited and they have been filed to the FRC.

So, it is something highly commendable and I had to report that to my minister in the quarterly meeting of the Federal Ministry of Trade, Industry and Investment,” he added.

The FRC helmsman noted that statutorily, the agencies ought to file their financial reports within six months but some of them end up

with up to five years of arrears. He expressed satisfaction with NACA's feat, saying it is a big plus for NACA.

“Filing on time is the first plus and from the desk review, we have not seen any issues that will warrant us imposing penalties,” he stated.

The FRC is a statutory agency of the government that was established in 2011. It has the mandate to develop, publish, monitor and enforce accounting and financial reports, standards, and register individuals, anything to do with the financial reporting process.

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How Alignment 2.0 Will Help Nigeria's HIV Response

— By Ojoma Akor



Since the first case of HIV was reported in Nigeria in 1986, the country has continued to make strides and face challenges in preventing and managing the disease.



Thirty-six years after the first case, an estimated 1.9 million people live with HIV in Nigeria, with over 70 per cent of the national HIV/AIDS donor funded.

Experts say this underscores the need for the country to have an effective national HIV response where there is epidemic control and greater and sustainable ownership of its response, especially with dwindling donor funding to mention a few.

This need led to the first alignment of the HIV response in the country three years ago called alignment 1.0.

While the 1.0 alignment has strengthened the government-led HIV treatment programme, the National Agency for the Control of

AIDS (NACA) and other HIV stakeholders are now working towards 2.0 alignment, which they say holds a lot of promises and benefits for the HIV response in the country.

Daily Trust learnt that Nigeria is the only country that started the alignment, and with the success recorded with alignment 1.0, the United States Government, and International organisations are now advising countries across the globe to come to Nigeria to learn how it was able to do it, and also learn what the country is planning to do in alignment 2.0.

Namibia visited last year in relation to this while Ethiopia and Kenya visited recently.

According to the director general of NACA, Dr Gambo Aliyu, alignment is essentially a process that examines a country's response and how the response could gradually belong only to the country in terms of ownership and sustainability.

He said while the vigorous fight against HIV started about 40 years ago worldwide, in Nigeria, the vigorous fight commenced in 2005, with the coming of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) into the country.

He said having successfully completed alignment 1.0, the country has now begun realigning to 2.0.

“Under alignment 2.0, we want to see more local resources and investment

coming in to support the HIV response. We would want to see more investments from the federal government, private sector, as well as from the state in terms of putting the state in the driver's seat, and having more service integration with the National Health Insurance Authority and primary health care at the grassroots, as well as having the capacity to see HIV patients, tuberculosis patients, malaria cases among others using the same structure," he said.

“*So what we want to see now in the alignment 2.0 is to ensure that priorities are given to other interventions such as sensitization, rights protection, fighting against stigma and ensuring that community programs like NEPHWAN and our subordinates are really empowered and adequately supported in terms of funding and systems strengthening so that we can have a strong organisation and do other interventions without any problems.*”

He said alignment 2.0 commenced with the launch of the HIV Trust Fund in February this year, and that two states out of the 36 states have already signed agreements to lead their HIV response.

“At the first instance they do it together, and after a period of one year, the implementing partner now steps aside and serves as technical adviser, providing the state guidance and technical services for the state to continue to drive the response.

“So this is the essence of alignment 2.0 and we believe that by the time we arrive at that, then the country is fully structured for ownership,” he added.

The National Coordinator of the Network of People Living With HIV/AIDS in Nigeria, NEPHWAN, Abdulkadir Ibrahim said the first alignment (1.0) was literally trying to harmonise the HIV response in the country, both from the Global Fund and PEPFAR by putting Nigerian government at the driver's seat and has really been significant.

However, he said there are a lot of issues with the first alignment because most of the community component and interventions that are more targeted at empowering NEPHWAN or organisations of people living with HIV and other vulnerable groups was not really prioritised.

“So what we want to see now in the alignment 2.0 is to ensure that

priorities are given to other interventions such as sensitization, rights protection, fighting against stigma and ensuring that community programs like NEPHWAN and our subordinates are really empowered and adequately supported in terms of funding and systems strengthening so that we can have a strong organisation and do other interventions without any problems.

He said even though the resources have been there in alignment 1.0, it has not really gone down to the communities and Nigeria is still lagging behind in the prevention of mother-to-child transmission (PMTCT) HIV services.

“We need to allow our PMTCT HIV programmes to continue because the way it is going most of the international partners has reduced their funding in terms of community intervention and only focus on tertiary institutions or specialist hospitals, they focus on 11 local government areas of a state for instance that has over 30 states; what then happens to the other LGAs?.

“So we want to see real change and we have been doing a lot of mapping. About 21 states have been mapped where community interventions will really be focused to ensure that pregnant women are mobilized, sensitised, tested and linked to where they can access treatment. This is what we can do right and ending HIV is possible.”

Culled from DailyTrust



ALCO Commits to Ending AIDS in West Africa

— Shimsugh Chagbe

The ministers of health and transport of the Abidjan–Lagos Corridor countries (ALCO) have restated their commitment to prioritize the eradication of HIV and AIDS along their coastal areas.

This commitment was contained in a communique issued at the end of the Second High-level Meeting of designated ministers of the five countries constituting the Corridor, held in Cotonou, Benin Republic on 7 July 2022. Member countries of ALCO include Nigeria, Cote d'Ivoire, Ghana, Togo and the Benin Republic.

Part of the communique states, *inter alia*, that the ministers "Acknowledged the high level of HIV prevalence among fishermen along the coast from Lagos in Nigeria to San Pedro in Côte d'Ivoire and the

need to consider these targets in the interventions of the national AIDS control plans in ALCO member countries..."

The ministers also acknowledged ALCO's extensive experience in cross-border response in the fight against HIV/AIDS, strengthening the capacity of Points of Entry for prevention, detection and the fight against epidemics, data collection, processing, analysis and dissemination on trade, transport facilitation and free movement.

The regional governments particularly expressed satisfaction with two landmark achievements of the body. They congratulated ALCO for conducting the Integrated Biological and Behavioural Surveillance Survey (IBBSS) among fishermen along the coast from

Lagos in Nigeria to San Pedro in Côte d'Ivoire.

Besides the Corridor's ministers noted with gratitude the collaborative efforts of ALCO and the French National Research Institute (IRD) for developing and implementing electronic data collection on road traffic accidents. They acknowledged that the new electronic road accident data would improve the "availability of road traffic accident data and facilitates decision making to improve road safety and recommended member countries to adopt the strategy." It Congratulated the Governing Board on their leadership role in ensuring the oversight and monitoring of the project's implementation.

The ministers expressed appreciation for the outstanding collaboration



between the entity and ECOWAS Commission, especially the West African Health Organization (WAHO). They encouraged collaboration between ALCO and other departments and specialized agencies of the ECOWAS Commission including ALCoMA.

one of the high points of the meeting was the ratification of the revision of the Abidjan-Lagos Corridor Organisation mandate. The ministers formally handed the draft declaration to His Excellency Mr Patrice Talon, President of the Republic of Benin for

revision after which the Heads of State of the Corridor countries will append their signatures.

International, regional and sub-regional bodies attended the high-level meeting. They include UNAIDS, the ECOWAS Commission in Benin, the West African Economic and Monetary Union (WAEMU); the West African Health Organization (WAHO); representatives of Technical and Financial Partners; the United States Agency for International Development (USAID), World Bank, African among others.

It would be recalled that the Heads of State of the five coastal countries including Cote d'Ivoire, Nigeria, Ghana, Togo and Benin Republic in response to the HIV and AIDS pandemic signed a Joint Declaration in 2002 endorsing the creation of ALCO.

It also established its executive and statutory body, including the Project Governing Board.

The mandate of the entity is to conduct a regional cross-border HIV prevention and management programme to facilitate the free movement of people and goods to complement national efforts.

Other responsibilities of ALCO are to control the specific phenomenon of the spread of HIV and AIDS, including Sexually Transmitted Diseases (STIs) along the defined corridor. It is also to strengthen, create or help in creating health institutions and services to combat HIV and AIDS; facilitate access to preventive measures and care centres for migrants and local populations in contact with them, among other essential responsibilities in the defined regions.

YAaH Naija –

Youthful Alive and Healthy

Youthful Alive and Healthy (YAaH) Naija is an innovative HIV prevention intervention for Adolescents and Young People (AYP) aged **15 – 24 years**. The intervention aims at scaling up the uptake of two (2) high impact HIV prevention tools – **HIVST and PrEP** amongst AYPs in Nigeria. The National Agency for the Control of AIDS (NACA) is leading this process, with support from UNICEF and other partners in the HIV response in Nigeria to scale up the use of digital tools, intensive AYP friendly behavior change communication and engagement for demand creation, referral, service provision and retention in service.

The intervention is a flagship national AYP HIV intervention owned and driven by government and AYP, supported by partners. YAaH Naija was launched by NACA in September 2022 and aims to deliver these high impact prevention interventions (HIVST & PrEP) to the most vulnerable AYP via a blended model which combines both Online (U report and other digital tools) and Offline (Social networks) approaches.



GOAL

YAaH Naija aims for the adoption of HIV self-testing (HIVST) & Pre-exposure Prophylaxis (PrEP) services to intensify the achievement of the 95-95-95 targets amongst Adolescents and Young People (AYP). The overall goal of YAaH Naija is to intensify HIV prevention amongst Adolescents and Young people aged **15 – 24 years** in Nigeria.

SPECIFIC OBJECTIVES

Leverage social media networking platform (including UNICEF's U-Report) to scale-up innovative and cost-effective youth friendly/led demand creation and uptake of prevention services.

- **Scale-up targeted HIV self-testing (HIVST) to improve HIV diagnosis amongst the most vulnerable populations of young**



people, particularly those typically not prioritized for HIV testing services, promotion, and access.

- Scale-up and optimize pre-exposure prophylaxis (PrEP) as a powerful, user-centered prevention tool for most vulnerable young people.
- Strengthen integrated HIV prevention and referral systems

HOW THE INTERVENTION IS DELIVERED

The pilot phase of the intervention is being implemented in three states – Anambra, Lagos and Rivers. AYPs access HIV Prevention services by starting the 'User Journey' through either the *online or offline approaches*
Online- The intervention is running an intense campaign across the NACA

social media platforms or *offline* approaches- Offline – State Agency for Control of AIDs (SACA) in the 3 pilot states to conduct community outreaches in 'hot spots' that have been mapped.

YAAH NAIJA THEMATIC AREAS

Following a brainstorm session with AYPs, key stakeholders and partners, a 2-day co-creation workshop held in December 2021 from which the thematic areas which make up the YAaH Naija intervention were birthed. They include – Coordination, Communication, Community Service Provision, Digitization, Meaningful Youth Engagement (MAYE) and Monitoring Evaluation and Strategic Knowledge Management. Each of these thematic areas are led by young people and youth-led organizations; and have developed specific work plans which feature activities being implemented.



The overall goal of YAaH Naija is to intensify HIV prevention amongst Adolescents & Young people aged 15 – 24 years in Nigeria.



EXPECTED OUTCOMES OF THE YAAH NAIJA INTERVENTION	DATA PUNCH TILL DATE
<ul style="list-style-type: none"> • 600,000 AYPs reached with information on HIV combination-prevention • 10,000 AYPs take the self-risk assessment for HIV infection • 3,000 eligible AYPs receive the HIVST kit • 75% of eligible young people referred for PrEP 	<ul style="list-style-type: none"> • 271,293 AYPs reached via Webinar /Online Poll • 4,245,888 reached via social media (Facebook + Instagram + Twitter) • 14,024 AYPs who have taken the Risk Assessment • 9,572 AYPs who have received HIV Self-Test KITS • 61 AYPs refereed for PrEP



2nd from Right: The DG NACA; Dr. Gambo Aliyu alongside other stakeholders during the launch of the National HIV Self-Testing (HIVST) & Pre-Exposure Prophylaxis (PrEP) Communication strategy held in Abuja on Tuesday, January 18, 2022.

NACA Launches HIV Self-Testing, Pre-Exposure Communication Strategy

The Federal Government on Tuesday Tuesday, January 18, 2022, launched a national HIV self-testing (HIVST) and Pre-Exposure (PrEP) communication strategy.

They are approved tools in the national HIV combination prevention package targeted at people with a substantial risk of HIV infection.

At the launch of the project in Abuja, the Director-General of the National Agency for the Control of AIDS (NACA), Dr. Gambo Aliyu said the strategy was to facilitate effective communication of the HIVST and PrEP interventions available in the national response by public health experts, health care workers, community groups and workers with targeted audiences for HIV prevention in Nigeria.

He said: “It elaborates the communication action plan that will promote the uptake of HIVST and PrEP interventions for the prevention of new infections and reduction of the burden of HIV among individuals and groups particularly at high risk of acquiring the virus.

The DG further explained that “It will address the challenges of low level of awareness, demand, and uptake of the HIVST and PrEP services.”

DG NACA RECEIVES SFH TEAM ON A COURTESY VISIT

The Director General NACA, Dr. Gambo Aliyu, in company of other Directors received a team from the Society for Family Health in a move to inform the DG on the new Grant funding by UNAIDS.

Speaking at the brief meeting held at the NACA conference hall, the team briefed the DG NACA on the UNAIDS grant called; Staff COVID-19 project. They informed that the grant

involves self-testing and private diagnostic test for COVID-19.

They were basically here to inform the DG about the project and to solicit NACA maximum support and assistance with every information they can get to help achieve the aim of the project. They also informed on the need to have a focal person that they will work with in NACA.

The SFH team said there will be a stakeholder meeting coming up on 3rd February, 2022 to give clear information about the project.



The DG NACA, Dr. Gambo Aliyu addressing Team members of SFH during the visit.

Responding, the DG NACA said he will like to know where exactly they will need NACA's assistance either financially or technical so that they are guided towards the successful implementation of the project .

The DG further assured the team of NACA's readiness to work closely with them in carrying out the project successfully.

*HIV has no cure,
prevention is the
best option*

*Especially When
Something Has
No Cure.*



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