NIGERIA HIV PREVENTION STRATEGY FOR ADOLESCENTS AND YOUNG PEOPLE

GENERATION NEGATIVE (GEN-N)

NATIONAL AGENCY FOR THE CONTROL OF AIDS

NOVEMBER 2024

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Foreword

This National HIV Prevention Strategy for Adolescents and Young People (Gen-N Strategy) is critical to ongoing efforts to reduce new HIV infections and achieve epidemic control in Nigeria and it is the result of considerable reflection on our progress so far and consultations on how to proceed on the journey to end AIDS. The need to empower adolescents and young people (AYP) to make informed choices and lead healthy lifestyles has never been more urgent as young people are the future of our nation and key to ending the HIV pandemic.

This Gen-N strategy prioritizes effective engagement with AYP to empower them with the agency to make choices to remain HIV-free and healthy throughout their lives. It further prioritizes engagement with individuals and groups of individuals who play key roles in the development of AYP. These individuals and groups include parents, teachers, faith leaders, traditional gate-keepers, influencers, and politicians. This strategy outlines a whole-of-society engagement to provide an enabling environment for the holistic development of AYP.

Our intention is to foster the emergence of a HIV-free generation of AYP who are agents of change for themselves, other individuals, their families, and the society at large to achieve and sustain an end to the HIV pandemic.

This strategy is bold, ambitious, and innovative, but grounded in the contextual realities of Nigeria. As we engage with the strategies presented in this clear, concise and easy-to-read document, let us remain committed to a shared vision of a future where every young person is empowered with knowledge and well-equipped by society to navigate life challenges and achieve their full potential.

Dr. Temitope Ilori

Director General
National Agency for the Control of AIDS

Acknowledgements

The development of the National HIV Prevention Strategy for Adolescents and Young People: Generation Negative (Gen-N) was a collaborative effort that drew on the insights, expertise, and dedication of various stakeholders committed to improving the health and well-being of adolescents and young people (AYP) in Nigeria.

NACA acknowledges every individual and organisation that participated in these consultations. Your commitment to addressing the unique needs of adolescents and young people has been instrumental in crafting an effective strategy.

We extend our heartfelt gratitude to the adolescents and young people who shared their experiences and perceptions, which have shaped this strategy. The name GEN-N was proposed by AYP.

We recognize and thank the organizations that provided financial resources that made this work possible, namely UNAIDS, Education as a Vaccine (EVA), FHI360 MOSAIC project, and CHAI.

We commend the members of the NPTWG for their contributions to the development of this Strategy. I would like to especially acknowledge the technical support of Dr. Samuel Anya of UNAIDS.

Lastly, I appreciate the invaluable contributions of the Departments of Community Prevention and Care Services, Policy, Planning and Stakeholders Coordination, and Research, Monitoring and Evaluation.

As we implement this strategy, we look forward to continuing collaborations and partnerships.

Dr James Anenih

Director, Department of Community Prevention and Care Services
National Agency for the Control of AIDS

ABBREVIATIONS AND ACRONYMS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
AYP	Adolescents and Young People
CBO	Community-Based Organization
CSO	Civil Society Organization
DHS	Demographic and Health Survey
ETG	Expanded Theme Group on HIV and AIDS
FBO	Faith-Based Organization
FMoE	Federal Ministry of Education
FMoH	Federal Ministry of Health
FMWA & SD	Federal Ministry of Women Affairs and Social Development
FMYD	Federal Ministry of Youth Development
GAS	Global AIDS Strategy 2021-2026
Gen-N	Generation Negative
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
MICS	Multiple Indicator Cluster Survey
NACA	National Agency for the Control of AIDS
NASA	National AIDS Spending Assessment
NASCP	National AIDS, Viral Hepatitis and STIs Control Programme
NDLEA	National Drug Law Enforcement Agency
NPTWG	National HIV Prevention Technical Working Group
NSP	National Strategic Plan on HIV and AIDS
PEPFAR	The United States President's Emergency Plan For AIDS Relief
PLHIV	People Living with HIV
SACA	State Agency for the Control of AIDS
SBCC	Social and Behavioural Communication for Change
UNAIDS	Joint United Nations Programme on AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CONTENT

1. How was the strategy developed?

This strategy is the result of detailed analysis of data, stakeholder consultations, reviews and discussions beginning in 2021. Two major developments led to the change in direction articulated in this document compared to the previous strategy which focused predominantly on health services.
First was the conceptualization and launch of the Generation Negative (Gen-N) in 2022 following consultations with adolescents and young people (AYP). The Gen-N was initially rolled out as a campaign and slogan on World AIDS Day in 2022 to promote the idea of empowering AYP to remain HIV-free throughout their lives. Subsequently, the primary prevention of HIV was re-prioritized with the AYP as agents of change based on analysis of data that was undertaken while preparing for the Global Fund Grant Cycle 7 and PEPFAR Country Operational Plan processes in 2022 and 2023. Both concepts were discussed and agreed on by the National HIV Prevention Technical Working Group and endorsed by the Expanded Theme Group on HIV and AIDS (ETG).

A sub-group of the NPTWG met twice to translate the two concepts into a HIV Prevention Strategy for Adolescents and Young People taking into consideration the epidemiology of HIV and HIV response in Nigeria as well as the principles of the Gen-N concept and AYP as agents of change. The team was tasked with developing a clear and concise strategy that: is ambitious but realistic; consistent with the Global AIDS Strategy 2021-2026 (GAS) and National HIV Strategic Plan (NSP); does not duplicate other national guiding documents, especially, the National HIV Prevention, Treatment and Care Guidelines and the Consolidated Guidelines for Key Population Programmes; and is respectful of Nigeria's diverse culture, religions and existing laws. The final Gen-N Strategy was discussed and approved by the full NPTWG.

2. Who are the focus of this strategy?

Groups of individuals and various sectors are the focus of this strategy. The four groups of individuals are:

1 Adolescents and young people who are 10-24 years of age.
2 Guardians of adolescents and young people: parents, teachers and faith leaders.
3 Influencers: radio and television personalities, musicians, actors and actresses, and social media personalities.
4 Political leaders: traditional leaders and community gatekeepers, and politicians in the executive and legislative arms of government.

While all sectors are relevant, particular attention will be paid to education, health, youth, sports, arts, culture, communication, employment, law enforcement and justice. It is recognised that within each sector there are government, private for-profit, private not-for-profit, and faith-based actors.

3. Why has this strategy been chosen?

New HIV infections are declining too slowly and the decline appears related to an increase in HIV treatment coverage.

- New HIV infections declined by only 46% from 2010 to 2023 compared to a target of 80%.
- There were three phases during this period – an initial 21% decline from 2010 to 2014 with no further reductions from 2014 to 2019 and then a 32% decline from 2020 to 2024.
- Figure 1 suggests that the most recent decline may be attributable to the rapid rise in HIV treatment coverage from 2019 onwards.

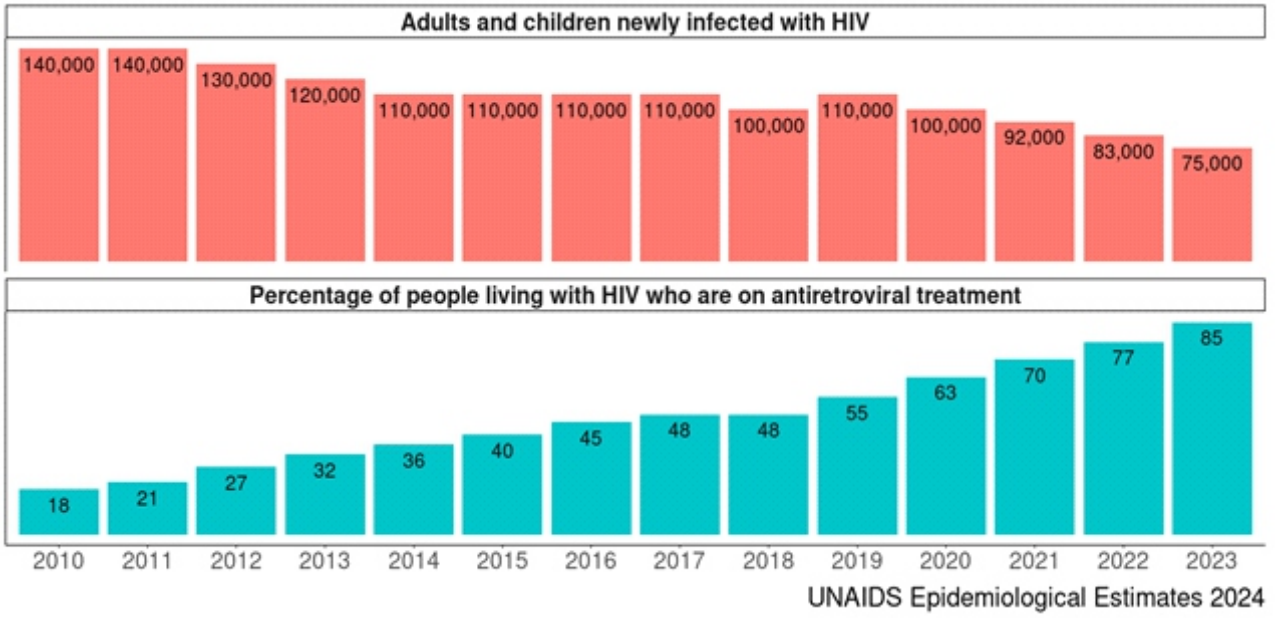


Figure 1: Trends in new HIV infections and HIV treatment coverage from 2010 to 2023

Underinvestment in primary prevention is a major challenge and is likely to have contributed to the slow decline in new HIV infections.

- From 2019 to 2021, only 2-9% of HIV expenditure was on the primary prevention of HIV compared to 64-76% spent on HIV testing and treatment (National AIDS Spending Assessment 2024)
- This underinvestment is massive by global standards. As shown in Figure 2 only 3% of AIDS expenditure in Nigeria in 2019 was on HIV prevention (including the prevention of vertical transmission of HIV) compared to 27% of global AIDS expenditure on HIV prevention (excluding prevention of vertical transmission of HIV).

The GAS recognizes the challenge posed by under-investment in the primary prevention of HIV pointing out that "*A massive increase in spending on HIV prevention will enable urgent, transformational scale-up of HIV prevention services.*"

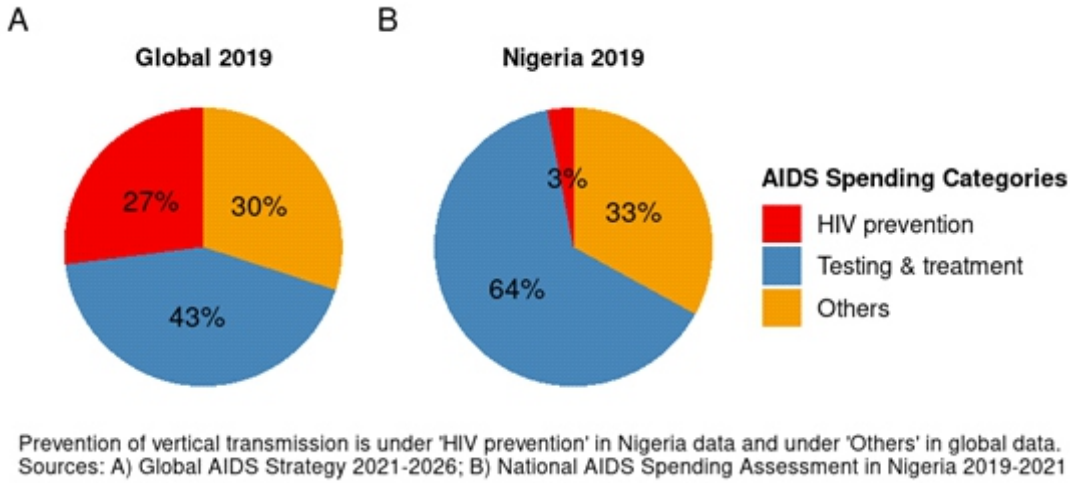


Figure 2: Comparison of AIDS Spending on HIV prevention globally and in Nigeria in 2019.

Most of the HIV prevention expenditure is on key populations but the vast majority of new HIV infections occur in the general population.

- HIV prevention services at scale focus on key populations which is consistent with the risk-based approach to prevention that is articulated in the GAS.
- The NASA 2019-2021 confirms the implementation of this risk-based approach as it shows that 80% of HIV prevention expenditure was on key populations compared to 16% spent on the general population and 4% on preventing vertical transmission of HIV in 2021 (Figure 3A), which is the most recent year assessed.
- However, 69% of new HIV infection
- s occurred in the general population, 23% in children and only 8% among key populations (Figure 3B).
- Only 1% of HIV prevention spending was on condoms for the general population. This 1% of HIV prevention expenditure that was on condoms translates to 0.09% of total HIV expenditure in 2021.

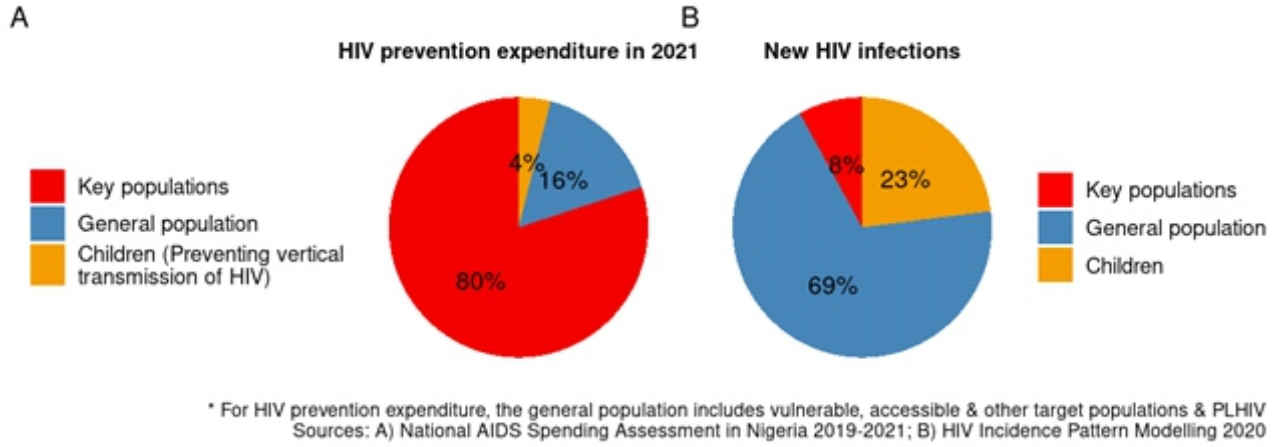


Figure 3: Distribution of expenditure on HIV prevention and new HIV infections by population group (NASA 2019-2021)

The unacceptably high contribution of new infections in children is already being addressed through Global Fund Grant Cycle 7 and PEPFAR grants.

- Among adults, 89% of new HIV infections were in the general population while 11% were in the key populations (Figure 4).
- While it is vital to ensure that HIV prevention services are available to key populations at scale, there is a big gap in the general population that calls for urgent action.
- The main question relates to who should be the focus of HIV prevention action in the general population – everyone or defined population sub-groups.

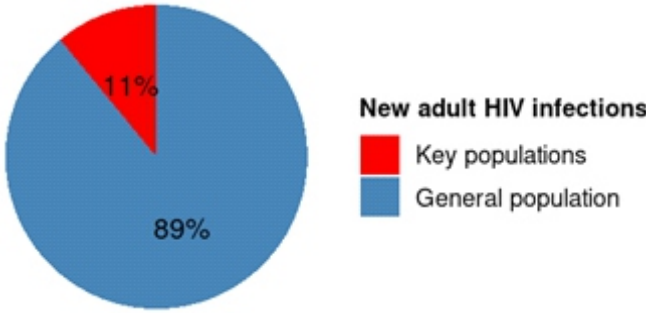


Figure 4: Contribution to new HIV infections among adults by population group
(HIV Incidence Pattern Modelling 2020)

Adolescents and young people have the lowest incidence and prevalence of HIV in the general population.

- Women who were 25-34 years old had the highest incidence and it was four times that of 15-24 year-old women (Figure 5A).
- HIV prevalence rises with age to peak in the 35-39 year age group for women and in the 50-54 year age group for men. When compared to the HIV prevalence among 15-19 year- olds, the peak prevalence represents a 10-fold increase for women and a 20-fold increase for men (Figure 5B).
- In programme data, HIV test positivity rates for adolescent girls and young women selected through high-risk location targeting and individual risk profiling at those locations, are below 0.3%.

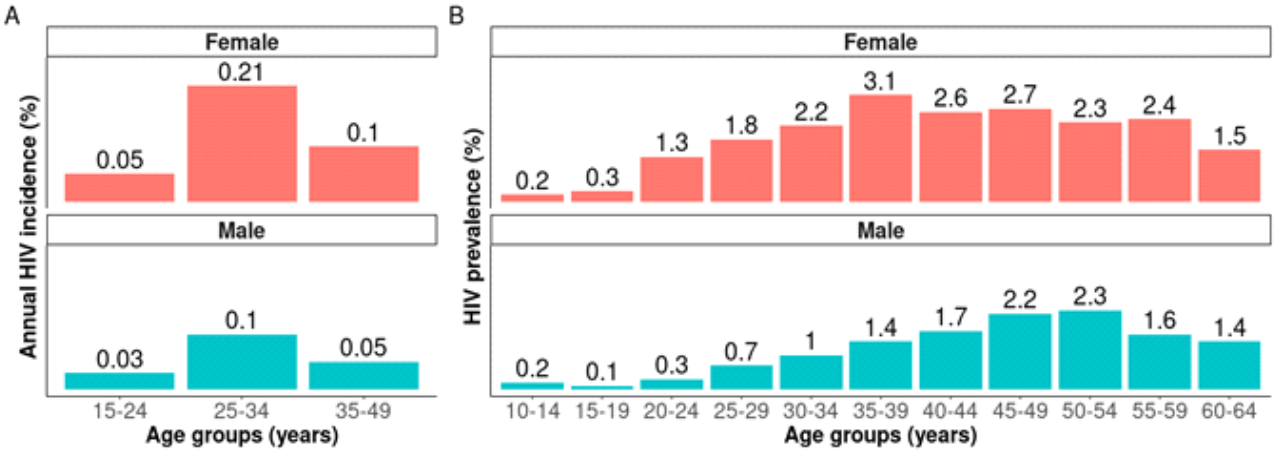


Figure 5: Percentage annual incidence of HIV and prevalence of HIV by age and sex

While HIV prevention programming engages with adolescent girls and young women based on vulnerability to HIV, the data suggests that vulnerability and risk rise with age for both women and men. Despite the higher incidence and prevalence of HIV in older women and men, they are not the beneficiaries of any focused HIV prevention programme.

Low levels of comprehensive knowledge of HIV and condom use in high risk sex are a concern.

- The comprehensive knowledge about HIV was low in 2018 but has declined further in 2023-204 among adolescents and young people (Figure 6A). This is considered one of the consequences of the de-prioritization of primary prevention in the general population that has led to a decline in the attention paid to HIV-related education in schools.
- Condom use was higher among men with little variation by age. Among women, it declined after 29 years of age (Figure 6B). The differences in condoms use in 2018 and 2023-24 did not show a consistent pattern by age or sex.

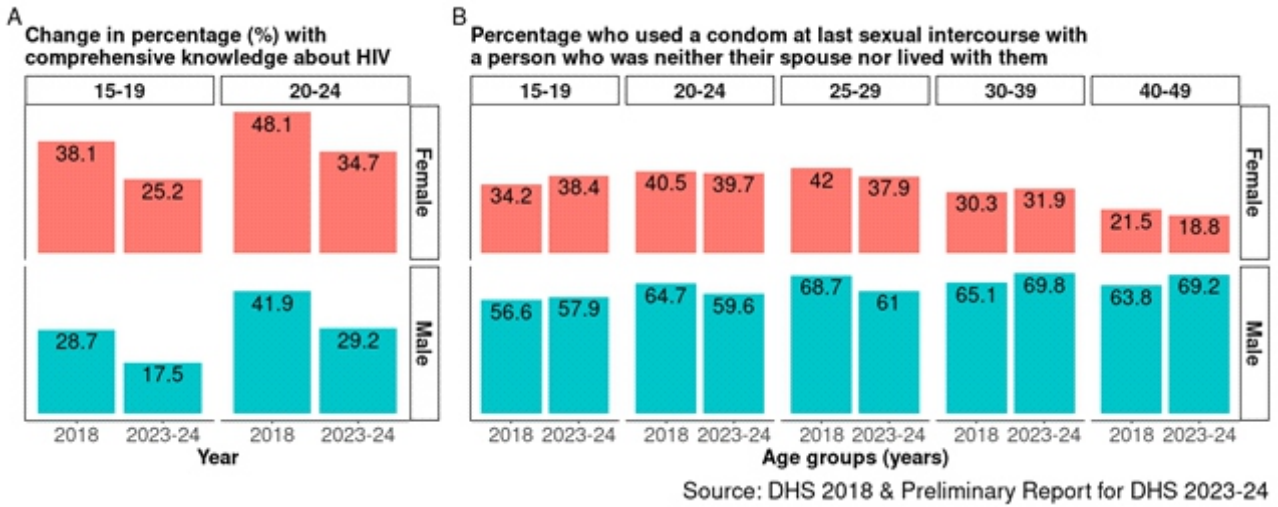


Figure 6: Comprehensive knowledge about HIV and condom use by age and sex

Abstinence plays a much larger role in protecting adolescents and young people from HIV than is generally appreciated.

- The median age at first sexual intercourse is 17.2 years for women and 21.7 years for men.
- Only 27% of 15-19-year-old women reported ever having had sex compared to 76% of 20-24 year old women (Figure 7A) with even lower percentages among never married women (Figure 7B).
- This, approximately, three-fold difference is similar to the, approximately, four-fold difference in HIV prevalence between 15-19 year old women (0.3%) and 20-24 year old women (1.3%) displayed in Figure 5B.
- Marriage is the main reason for higher percentages of ever having had sex among adolescents and young people. The almost two-fold difference between women and men (Figure 7A) disappears once married individuals are excluded (Figure 7B).

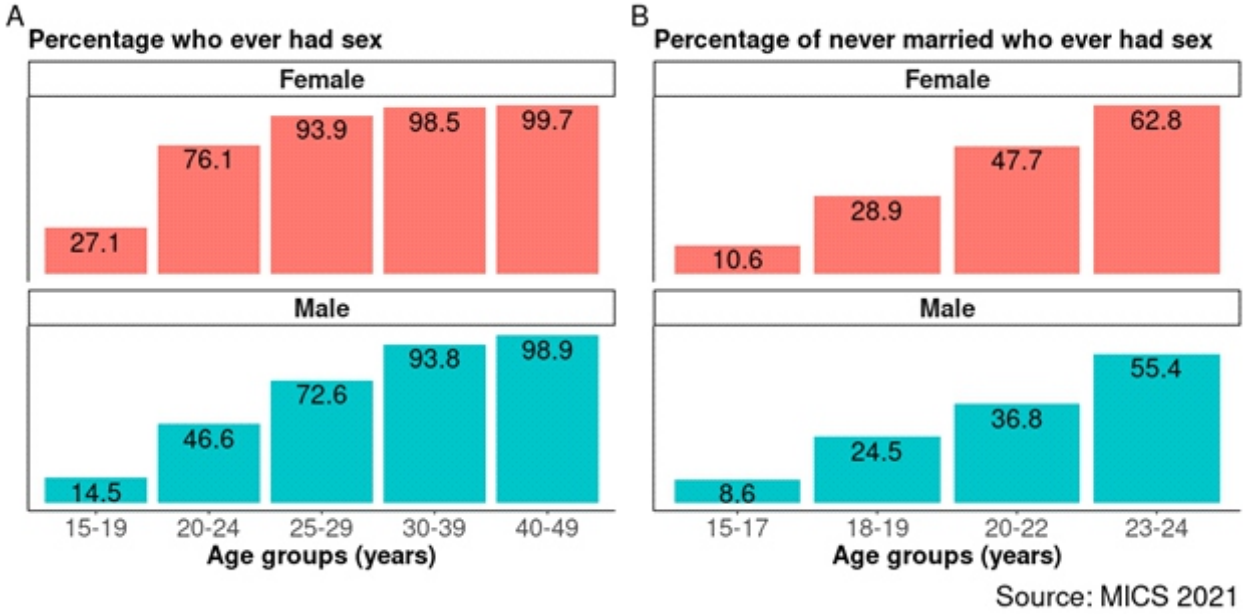


Figure 7: Men and women who have ever had sex by age group

Assumptions about risk factors for HIV need to be revisited as some of them may not be universally applicable in Nigeria. Designing and implementing interventions to address factors that are not true risk factors will likely have little or no impact on the achievement of objectives at great cost.

- The NAIIS 2018 survey shows that:
  - Women and men with no education had the lowest prevalence of HIV (Figure 8).
  - The women and men in the poorest households had lower HIV prevalence than women and men in richer households (Figure 9).
  - Women with co-wives had lower HIV prevalence than women in non-polygynous unions and single women (Figure 10). Similarly, men with more than one wife had a lower prevalence than men with one wife. However, single men had the lowest prevalence of HIV.
- The data suggests that social and cultural norms and practices and other factors may be influencing behaviour and risk of new HIV infections in different ways in different parts of the country. This is not surprising since Nigeria is one of the most ethnically and linguisticall diverse countries in the world with over 350 tribes and even more languages[5].
- Another explanation for these findings is that education and economic empowerment may provide agency for choices that increase risk with the magnitude of their impact being different for women and men.
- Both explanations suggest that something else may be needed. In 2021, only 0.2% of HIV prevention spending was on social and behavioural change communication (SBCC) and this may be a key missing factor to ensure that education and economic empowerment provide agency for choices that reduce risk and ensure that social and cultural norms also reduce risk.

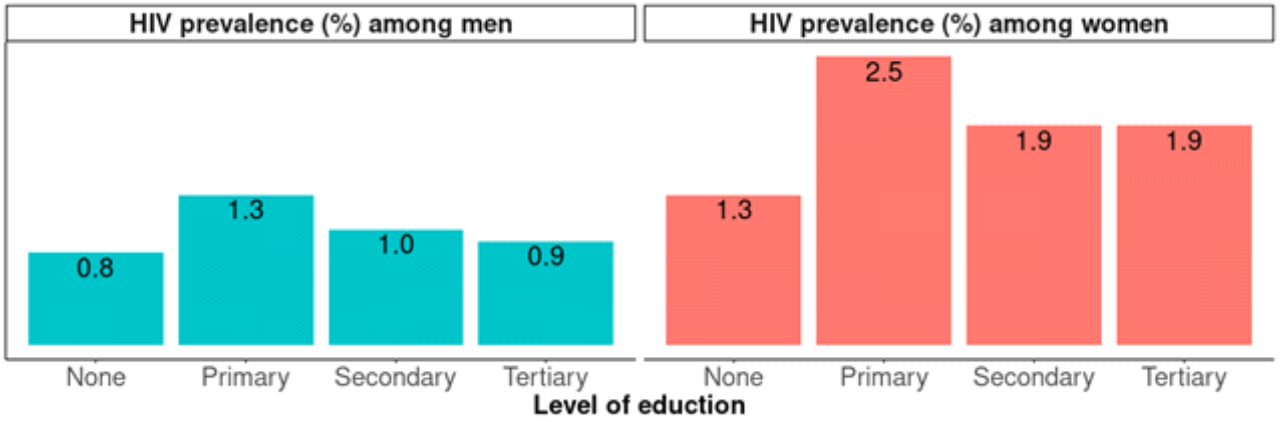


Figure 8: HIV prevalence by education among 15-64 year old men and women (NAIIS 2018)

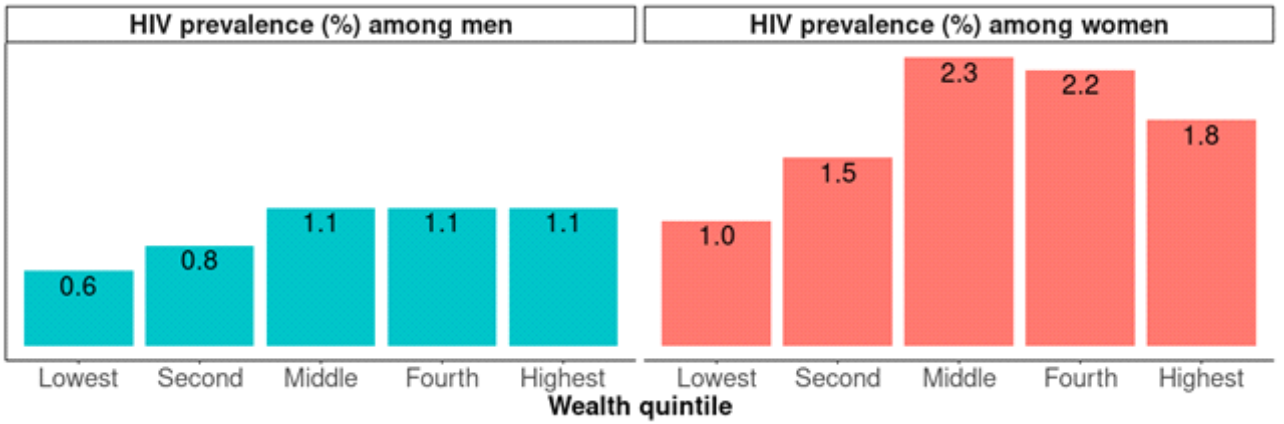


Figure 9: HIV prevalence by household wealth quintile among 15-64 year old men and women (NAIIS 2018)

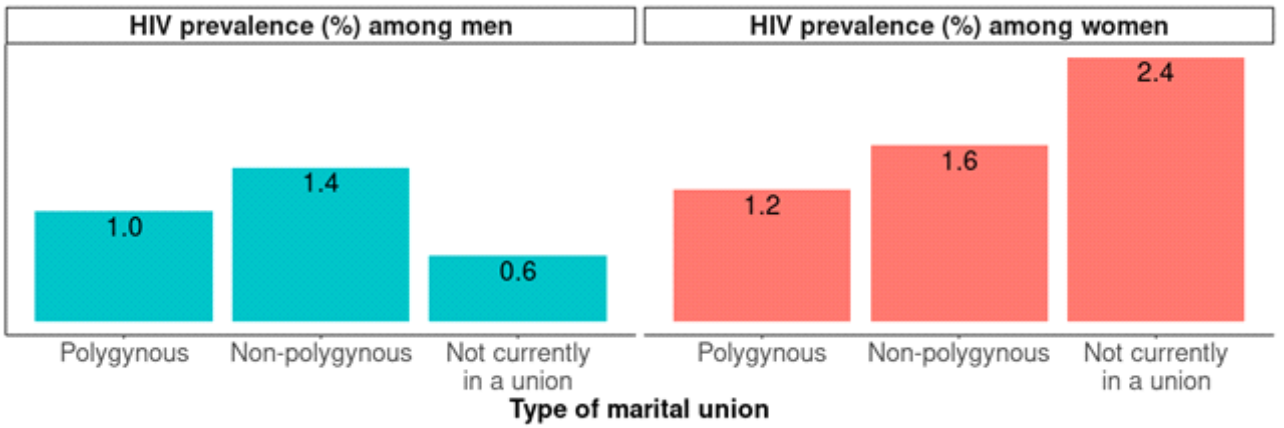


Figure 10: HIV prevalence by type of marital union among 15-64 year old men and women (NAIIS 2018)

Mass media alone will be insufficient to adequately provide information, especially for AYP who had the least exposure. Internet access is far less readily available despite the perception that most young people get their information from the internet.

- Exposure to television was commoner than radio among 15-24 year old males and females while radio was commoner among individuals who were more than 24 years old.
- Less than 60% of AYP were exposed to any of the mass media at least once a week. Media exposure increased with age for males but not so much for females.
- The use of mobile phones and the internet increased with age but use of the internet was very low across all age groups.

The low internet usage and even lower use of computers indicates that a lot of work is required to ensure AYP are prepared for, and actively involved in, the digital economy

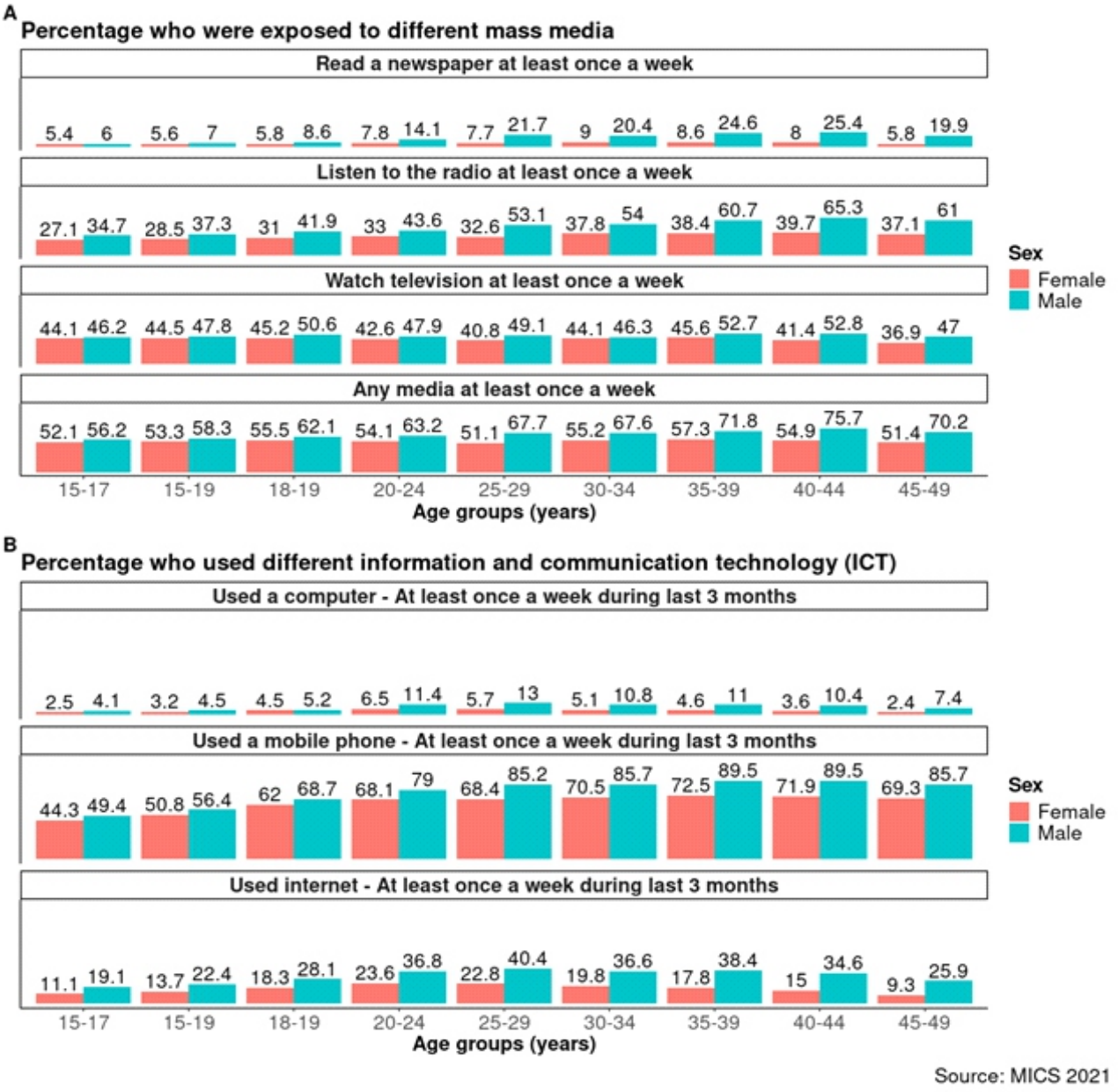


Figure 11: Media exposure and use of ICT diaggregated by age and sex

In conclusion, the current-risk approach to HIV prevention is not sufficient for Nigeria's context

- The key populations who clearly have high risk contribute a small minority of new HIV infections. Therefore, an exclusive focus on this group is unlikely to lead to significant reduction in new HIV infections in Nigeria.
- Furthermore, key populations account for less than 2% of the adult population. Therefore, an exclusive focus on key populations contributes to the very low levels of expenditure on HIV prevention since the size of the population to be served is relatively small.
- The general population which has far lower HIV prevalence rates but contributes the vast majority of new HIV infections has been left out. It is now recognised that HIV prevention action in the general population helps reduce new HIV infections in key populations.
- In the general population, adolescent girls and young women (AGYW) are the only beneficiaries of focused HIV prevention action. Here too, the approach is to find the relatively small proportion and number who are currently at high risk of HIV infection and provide them with biomedical interventions.
- The focus of the current-risk approach is on perceived *low hanging fruit* and *short-term solutions.*
- In practice, the current-risk approach means *"waiting"* for people to get into high risk groups before intervening as depicted in Figure 12 in which individuals are about to walk off a cliff and only at the cliff edge is the single option of a parachute being offered. There are no alternative routes leading away from the cliff edge. People who are not at risk today need interventions to help them remain risk-free or to be prepared to mitigate future risk exposure as illustrated in Figure 13.
- It is in light of the foregoing scenario that the slow decline in new HIV infections persists

Figure 12: Providing AYP with options limited to dealing with current risk of HIV infection

Nigeria's context calls for thinking differently about HIV prevention in general, and for adolescents and young people specifically, and linking the two.

Two questions drive this strategy.

1. How can AYP remain HIV free throughout their lives?

- Adolescents and young people aged 10-24 years comprise 33% of Nigeria's population.
- They start out with the lowest incidence and prevalence of HIV but the same cohorts go on to have the highest incidence and prevalence of HIV as they grow older.
- Therefore, HIV prevention should be approached as longitudinal cohort issue with action beginning before there is any risk rather than a cross sectional issue based on current risk.
- In Figure 13, AYP are engaged further up the road away from the cliff edge when they can take alternative routes away from risks while on their life journey. They are also being equipped with the tools necessary to navigate the complexities of life and manage risks related to HIV should they encounter them in the future. This is very different from the current-risk approach depicted earlier in Figure 12.

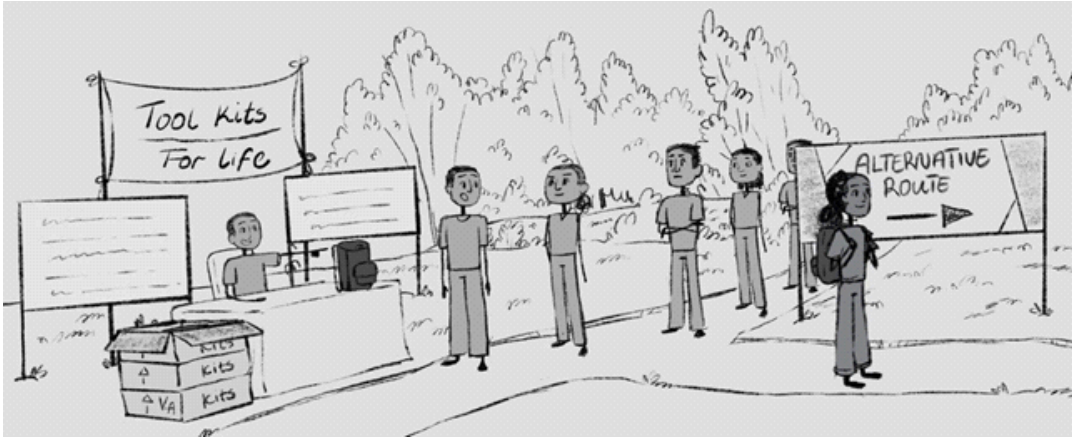


Figure 13: Providing adolescents and young people with alternatives while low risk or without risk

2. How can AYP be empowered as agents of change for themselves, other individuals, their families and society now and as they grow older?

- As AYP grow older, they assume responsibilities in their families and society.
  - In families, they are initially children and then become leaders in nuclear and extended families.
  - In society, they start out as young members who need to be looked after and then they become responsible for the well being of the society, including as leaders.
- It is expected that empowered AYP will make decisions for themselves and influence other individuals around them and in their families to ensure they remain HIV-free. As they become influential in society, it is expected that they will contribute to, and make decisions at societal level that will ensure an end to HIV and AIDS (Figure 14).

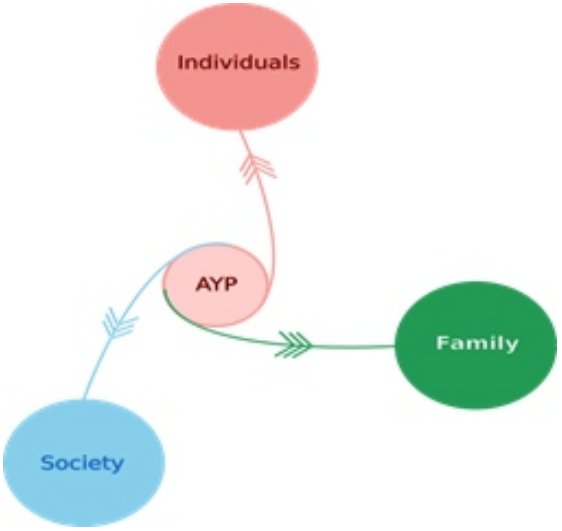


Figure 14: Adolescents and young people empowered to positively influence other individuals, their own families and society throughout their lives to end HIV and AIDS.

4. What is the strategy?

4.1. Goal

Holistic wellbeing for adolescents and young people to enable them remain healthy and free of HIV.

4.2. Objectives

1 To empower adolescents and young people with the agency to make choices to thrive and remain healthy and HIV-free throughout their lives.
2 To empower guardians (parents, teachers and faith leaders) to support the development of adolescents and young people.
3 To facilitate multi-sectoral engagement to foster a supportive environment for the empowerment of adolescents and young people.

4.3. Theory of Change

IF adolescents and young people are empowered with knowledge, positive attitudes and skills; and IF their guardians and other influential members of the society purposefully support their development; and IF the various sectors work synergistically to foster a supportive environment for the development of AYP directly and indirectly; THEN adolescents and young people will have the agency to make choices to achieve holistic wellbeing and remain HIV-free and healthy.

4.4. Strategic Domain 1: Communication

The focus of communication action will be on four population groups, namely:

1. Adolescents and young people who are 10-24 years of age
2. Guardians of adolescents and young people, categorized as:
    a. Parents and guardians
    b. Teachers
    c. Faith leaders
3. Infuencers, categorized as:
    a. Radio and television personalities
    b. Musicians
    c. Actors and actresses
    d. Social media personalities
4. Political leaders, categorized as:
    a. Traditional leaders and community gatekeepers
    b. Politicians in the executive and legislative arms of government

The content of communication will vary for each population group and category in the population group and will be based on a deeper understanding of Nigeria's diverse culture and values and how they influence behaviour. National household surveys of media exposure and use of the internet have shown that all content delivery platforms will need to be used to ensure maximum penetration including face-to-face engagement through existing arrangements. Examples of existing face-to-face engagements include parent-teacher association meetings, school assembly, religious gatherings, local community meetings, and so on. Every meeting or gathering is an opportunity.

Content delivery should not be one-off actions. Priority will be given to interactive engagements with feedback, especially, for AYP.

For adolescents and young people who are 10-24 years of age, the content of communication will be age-appropriate and sensitive to their culture and religion. In developing communication toolkits and delivering content, consideration will be given to distinctions that may be significant such as, AYP who are in school and AYP who are not in school as well as rural and urban residence. The communication toolkit for AYP will address values, aspirations, peer pressure, respect, responsibility, positive attitudes, negotiation, participation, decision-making and leadership, in addition to education, health and HIV.

For guardians, communication with parents/guardians will focus on improving parent-child communication; helping parents understand their children; building and sustaining trust between parents and their children. Parents can be an important support mechanism for dealing with peer pressure. Empowered parents will also be in a better position to make decisions that are in the best interest of the health and wellbeing of their children, especially, minors. Communication with teachers will aim to improve the delivery of the health and well being curriculum in keeping with the *West and Central Africa's Commitment for educated, healthy and thriving adolescents and young people* (of 6th April 2023). Communication with faith leaders seeks to mobilize them to foster positive values and attitudes among AYP and support parents to build strong healthy relationships with their children.

For influencers, communication action will be directed at working with them to recognize the impact of their speech and behaviour on AYP and to then choose to be positive role models in addition to being advocates on issues related to health and HIV.

For political leaders, it is expected that communication with traditional leaders/gatekeepers will lead to the promotion of sociocultural norms, practices and values that empower AYP and help them fulfil their potential. Communication with politicians in the legislative and executive arm of government is intended to lead to legislation, policies and initiatives that create an enabling environment for AYP to become agents of change for their own wellbeing and that of others.

4.5. Strategic Domain 2: Multisectoral Engagement and Action

This domain recognises the need for, and value of, whole-of-society action to foster an enabling environment for the empowerment of AYP. Every sector is relevant and any list in the Gen-N Strategy is non-exhaustive. Every effort will be made to have several sectors with similar or converging roles working together.

For instance, the education and health sectors will work together on operationalizing the West and Central Africa's Commitment for educated, healthy and thriving adolescents and young people. Several sectors have programmes related to the acquisition of skills and are involved in communication actions. The digital economy is another area that requires collaborative action. So much is said about AYP being drivers of the digital economy. However, survey findings indicate that the AYP are missing out with only a minority actively involved. The key is to work together to maximize efficiency and impact while leveraging the comparative advantage of each sector taking into consideration that each sector has public, private-for-profit, private-not-for-profit, and faith-based actors.

The various sectors also have unique roles. For instance, the education sector hosts adolescents and young people for 16 or more, often continuous, years from childhood to adulthood. This unique role of the sector needs greater appreciation, especially of the opportunity it presents to engage with AYP in a planned purposeful manner to achieve the objectives of this strategy. The health sector is responsible for providing health services generally and for HIV prevention, specifically. The availability of condoms and AYP-friendly services are recurring concerns that will be addressed.

5. What are the priority actions?

1. Develop communication toolkits
    a. The first step will be to map sociocultural norms, practices, and values nationwide that are relevant to HIV prevention as well as the education, health, and development of AYP This will involve sectors such as arts, culture, and women affairs as well as non-state actors, for instance, faith-based and community-based organizations. The aim is to respectfully understand the origins of the norms and practices, what they aimed to achieve and how they influence the behaviour of individuals in the four population groups of interest, namely, AYP, guardians, influencers and political leaders.
    b. Next, the perceptions, experiences, and preferences of the population groups will be explored as they relate to the education, health, and development of AYP and the specific content described in Section 4.4. During focus group discussions and interviews, impact of sociocultural norms, practices, and values on these themes will be also explored. This will

involve sectors such as communication, media, education, health, employment, women affairs, law enforcement and justice.

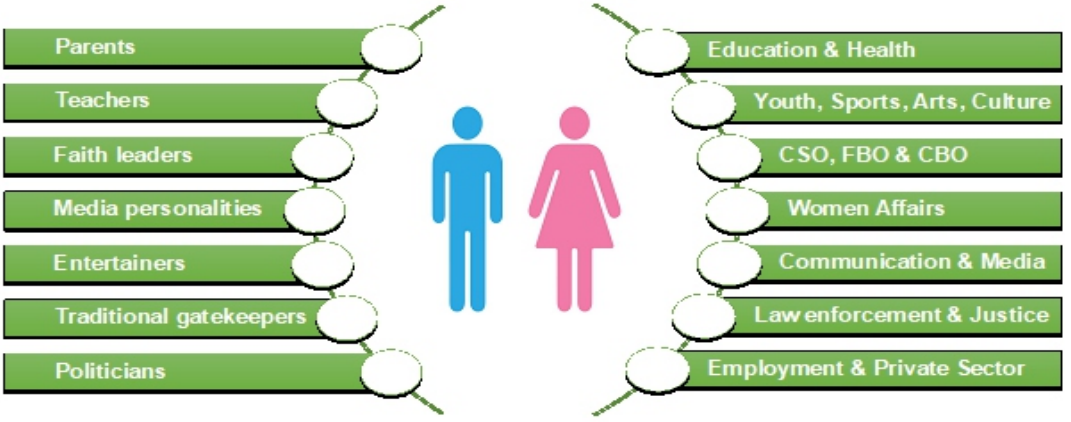
c. The findings from the two steps above will be used to review existing communication tools and resources. Do they existing communication tools and resources adequately address the issues raised? How effective have they been?

d. All these findings will then be used to develop communications toolkits for each of the identified population groups. The toolkits will include content, formats, and delivery options. All sectors will be relevant.

2. Deploy and use of the communication tool kits.
3. Roll out the WCA commitment for educated, healthy and thriving adolescents and young people, paying immediate attention to:
   a. Developing and disseminating resource materials to support the delivery of the health and wellbeing curriculum
   b. Exploring outcome monitoring in the education sector.
   c. Expanding access to AYP-friendly health services for HIV prevention, as appropriate and with parental consent for minors.
4. Identify, develop and roll out additional multi-sectoral priority actions consistent with this strategy.
5. Strong advocacy for a massive increase in funding for HIV prevention.

6. What else?

This strategy may be summarized as individuals, groups of individuals and sectors working synergistically to support and empower adolescents and young people as agents of change for their own health and wellbeing as well as the health and wellbeing of others in the society. It is expected that this will lead to a HIV-free generation.



The National Agency for the Control of AIDS (and SACA at state level) will be responsible for coordination while donor, technical and implementing partners are invited to base their investment decisions, technical support, project design, and implementation on this strategy. The National HIV Prevention Technical Working Group will be responsble for technical guidance for the priority actions. The indicators, targets and M&E processes for HIV prevention remain as outlined in the NSP. For this Gen-N Strategy, the focus will be on tracking implementation of the prioritised actions outlined here and further actions that will be decided upon as the strategy is rolled out.

Annex 1. List of Contributors

	Names	Organization
1	James Anenih	NACA
2	Daniel Ndukwe	NACA
3	Ezinne Okey Uchendu	NACA
4	Yewande Olaifa	NACA
5	Francis Agbo	NACA
6	Kingsley Essomeonu	NACA
7	Collins Aneke	NACA
8	Miriam Ezekwe	NACA
9	Favour Iyamu	NACA
10	Adakole Ogwola	NACA
11	Hidayat Yahaya	NACA
12	Msendoo Amande	NACA
13	Maryam Sani Haske	NACA
14	Umar Ibrahim	NACA
15	Ima John -Dada	FMoH NASCP
16	Taiwo Olakunle	FMoH NASCP
17	Samson Omoighe	FMoH NASCP
18	Kalu Joy	FMoH
19	Ogbuke Njideka	FMoE
20	Yohanna Tausa	FMYD
21	Ojonoka Ruth Idode	FMWA
22	Idris Olalekan Jimoh	NDLEA
23	Emenalo Angela	FACA
24	Magbor Martin	Enugu SACA
25	Samuel Anya	UNAIDS

26	Gabriel Undelikwo	UNAIDS
27	Damilola Iyiola	UNAIDS
28	Fortune Mgbangson	UNFPA
29	Babat unde Adelekan	UNFPA
30	Oyebukola Tomori-Adeleye	UNESCO
31	Oladeji A.O	UNESCO
32	Sidonie Naugning Djeufouo	UNESCO
33	Ibilola Olajuka	UNICEF
34	Halima Momodu	WHO
35	Adeleye Taofeek	AHF
36	Kucheli Wudni	APIN
37	Olabunmi Amoo	APIN
38	Aaron Haruna Sunday	AYPIN
39	Umeugwunne Ebere	AYPIN
40	Isioma George	CHAI
41	Ezinne Akinola	CIHP
42	Mapayi Boladele	Consultant
43	Catherine Osho	ECEWS
44	Onuh Ezekiel	ECEWS
45	Sharon Efuntoye	ECEWS
46	Idoko Philip	EVA
47	Usman Danladi	EVA
48	Emmanuel Unamba	FBO
49	Adaobi Olisa	FHI360 MOSAIC
50	Anyasi Helen	FHI360 MOSAIC
51	Leah Umeokeke	FHI360 AHNI
52	Morenike Oguntokun	FHI360 AHNI

53	Stephenie Izang	FHI360 AHNI
54	Akanji Michael	Heartland Alliance
55	Ochonye Bartholomew	Heartland Alliance
56	Ngozi Ajaero	IHVN
57	Samuel Uruakpa	IHVN
58	Fayman Omini	ISCODI
59	Amaechi Okafor	JHPIEGO
60	George Ikaraoha	JHPIEGO
61	Ramon Olanrewaju Babamole	NYNETHA
62	Omanudhowho Patrick	SFH
63	Rakiya Haruna	SFH
64	Segun Oyedeji	SFH
65	Simeon Christian Chukwu	SFH
66	Patrick Ikani	SSLN/NACA Consultant
67	Jomilu Abdullahu	Ummah Support Initiative
68	Muhammad Aisha	Ummah Support Initiative
69	Kelechukwu Amadi	WACPHD
70	Kufre Ndueso	WACPHD
71	Osas Ayewah	WACPHD
72	Bukola Ogundipe	YouthRISE
73	Ngwoke Ifeanyi	YouthRISE
74	Owoyemi Boluwatife	YouthRISE

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