# HOPE MAGAZINE. 24

JANUARY - DECEMBER 2024. ISSUE NO. 7

NACA'S DG
**365 DAYS**
IN OFFICE

**TRUMP GATE:**
Towards Ownership and Sustainability of HIV Response in Nigeria.

DG's Maiden Interview for NACA Hope Magazine

**UNAIDS** stands together with communities on **Zero Discrimination Day**.

Improving Nigeria's **HIV** Fight:
The Transforming Power Of State Ownership

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NACA: Fighting AIDS to Finish!

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EVERYTHING YOU NEED TO KNOW ABOUT **HOPE MAGAZINE** IN PAGES!




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# From the Editor's Desk

Interestingly, before President Donald Trump's executive order on January 20, 2025, suspending foreign aid, funding of HIV activities in Nigeria and other developing countries, for 90 days and the afterthought of a waiver, some days later, the Federal Government had been working on a sustainable roadmap since 2014.

Infact, the Federal Government through National Agency for Control of AIDS (NACA), last year, unveiled a roadmap for sustainable Human Immuno-deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) funding in Nigeria.

Indeed, Trump's suspension of the disbursement of funds from the President's Emergency Plan for AIDS Relief (PEPFAR)/United States Agency for International Development (USAID) for 90 days sparked concerns among public health officials and global organisations.
While the decision shocked many, it was consistent with President Trump's campaign rhetoric of prioritising American interests over international aid.

Two days after Trump's directive, the Federal Government, in what seemed like a nod to public demand, announced plans to strengthen its domestic HIV response. This stance remained even after the US granted a waiver for HIV intervention.

Through NACA, the Federal Government announced plans to locally produce HIV-related medical tools, including test kits and antiretroviral drugs.

While this was seen as a proactive move, experts remain sceptical about Nigeria's ability to fully fund and sustain the initiative.

On February 3, the Federal Executive Council (FEC) approved $1.07 billion to finance the healthcare sector reforms under the Human Capital Opportunities for Prosperity and Equity (HOPE) programme. It also approved N4.8 billion for HIV treatment, according to the Minister of Finance and Coordinating Minister of the Economy, Wale Edun.

Also, as part of government efforts to address the funding gap, the Nigerian Senate also recently allocated an additional N300 billion to the health sector in the 2025 budget. The additional allocation, equivalent to $200 million, will target health programmes such as Tuberculosis, HIV, Malaria and Polio.

Indeed, following the recent suspension of USAID funding for Nigeria by President Donald Trump's administration, officials swiftly launched a committee to develop a transition and sustainability plan for USAID-funded health programmes. The multi-ministerial committee aims to secure new financial support for critical health programmes.

Coordinating Minister of Health and Social Welfare, Prof. Muhammad Ali Pate, said the committee, comprising officials from the ministries of finance, health, and environment, intends to ensure that patients receiving treatment for HIV, tuberculosis, and malaria do not experience setbacks amid the uncertainty over U.S. foreign policy.

"Shortly after taking office in January 2025, U.S. President Donald Trump ordered a 90-day pause on U.S. foreign aid. But days later, he approved a temporary waiver for life-saving humanitarian assistance, covering medicine, medical services, food, and shelter."

Despite the exemption, concerns remain over the future of U.S. funding for global health programmes.

Nigeria is a significant recipient of U.S. foreign aid, receiving $1.02

billion in 2023, much of it through agencies like USAID.

USAID funding to Nigeria plays a pivotal role in HIV/AIDS treatment, maternal and child care, and disease.

Nigeria has the highest number of people living with HIV (PLWHIV) in West and Central African region. Over the past two decades, partners in the global AIDS response have intensively supported the Nigerian government and institutions in the country, to scale-up prevention, treatment, care, and support for those living with and affected by HIV/AIDS.

The U.S government through the PEPFAR has immensely supported Nigeria's HIV/AIDS response over the years, particularly in sustaining the treatment of people living with HIV in Nigeria. PEPFAR Nigeria remains the biggest donor for treatment programme in the country as their contributions covers approximately 90% of the treatment burden.

Indeed, the Trump Administration issued an executive order halting foreign aid for 90 days. However, on Tuesday, January 28, 2025, the Administration issued a waiver for lifesaving medicines and medical services, offering a reprieve for a worldwide HIV treatment programme. This waiver allows for the continuous distribution of HIV medications (ARVs) and medical services supported by PEPFAR in Nigeria.

Director General of NACA, Dr. Temitope Ilori, said the Nigerian government appreciates the U.S. government waiver and is mindful of the potential change to foreign aid in the near future under the new administration.

Ilori said the Nigerian government would intensify domestic resource mobilization strategies towards ownership and sustainability of the HIV response in the country with a view to reducing the risks of donor aid policy shifts to the HIV response while ensuring that the country's strategic goals and targets in the fight against HIV are achieved.

"Through effective stakeholder collaboration, creating favourable policies and enabling environment and advocacy to policy makers, Nigeria can still achieve the target of ending AIDS by 2030," she said.

The NACA DG encouraged the patient community to continue accessing HIV treatment services in service delivery points across the country and appealed to all State Governors, private sector partners, all the honourable members of the National Assembly and State Houses of Assembly, civil society organizations, the media and all other relevant stakeholders, to continue in their commitment and support to the fight against HIV/AIDS in Nigeria.

"We appreciate the United States Government and all our international partners for their continued contributions and support to the national HIV response," Ilori said.

Meanwhile, months before Trump's pronouncements, as part of efforts to ensure that Nigeria will be able to sustain the free treatment for HIV achieved through support from international donors, especially the United States Government, stakeholders flagged off the National HIV Sustainability Roadmap and New Business Model, in Abuja.

The stakeholders include persons living with HIV, civil society organisations (CSOs) such as Network of People Living With HIV/AIDS in Nigeria (NEPWHAN), PEPFAR, Joint United Nations Programme on HIV/AIDS (UNAIDS), Global Fund for AIDS, TB and Malaria, NACA) and Federal Ministry of Health (FMoH).

The new sustainability approach was initiated by PEPFAR Nigeria during one-day CSO engagement meeting in Abuja to introduce the CSOs to the national sustainability roadmap vision and plans; build consensus towards the sustainability framework for CSOs; and prepare CSOs to participate in the subnational level mobilization and implementation of the sustainability roadmap.

Country Coordinator of PEPFAR, Funmi Adesanya, said: "It is now an infectious disease crisis. We have seen a decline of our funding from $397 million to $333 million. We known that there are 1.3 million people on treatment and we have the responsibility to maintain and accelerate that. We have future goal for 2030. It calls for the programme to be led by government. It does not mean that donors are exiting but roles will change.

One plan is sustainability. The moment is right for the global HIV community to actively begin planning for a sustained HIV response beyond 2030."

Adesanya, who was represented by Dr. Margaret Shelleng, said it calls for a country-driven and owned processes that leverage country data and information, that will chart the pathways for country level strategies and actions to achieve and sustain impact and leave no one behind.

Adesanya said the process is expected to foster open and honest dialogue on the future of the HIV response, the transformations needed to ensure that responses across the globe are not in danger of putting millions of lives and livelihoods at risk and the financing commitments needed for scale and impact.

She said planning for sustaining HIV response gains beyond 2030 will require different strategies and delivery modalities than what is required to scale-up prevention and treatment services and enablers to reach the 2030 target of ending AIDS as a public health threat.

UNAIDS Country Coordinator, Dr. Leo Zekeng, said the roadmap is not about 'donor exit', but is also not about sustaining the response "as it currently stands".

Zekeng said the roadmap is about political, policy, programmatic, financing, and system transformations required to sustain impact after having achieved epidemic control.

He said this is a clear departure from current sustainability planning approaches...of continuing the HIV response as it is. "This transformation requires countries to lead and shape their own HIV response," Zekeng said.
He added: "We have to sustain the gains. Key, is capacity building. It is three dimensions. If the CSOs and communities will work together to create one voice, it will go a long way. Unified voice to raise your concerns."

Why now? Ilori, said Nigeria is on track to achieve epidemic control of HIV before 2030 and donor support is expected to be restructured after epidemic control.

How prepared is Nigeria for significant restructuring of donor funds for HIV? How much time does Nigeria have to restructure? Who (government Ministries Departments and Agencies/MDAs, private, community) has the mandate to cover the roles currently played by partners?

Ilori said the national vision is to see a progressive transition of enablement and authority to subnational entities (CSOs, Networks, local government councils, MDAs and States) for programme management; example planning, implementation, review, monitoring/reporting etc.

She said the vision is as a matter of principle and the principles are enshrined in the Act of NACA , the National Strategic Framework and Plan.

The NACA DG said the Paris Declaration of 2005, the Global Fund Strategic Framework and the PEPFAR 5X3 Priorities are in alignment with the Nigerian stand.

Ilori said there is a need for consolidation and harmonisation of programmes under a single donor before transition to subnational entities. This, she said, will eliminate implementation of different package by different partners and assures seamless transition.
National Coordinator of NEPHWAN, Abdulkadiri Ibrahim, said: "A very important movement is going on in Nigeria. We have multiple voices but if we are determined we can bring the voices together. If we continue to work in parallel and silos, we are not going anywhere."

Executive Secretary of Country Coordinating Mechanism (CCM) of Global Fund, Ibrahim Tajudeen, said: "There is need for us to engage and share information. CSOs, we have to take responsibility and know that health of all Nigerians are in your hands. Activism to already identified problem is required to sustain the response."

Speaking on the new business model and HIV sustainability, Dr. Yewande Olaifa of NACA said the

goal of the Sustainability Agenda is for an effective and efficient HIV response owned, driven, resourced and led by the people and the government of Nigeria at different levels, with support from her partners in line with the Paris Declaration 2005.

She said the new business model entails transition of management of the holistic response to HIV, to mandated players (government, private and community structures); redesign of the donor/partner relationships with host country institutions from direct service delivery (DSD) to technical assistance (TA) to mandated structures; empower community, private, state, and federally mandated structures and transit in phases; develop a sustainability readiness framework and conduct assessment of structures (2023); and embark on strategic engagement and communication with all stakeholders.

She said the new business model is recommended to leverage the strengths that communities and CSOs bring to the table and provide an enabling environment for communities and civil society actors to play the critical roles of: demand creation for service uptake including differentiated community HIV service delivery models to expand service access to those left behind; supporting retention in care and broadening reach and access to quality HIV services for optimal prevention and treatment outcomes; advocacy on key HIV policy issues and sustainable financing (including domestic resource mobilisation); and strengthening community structures and systems to deliver effectively on community led monitoring, advocacy and accountability mandates as well as addressing Gender Based Violence (GBV) and human rights violations.

UNAIDS Adviser (Science Systems and Services), Dr. Murphy Akpu, in a paper, titled, "Vision Setting for Government-led Sustainable HIV Programmes at State level in Nigeria: What does success look like?", said the process is expected to foster open and honest dialogue on the future of the HIV response, the transformations needed to ensure that responses across the globe are not in danger of putting millions of lives and livelihoods at risk and the financing commitments needed for scale and impact."

Several studies have shown that if PLWHIV stopped taking ART they will develop AIDS and will die within one year. Other researches indicate that delay or interruption in the therapy will lead to drug resistance, making the firstline drugs ineffective and the need for a secondline medication, which is usually very expensive and unaffordable.

Former National Coordinator of the Network for the People Living with HIV, Victor Omoshehin, told journalists: "Nigeria's government should own up to the HIV and AIDS response. Putting money into the national response is an investment in humanity. Our continuous access to medication and our right to healthcare is a fundamental right. Government should make it happen."

Until now, several studies have indicated that country ownership and sustainability is crucial for an effective and efficient AIDS response and that the essential elements of country ownership include among other things political engagement and commitment.

Investigation revealed that concerted efforts geared towards ownership and sustainability of the National HIV/AIDS response is steadily gaining momentum and President Bola Ahmed Tinubu has promised that Nigerians shall begin to see the results before the end of 2025.

**Indeed, some of the major steps taken recently by the Federal Government through NACA include:**

Endorsement of HIV sustainability roadmaps developed by States. It is believed that the roadmaps will assist the States to take ownership and chart the course towards domestic resourcing of the HIV response.

NACA has made a strong case for the resourcing of the sustainability roadmaps in a presentation to the National Economic council in June 2024, with a call to action to the Governors to earmark 0.5 to one per cent of the monthly federation allocation to states for financing the implementation of the HIV/AIDS programme.

> ***Every Nigerian has a right to good health. We have a responsibility to ensure that this basic right is available to all Nigerians. The Government is committed to enhancing ownership and sustainability of the HIV/AIDS response.***

# Why you Need Rest to Maximize Your Productivity

*By: Shimsugh Chagbe*

The concept of rest and productivity has generated much debates globally. The general notion is that the more hours one puts into work, the maximum output he or she achieves. This notion has led to the celebration of a 'workaholic' culture. Clinches such as "hard work" hustle and always being "on' ' reinforce this restless work ethic. Rest and recreation then take the backseat.

In a fast, competitive economic world today, nations and individuals are practically on a fast lane. The quest by individuals to maintain a balance between the demands of their careers and family life has placed many limitations on individuals' time. It is even worse in poverty-stricken countries with low Gross Domestic Product (GDP), poor wages and economic incentives, high dependency ratios and sundry social pressures.

People in such climes tend to work for longer hours most often in exploitative and unfriendly work conditions. Most often people hold more than one job in order to sustain their families and meet social expectations. This results in stress caused by excessive workload and sometimes-unethical demands from their employers.

The effects of inadequate rest on an individual are many. They include low performance, irritability, and anxiety. People who suffer from sleep deprivation reportedly have less mental energy after longer hours of work. They often consume high quantities of coffee and other contents laced with caffeine to keep them awake and active. However, their level of achievement is very low relative to time spent. Therefore, attaining and maintaining focus and balance in work-life and personal productivity becomes difficult.

## What Is Personal Productivity?

On a general note, personal productivity means working smart but producing maximum output within a stipulated timeline. The ability to use one's work time effectively, to get good quality work done faster is very essential both in physical and knowledge work. To develop this good work ethic entails high levels of physical and mental energy. It also requires a high degree of focus and concentration.

In essence, highly productive people, especially those who work in result-oriented ventures must set rest time a priority if they must maintain the level of their productivity and sustain it for a longer time.

## Why is Rest so essential?

People and entities need solutions to their problems. They expect efficient, faster and most often time-bound solutions. Logically, therefore, individuals who provide quality services or products must maintain physical, mental, and emotional balance. Besides, they must have clear concepts about the problems, and think and examine the issues from different perspectives to

be able to proffer workable solutions.

Moreover, such people require concentration, quality use of time, a positive mindset and high confidence levels.

In his book, **Master Your Time Master Your Life,** Brian Tracy, a Best Selling author stresses some fundamental benefits of rest.

"Taking care of your mental and physical health, your "machine" is essential and perhaps more important than anything else to ensure your health, happiness and long-term success"

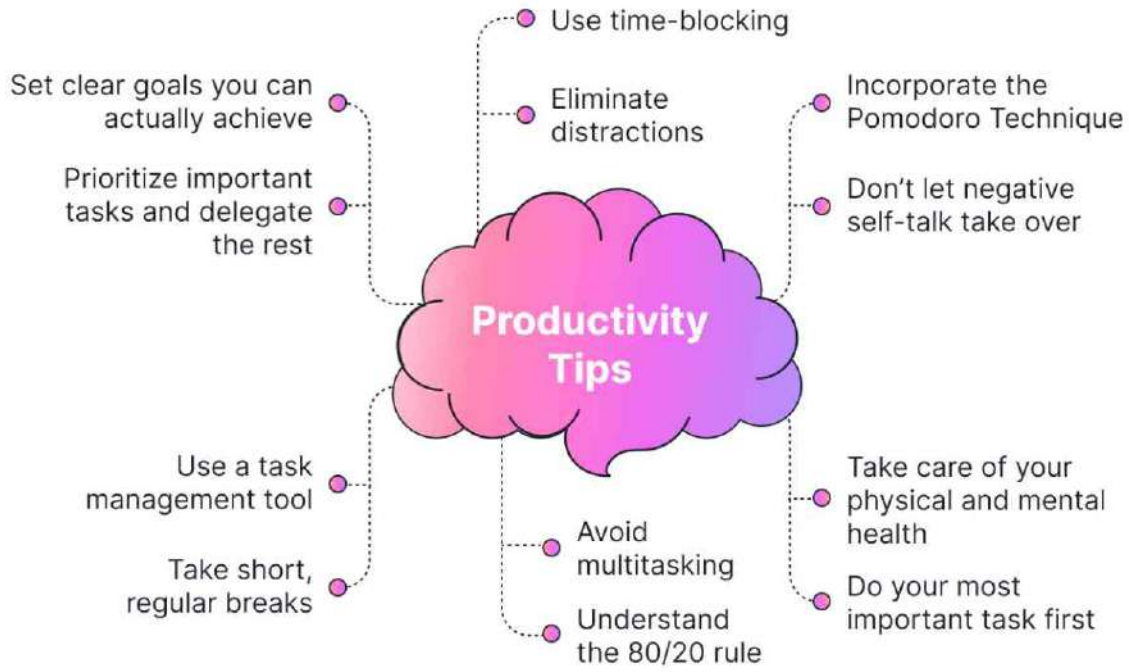
Many studies suggest that for an individual to maintain a high-quality life and vitality and perform at her best, one needs complete periods of rest. This is essential to charge your "mental, physical and emotional batteries" for optimum performance.

Brian Tracy quoted Vince Lombardi to buttress his point. 'Fatigue makes cowards of us all;" He pointed out that when tired and burned out, one is susceptible to stress and negativity, likely to be angry and impatient and may be irrational in his or her decisions.

Medical recommendations and many experimental studies suggest that an adult needs eight to nine hours of sleep daily to refresh fully. Many benefits of rest include boosting productivity and problem solving, prevention of burnout and improvement of focus. Others are enhanced cognitive functions, mental and emotional well-being as well as improvement of physical health. Full rest is also necessary for a sustainable work cycle.

The quality of one's life is greatly dependent on your physical and mental health balance more than other factors. While work is central to economic and social development, success and achievements of individuals and corporate entities, rest is a tonic that drives optimum productivity.

You therefore need to take rest as a necessary part of your life to enhance your personal productivity and maintain a balanced, stress-free life.



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NACA: FIGHTING AIDS TO FINISH

# 365 DAYS IN OFFICE

## Dr. Temitope Ilori
## DG NACA

1. Restoring Confidence in NACA
2. Enhanced Staff Motivation
3. Improved HIV DATA Reporting
4. Securing Budget Allocation Amidst United State Government aid pause
5. 2024 Nigeria HIV Prevention conference
6. Sustainability Framework Development
7. HIV Trust Fund Strengthening
8. Domestic Production of HIV Commodities
9. Vaccine Research Collaboration
10. PMTCT and Pediatric ART Committees
11. Strengthening HIV, Tuberculosis, and Malaria Integration
12. Strengthening Laboratory Systems and Pandemic Preparedness
13. Improved Focus on Adolescents and Young People
14. Empowerment of Community Members
15. Strengthened Inter-Governmental Partnership
16. Increased Allocation for Procurement of Drugs

## 1. RESTORING CONFIDENCE IN NACA:

**There has been a renewed trust in NACA's leadership, demonstrated by increased advocacy engagements and strengthened partnerships with donors and implementing partners.**


## 2. ENHANCED STAFF MOTIVATION:

**Through inclusive and participatory management approaches, staff morale has significantly improved. A general staff retreat was held for the first time in the past 8 years with members of staff showing renewed energy, creativity and commitment for the new year. There is also improvement in staff welfarism, increase in allowances of corp members and renovation of the agency to befitting standard for quality service delivery.**

365 DAYS IN OFFICE

## 3. IMPROVED HIV DATA REPORTING:

**For the first time in three years, Nigeria's HIV data was successfully published by UNAIDS, reflecting improved data transparency and collaboration, and the Nigeria HIV/AIDS Data Ecosystem was also launched at the NACA Command Centre to serve as a one stop shop for HIV data within the country.**

## 4. SECURING BUDGET ALLOCATION AMIDST UNITED STATES GOVERNMENT AID PAUSE:

**Under the leadership of President Bola Ahmed Tinubu, GCFR, the federal government, through the coordinating and Honourable Ministers of Health and Social Welfare, allocated $200 million to cushion the impact of the US Government's aid pause.**

## 5. SUSTAINABILITY FRAMEWORK DEVELOPMENT:

**Even before the aid pause, the Director General and the agency's team had facilitated the creation of a sustainability framework to reduce reliance on donor funding and strengthen government-led HIV response structures, conversations were hosted with states on sustainability agenda and what is termed: "the new business model". This proactive measure positioned the agency well to navigate the current funding realities.**

## 6. HIV TRUST FUND STRENGTHENING:

**NACA engaged strategically with private-sector partners to review and fortify the HIV Trust Fund, recognizing the global shift in aid policies that necessitate increased domestic resource mobilization.**

## 7. DOMESTIC PRODUCTION OF HIV COMMODITIES:

NACA signed Memoranda of Understanding (MoUs) with pharmaceutical companies for the local production of antiretroviral (ARV) drugs, HIV test kits, and other essential commodities, including agreements for active pharmaceutical ingredient (API) production. This initiative is expected to significantly reduce costs associated with Nigeria's HIV response.

## 8. VACCINE RESEARCH COLLABORATION:

NACA formalized partnerships with the Institute of Human Virology Nigeria (IHVN) for an eight-country HIV vaccine development study positioning Nigeria as a leader in vaccine research and primary prevention.

## 9. PMTCT AND PEDIATRIC ART COMMITTEES:

NACA established state-level committees in Ekiti, Ogun, Osun, Borno, Kwara and Kaduna to accelerate the Prevention of Mother-to-Child Transmission (PMTCT) and Paediatric ART programs, and also embarked on state level advocacy visits to top Government functionaries of those states.

## 10. STRENGTHENING HIV, TUBERCULOSIS, AND MALARIA INTEGRATION:

In alignment with global best practices, NACA is providing leadership to integrate HIV, tuberculosis, and malaria response efforts for a more efficient and holistic approach to health service delivery.

## 11. STRENGTHENING LABORATORY SYSTEMS AND PANDEMIC PREPAREDNESS:

With the support of the Global Fund's COVID-19 Response Mechanism (C19RM) funding, the agency has successfully implemented key interventions that have significantly Improved laboratory infrastructure, diagnostic capabilities, and laboratory-based surveillance. To further enhance Nigeria's laboratory and diagnostic landscape, NACA facilitated the support of the pilot integrated specimen referral system using NIPOST. The agency has successfully finalized the upgrade of selected NIPOST facilities, providing mobility and sample transportation equipment to the two pilot states of Albia and Taraba.

## 12. IMPROVED FOCUS ON ADOLESCENTS AND YOUNG PEOPLE

The agency hosted the Nigeria HIV Prevention Youth Conference, and also Launched the Adolescent and Young People's Strategy, affirming dedication to strengthening youth focused interventions and empowering young people as central actors in the fight against HIV/AIDS. As part of the strategic domain of the HIV Prevention Strategy, NACA adopted social media innovation, hosting a live twitter space during world AIDS day with over 2,000 people in attendance, while answering questions of young people regarding HIV infections.


365 DAYS IN OFFICE

## 13. EMPOWERMENT OF COMMUNITY MEMBERS

The Agency prioritized empowerment as a key tool for HIV Prevention and as part of the efforts, hosted a free medical outreach and empowerment program for vulnerable adolescents, young women, orphans and vulnerable children.

## 14. STRENGTHENED INTER-GOVERNMENTAL PARTNERSHIP

The agency has sustained leadership of the Abidjan-Lagos Corridor Organization (ALCO), a subregional intergovernmental organization, covering five countries, namely Ivory Coast, Ghana, Togo, Benin and Nigeria, providing a cross-border response to the vulnerability of mobile populations to HIV/AIDS.

## 15. INCREASED ALLOCATION FOR PROCUREMENT OF DRUGS

NACA facilitated the increased budgetary allocation for anti-retroviral drugs of HIV treatment.

# DG's Maiden Interview for NACA Hope Magazine

*By: Public Relations and Protocol Unit, NACA*

***1. As you reflect on your stewardship after nearly a year as Director General of the National Agency for the Control of AIDS (NACA), what would you identify as your key achievements relative to your targets?***

Let me start by appreciating President Bola Ahmed Tinubu for the confidence reposed in me and for creating the enabling environment.

Working alongside the dedicated team at NACA, we have collectively accomplished significant milestones over the past 12 months. Key achievements include;

➢ Restoring Confidence in NACA: There has been a renewed trust in NACA's leadership, demonstrated by increased advocacy engagements and strengthened partnerships with donors and implementing partners.

➢ Enhanced Staff Motivation: Through inclusive and participatory management approaches, staff morale has significantly improved.

➢ Improved HIV Data Reporting: For the first time in three years, Nigeria's HIV data was successfully published by UNAIDS, reflecting improved data transparency and collaboration, and we also launched the Nigeria HIV/AIDS Data Ecosystem at the NACA Command Centre to serve as a one stop shop for HIV data within the country

➢ Securing Budget Allocation Amidst USG Aid Pause: Under the leadership of President Bola Ahmed Tinubu, GCFR, the federal government, through the Coordinating and Honourable Ministers of Health, allocated $200 million to cushion the impact of the US government's aid pause.

➢ Sustainability Framework Development: Even before the aid pause, my team and I had facilitated the creation of a sustainability framework to reduce reliance on donor funding and strengthen government-led HIV response structures, we hosted conversations with states on sustainability agenda and what we term the new business model, This proactive measure positioned us well to navigate the current funding realities.

➢ HIV Trust Fund Strengthening: We engaged strategically with private-sector partners to review and fortify the HIV Trust Fund, recognizing the global shift in aid policies that necessitate increased domestic resource mobilization.

➢ Domestic Production of HIV Commodities: We signed Memoranda of Understanding (MoUs) with pharmaceutical companies for the local production of antiretroviral (ARV) drugs, HIV test kits, and other essential commodities, including agreements for active pharmaceutical ingredient

(API) production. This initiative is expected to significantly reduce costs associated with Nigeria's HIV response.

➢ Vaccine Research Collaboration: We formalized partnerships with the Institute of Human Virology Nigeria (IHVN) for an eight-country HIV vaccine development study, positioning Nigeria as a leader in vaccine research and primary prevention.

➢ PMTCT and Pediatric ART Committees: We established state-level committees in Ekiti, Ogun, Osun, Borno, Kwara and Kaduna to accelerate the Prevention of Mother-to-Child Transmission (PMTCT) and Paediatric ART programs.

➢ Strengthening HIV, Tuberculosis, and Malaria Integration: In alignment with global best practices, we are providing leadership to integrate HIV, tuberculosis, and malaria response efforts for a more efficient and holistic approach to health service delivery.

➢ Strengthening laboratory systems and pandemic preparedness: With the support of the Global Fund's COVID-19 Response Mechanism (C19RM) funding, the agency has successfully implemented key interventions that have significantly improved laboratory infrastructure, diagnostic capabilities, and laboratory-based surveillance.

➢ Through C19RM funding, NACA provided financial support for the inauguration of the Taskforce on Antimicrobial Stewardship, the launch of the National Genomics Strategy and the Antimicrobial Resistance (AMR) National Action Plan, and the upgrading of the National Genomics Core Facility in Lagos. Additionally, substantial laboratory infrastructural upgrades were finalized in 12 public health laboratories, including the National External Quality Assessment (EQA) Laboratory in Zaria, as well as selected NIPOST facilities in Abia and Taraba States. These efforts are ongoing, with plans to extend support to six Integrated Zonal Reference Laboratories (iZRLs).

➢ To further enhance Nigeria's laboratory and diagnostic landscape, NACA facilitated the support of the pilot integrated specimen referral system using NIPOST. The agency has successfully finalized the upgrade of selected NIPOST facilities, providing mobility and sample transportation equipment to the two pilot states of Abia and Taraba.

➢ NACA has also made significant strides in the implementation of the C19RM grant by providing funds to support the strengthening of quality management systems and accreditation processes in selected laboratories. Through the grant, the agency has facilitated the provision of funds to support the accreditation and re-accreditation of key laboratories, including the National In-Vitro Diagnostics (IVD) Laboratory in Yaba, Lagos, and the National Reference Laboratory (NRL). Furthermore, NACA engaged technical assistance providers to support the Medical Laboratory Services Division of the Federal Ministry of Health (FMOH/MLSD) towards a bolstered laboratory-based surveillance, electronic National Laboratory Information Systems (eN-LIS), and diagnostics network optimization. Several capacity-building initiatives, including workshops on quality management systems (QMS) and external quality assessment (EQA), have been conducted with funding from the C19RM to ensure continuous improvement in laboratory standards.

➢ The agency has facilitated the procurement of computer hardware across at least one facility in all 774 local government areas (LGAs) to enhance data entry and interoperability between the eN-LIS and national health data systems. Furthermore, in collaboration with key stakeholders, NACA has provided funding support in the approval and launch of the National Medical Laboratory Services Strategic Plan by the Honorable Coordinating Minister of Health (HCMH), the conduct of the 2025 National Diagnostic Summit as well as the establishment of the National Genomics Strategy (NGS) Consortium under the leadership of NCDC. The agency has also supported efforts to expand biomedical engineering hubs, optimize

laboratory networks, and strengthen data systems to enhance Nigeria's health security framework.

***2. Despite Nigeria's progress in HIV/AIDS prevention, treatment, and care, what notable challenges remain in achieving the ambitious UNAIDS targets, and what is the way forward?***

While substantial progress has been made, several challenges persist, including inequitable access to services, cultural barriers, and sustainability concerns. The way forward requires:

➢ Addressing Inequity: We must build a health system that ensures equitable access to services for all, regardless of socioeconomic status, disabilities, sexual orientation, occupation, or other factors.

➢ Expanding Service Access: By leveraging technology and reducing out-of-pocket healthcare costs through pooled financing and service integration, we can ensure that HIV services are accessible across Nigeria.

➢ Overcoming Cultural Barriers: Raising health literacy through community engagement and global best practices will enable individuals to make informed health decisions while eliminating harmful gender biases and societal norms.

➢ Ensuring Sustainability: Strengthening health systems, increasing government funding allocations, and enhancing community and private-sector engagement will be key to sustaining Nigeria's HIV response.

***3. Nigeria recently launched an in-country dialogue on Sustainable Financing Planning for HIV, Tuberculosis, and Malaria, engaging key stakeholders. How has this strategy helped address funding gaps and ensure sustainability?***

Under the leadership of the Coordinating Minister of Health and Social Welfare and the Honourable Minister of State for Health and Social Welfare, this strategy has brought renewed focus on harmonizing responses to poverty-related diseases that contribute significantly to mortality in Nigeria. The government has proactively included $200 million in the 2025 national budget to mitigate anticipated funding gaps.

For sustainability, we have developed a comprehensive framework in collaboration with HIV response stakeholders, which we now plan to expand to encompass tuberculosis and malaria programs. Sustainability is an ongoing process that requires:

➢ Strengthening the health system

➢ Increasing budget allocations and timely fund releases

➢ Enhancing community engagement

➢ Encouraging greater private-sector investment in health.

***4. Research has shown low male participation in sexual and reproductive health, which negatively affects PMTCT service uptake. What strategies has NACA initiated to address this gap, especially in rural areas?***

We recently launched the Pediatric ART and PMTCT Acceleration Committee in Kaduna State, bringing the total number of participating states to six. These committees are structured to ensure active involvement of community gatekeepers, including religious institutions.

As I often emphasize, we have the technology and resources to eliminate vertical transmission of HIV. What remains is the political will and leadership to drive this agenda. Our strategy includes:

➢ Engaging Traditional and Religious Leaders: By leveraging their influence, we can shape how men participate in PMTCT programs.

➢ Community Mobilization and Awareness Campaigns: Encouraging men to actively support their partners during antenatal care and PMTCT interventions.

➢ Policy Advocacy for Male Inclusion: Encouraging workplace policies and community-driven programs that support male involvement in reproductive health.

***5. What strategies has NACA employed to reach marginalized and underserved populations facing barriers to HIV/AIDS services?***

Marginalization in accessing HIV services can stem from various factors, including geographic location, socioeconomic status, sexual orientation, occupation, and behavioral factors. Our strategies include:

➢ Decentralized Service Delivery: NACA works through SACAs at the state level and LACAs at the local level. With President Tinubu's directive on local government autonomy, we are strengthening these structures to better serve the unique needs of each region at the ward levels.· Reducing the Cost of HIV Services: By promoting domestic production of HIV commodities, we aim to lower service delivery costs, making treatment more affordable.

➢ Expanding Health Insurance for PLHIV: We are rolling out health insurance coverage for people living with HIV at national, state, and community levels to ensure sustained access to care.

➢ Tailored Programs for Key Populations: We have curated HIV programs specifically for marginalized groups based on sexual preference, occupation, and habits, ensuring that services are available to all in a stigma-free environment.

***6. What has been the impact of the US government's temporary freeze on global health support on Nigeria's HIV/AIDS response?***

The US government's aid pause has been disruptive. However, thanks to strategic foresight, my team and I had already initiated the development of a sustainability framework to mitigate such scenarios. Our response has been proactive, allowing the Federal Government to allocate $200 million in the 2025 budget to address the funding shortfall.
In addition:

·➢ Domestic Production of HIV Commodities: We have fast-tracked local production of ARVs, test kits, and consumables to reduce dependency on external aid

➢ Strengthening Government Ownership of the HIV Response: We are enhancing the role of government-mandated structures at national and subnational levels.

➢ Innovative Logistics Solutions: Through partnerships like the Nigerian Postal Service, we are improving the transportation of laboratory samples to referral labs.

While we remain grateful to the American people for their support over the past two decades, this pause is a challenge we are turning into an opportunity. It is reinforcing our commitment to self-reliance and a more sustainable national HIV response.

***Thank You.***

# 2024 WORLD AIDS DAY COMMEMORATION

The World AIDS Day (WAD) is a yearly event marked globally to raise awareness about Human Immuno-deficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), show support to people living with the disease and remember those who have lost their lives to the disease. From 23rd of November to 3rd of December, 2024, Nigeria commemorated the World AIDS Day with the theme:

***"Take the rights path: Sustain HIV response and stop HIV among children."***

The National Agency for the Control of AIDS (NACA), as the coordinating agency for HIV response in Nigeria led the commemoration with series of activities aimed at bringing back conversations about HIV - highlighting the progress made and especially acknowledging the challenges ahead.The commemoration began with an official press conference at the NACA conference room with Director-General of NACA, Dr. Temitope Ilori, partners and media houses present.

The DG-NACA emphasised the importance of reflecting on past achievements, addressing ongoing challenges and taking collective action to achieve all strategic goals towards ending HIV/AIDS in Nigeria. Activities held during the commemoration include: HIV awareness and sensitization campaign at the Abuja Carnival Festival held at the Eagle Square: The carnival provided access to a lot of young people and adolescents, hence a good avenue for creation of HIV awareness and sensitization.

**Adolescents and Young People's Symposium at the UN house:**

part of the 2024 WAD activities included a symposium for Adolescents and Young People (AYP), held on the 26th November at the UN House, Abuja.

The DG NACA, Dr. Temitope Ilori graced the event alongside the chair WAD 2024, Dr Yinka Falola-Anoemuah, Dr.James Anenih and representatives from UN, APIN, PEPFAR, SFH, PTA, FHI 360, EVA, UNFPA and APYIN.

The symposium culminated into the official launch of the Adolescent and Young People's Strategy. The goal of the strategy is to ensure the holistic well-being for adolescents and young people to enable them remain healthy and free of HIV.

**Promise Nwosu**

**Juma'at Prayers and Church Services:**

The Juma'a prayer of the 2024 WAD was held at the Abuja National Mosque on Friday 29th November 2024 at 1pm. The venue was utilized to mobilize people for HIV testing. The Deputy Director, Performance Management and Resource Mobilization, Mr. Raheem Mohammed led the delegation to the Abuja National mosque as part of the 2024 World AIDS Day. The delegation paid a visit to the Chief Imam of the Mosque at his office where he was briefed on the mission of the NACA delegation before the Juma'at Prayers. The congregation was enjoined to take the opportunity of the HIV testing sites at the Mosque to know their HIV status by getting tested at the mosque premises.

The Director General, Dr. Temitope Ilori, led NACA staff to the annual WAD Church service, which took place on 1" December, 2024 at the First Baptist Church Garki, Abuja. The DG, in her remarks during the thanksgiving Service emphasized the need for everyone to get tested, especially pregnant women in order to prevent Mother-to Child transmission of the disease. HIV testing service was made available at the church service for the congregation and other members of the community.

**Health Walk at the national stadium:**
The 2024 WAD sport activity was held at the Abuja National Stadium where the HIV health walk took place. NACA staff and other partners converged at package B of the Stadium which served as the starting point for the health walk and moved to other parts of the stadium. Participants also had an aerobics session, led by a certified fitness instructor. The walk and aerobics exercises aimed at promoting physical well-being and emphasizing on the need to stay active for overall health.

**Candlelight Event:** The candle light event for the 2024 WAD commemoration was a NEPWHAN led event. It took place on 2 December, 2024 at Cubana Hotels Jabi. It was an evening of reflection and remembrance of the lives lost to HIV related illnesses as well as determination to continue to fight against the disease that has already claimed a lot of lives.

**World AIDS Day Main Event:**
The highlight of the 2024 World AIDS Day main event was the unveiling of Ms. Funke Akindele as the UNAIDS goodwill ambassador. She was unveiled and decorated by the Hon. Minister of State for Health & Social Welfare, Dr. Iziaq Adekunle Salako, DG NACA, Dr. Temitope Ilori, and the United Nations (UN) Resident Coordinator, Mr. Mohamed M. Malick Fall.In her acceptance speech, she affirmed commitment to contribute her quota as an ambassador not only to Nigeria but to the World at large.She emphasised on the need to intensify the fight against HIV by increasing sensitization and awareness campaigns across all media platforms, especially programmes on Prevention of Mother-to Child Transmission (PMTCT).The 2024 World AIDS Day commemoration was an outstanding success with support and participation of esteemed international and local partners, public and private sector organisations, civil societies, networks and other stakeholders.

# NACA Activities


Adolescent and Young People's (AYP) Symposium at UN House Abuja


World AIDS Day Main event at NAF Conference centre, Abuja.




Inauguration of PMTCT Paediatric HIV Acceleration Committee


Bilateral Meeting between Nigeria and US Government on HIV Sustainability

# NACA Activities








**DG's Media Tour to Oyo state**

# NACA Activities


The visit of the Executive Secretary of Abidjan-Lagos Corridor Project Organisation to NACA

L-R, Mrs. Nnenna Akajemeli, National Coordinator/ CEO Servicom decorating Director General NACA Dr. Temitope Ilori with Servicom lapel.

# NACA Activities

UNAIDS Country Director and his team paid a courtesy visit to the Director General of NACA

Coordination Meeting with MDAs to strengthen collaboration and enhance mainstreaming of the HIV/AIDS programmes across sectors in line with the sustainablity agenda of national HIV/AIDS response.

The DG at the Inaugural Meeting of the African Public Health Institutes Collaborative in Addis Ababa

The DG NACA, The National Coordinator NASCP and The Nigerian Team at the Public Health Institute in Addis Ababa.

The Director CPCS Dr James Anenih, the Nigerian team of patient communities, IP, and NHRC, with the delegation from Ivory Coast, also Dr. Thembisile Xulu, CEO of the South African AIDS Control Agency, at the South to South Learning Network (SSLN) hosted Learning visit to South Africa titled: Addressing structural barriers in Key Population Programs.

# NACA Activities

**Courtesy Visit to DG NACA by United Nations Office on Drugs & Crime (UNODC) Team**

The DG at the Ministry of Defence Health Implementation program (MODHIP)- US Defence Walter Reed Army Institute of Research (WRAIR) Site Commanders and Team Leaders Conference.

The DG And Some Management Staff Of NACA Paid A Visit To Ibrahim Lamido, Senate Committee Chairman On Primary Health Care Development And Disease Control.

# NACA Activities

The DG and some NACA Staff at the Orientation/Refresher and On boarding Retreat for NACA, GF PMU and SRs on GF C19RM & AGC7 Grant Implementation.


The DG led the Abidjan-Lagos Corridor Organization (ALCO) Governing Board to a courtesy visits to Cote d'Ivoire. ALCO is a sub-regional intergovernmental organization covering five countries: Côte d'Ivoire, Ghana, Togo, Benin and Nigeria. Created in 2002 to provide a cross-border response to the vulnerability of mobile populations to HIV amongst others.

The DG with the Honourable Minister of Health, Côte d'Ivoire

The DG with the Honourable Minister of Transport, Abidjan, Côte d'Ivoir

# NACA Activities

2nd Quarter, 2024 Expanded Theme group (ETG) Meeting Co-Chaired by DG NACA Dr. Temitope Ilori and UNAIDS Country Director, Dr. Leo Zekeng at NACA Conference Hall.

Coalition of Northern Youth Forum in Nigeria paid a courtesy visit to the DG

# NACA Activities




National Agency for the Control of AIDS, NACA and House ATM Committee Retreat Theme: Leadership for Sustainability of the HIV Response – The Role of the Legislature at Four Points Hotel by Sheraton, Victoria Island Lagos



The DG NACA and Staff at the NACA Management Retreat at Four Points Hotel by Sheraton, Victoria Island, Lagos.

# NACA Activities


The DG NACA with the Honorable Minister of Health and Partners at the IAS Munich, Germany.


DG NACA with Winnie Byanyima Executive Director, UNAIDS Under-Secretary General of the United Nations

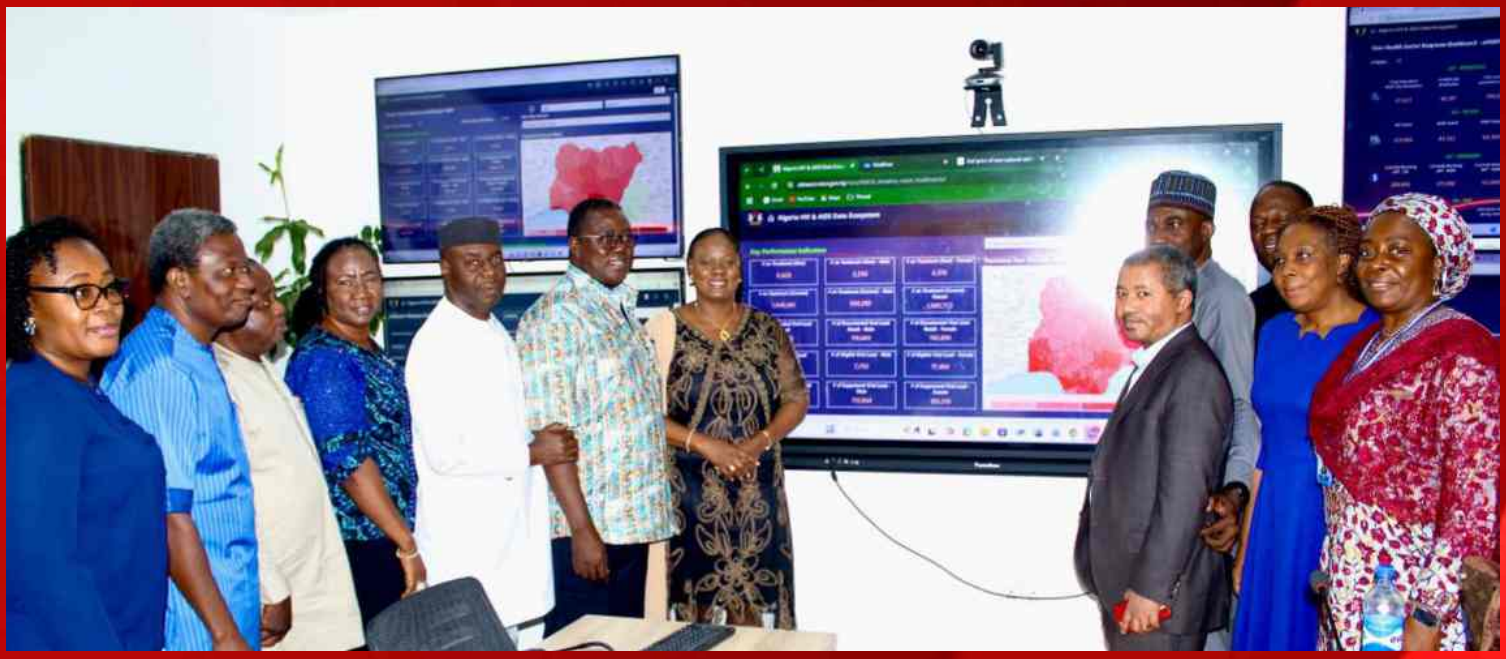
# NACA Activities

Cross section of Director Generals of AIDS Commission from different countries.

Nigeria Delegates during the Nigeria Day Event at the International AIDS Conference at Munich Germany.

# Official Launch of Nigeria HIV/AIDS Data Ecosystem

*By Lawrence Kwaghga*



Despite the advancements in data technology, many spheres (including the health space) still grapple with the challenge of chronic fragmentation of data. Too often, valuable information resides in isolated systems, leading to inefficiencies, missed opportunities, and delayed decision-making. This fragmentation not only hampers innovation but also undermines trust in the data—a crippling issue in our increasingly data-reliant world. The consequences are clear: organizations struggle to derive actionable insights, leaving them lagging behind their competitors, who are leveraging their data effectively.

After more than two decades, the HIV response in Nigeria still struggles with fragmented routine data systems that are not interoperable with one another, and so data are not readily accessible by all relevant stakeholders.

To bridge this gap, the National Agency for the Control of AIDS (NACA), with funding support from the Global Fund for AIDS, TB, and Malaria (GFATM) and technical support from DURE Technologies, has gone ahead to develop an innovative solution known as the Nigeria HIV & AIDS Data Ecosystem.

The formal launch of the HIV & AIDS Data Ecosystem took place on Monday, 29 January 2025, at a well-attended hybrid event that brought together key stakeholders, led by Dr. Temitope Ilori, Director-General of NACA; Dr. Adebobola Bashorun, the National Coordinator of the National AIDS & STI Control Programme (NASCP); Dr. Gregory Ashefor, Country Director of Dure Technologies; Dr. Nibretie G. Workneh, M&E Expert from the Global Fund; Dr. Leopold Zekeng the Joint United Nations Programme on HIV/AIDS (UNAIDS) Country Director; Dr. Vipin Yadav, the CEO DURE Technologies; management staff from NACA;

Executive Secretaries of States Agencies for Control of AIDS (SACA) and their M&E focal points as well as M&E experts from implementing partner organizations.

In her opening remarks, Dr. Ilori, the NACA DG, expressed delight at achieving this milestone. She stated that the HIV and AIDS Data Ecosystem is designed to unite disparate but related data sources into a single, cohesive platform where insights can flow freely and collaboration thrive. She further stated that the solution integrates seamlessly with existing infrastructure, eliminating silos and paving the way for a unified approach to data management. Using this solution, users can easily access, analyze, and share data, fostering an environment of continuous learning and adaptation. Francis Agbo, the Director of Research, Monitoring, and Evaluation (RM&E) at NACA, explained that the data ecosystem is an interoperable platform that brings existing and relevant multiple data systems for HIV under one umbrella (a one-stop shop), thus making the data more accessible to users. He further stated that the platform was developed using open-source technologies, fully integrated with the existing data systems, and is designed to be fully domestic government-owned and sustainable. In addition, the server for the data ecosystem is hosted in Nigeria in line with Federal Government policy, with key staff of NACA already trained to fully manage the platform. There are plans to roll out to the states of the country in phase 2 of the project.

A live demonstration followed that demonstrated the platform's impressive **capabilities, which include the following:**

➢ User-Friendly Interface: Data can be easily searched and visualized by state, LGA, month, quarter, and year, with options for map visualizations, bar charts, and more.

➢ Data Integration: Incorporating additional national routine data sources into the ecosystem.

1. HIV Health Sector dashboard (Data sources: NDR, NHMIS with more data sources to be added)

2. HIV non-health sector dashboard (Data Sources: eNNRIMSDHIS with more data sources to be added
3. National Survey Dashboard: Dedicated dashboard for data from national HIV surveys.

4. Key performance indicators dashboard: This measures progress against targets for a core set of national indicators

➢ Data Validation and Quality Assurance dashboard: The platform has robust mechanisms built in that monitor the accuracy and reliability of the data.

➢ Advanced Analytics: Chatbots and WhatsApp-enabled analytics, hotspot analytics, predictive analysis

➢ Interactive and customizable maps and charts

➢ Indicator glossary that provides definitions for relevant indicators

**The launch of the Nigeria HIV & AIDS Data Ecosystem marks a significant step forward towards data-driven ownership and sustainability in the national response to HIV/AIDS. By leveraging this powerful tool, Nigeria can effectively and more efficiently track progress, identify areas for improvement, and ultimately help achieve the goals of the HIV response in Nigeria and achieve an AIDS-free generation.**

# HIV Trust Fund Technical Working Group Meets

A Technical Working Group meeting on HIV Trust Fund of Nigeria (HTFN) was held in Lagos from 22 to 23 October, 2024 with the aim of analysing the challenges facing the fund and proffering solutions and recommendations towards addressing the identified challenges.

The meeting deliberated on the strategies to reinvigorate the activities of the HTFN towards improving domestic mobilisation of resources from the private sector for the HIV response. The meeting also provided the opportunity to assess and analyse the status of the fund.
The key objective of the HTFNTWG meeting was to have relevant stakeholders brainstorm together and develop a clear roadmap for the HTFN to fulfill her mandate of mobilising resources for the national response.

## The meeting concluded with key resolutions that will inform future actions:

- Reviewed the progress of the HTFN and challenges related to fund raising efforts.
- Identified opportunities and innovative approaches to enhance fund raising efforts of the HTFN.
- Developed actionable & essential activities targeted at mobilising resources for the national response.
- Reviewed and discussed the justifications, potential issues and gaps with the activities.
- Developed strategies, interventions, timelines and expected outcomes to mitigate or close the identified gaps in the delivery of the HTFN targets.

In attendance were participants from National Agency for the Control of AIDS (NACA), the Nigeria Business Coalition Against AIDS (NiBUCAA), HTFN, Lagos State Agency for the Control of AIDS (LSACA) and other stakeholders.

# Revitalization of National Prevention Technical Working Group

*By Hidayat Yahaya and Maryam Sanni-Haske*

**The National Prevention Technical Working Group (NPTWG)** serves as Nigeria's coordinating platform for HIV prevention, acting as an advisory body to the government. Established in 2007, its primary mandate was to ensure a well-coordinated and adequately resourced HIV prevention component within the national response. The group was also tasked with facilitating joint planning and providing technical support to drive the national HIV prevention agenda in alignment with the Global Prevention Coalition roadmap.

The ultimate goal is to achieve zero new HIV infections by 2030. In order to ensure that the NPTWG meetings continue to meet its strategic objectives, a brainstorming meeting was held in 2024 to re-strategise on the restructuring of the NPTWG to enhance its productivity and effectiveness within the national HIV prevention sphere. This restructuring aims to enable the group to conduct regular HIV prevention program performance reviews, identify policy and implementation gaps, address key challenges, and strengthen prevention strategies using evidence-based approaches.

In order to improve the effectiveness of the NPTWG, a Think Tank team comprising technical officers from the National Agency for the Control of AIDS (NACA), the National AIDS and STIs Control Programme (NASCP), and donor partners was formed. This team was tasked with redefining the objectives of the NPTWG and ensuring its optimal functionality.

As a result of the restructuring, 36 key individuals have been identified as focal persons or desk officers for HIV prevention. These members represent various Ministries, Departments, and Agencies (MDAs), including NACA, FMoH-NASCP, technical officers from development partners, Chief Executive Officers (CEOs) of relevant implementing Partners or Prevention focal persons, Networks of People Living with HIV in Nigeria (NEPWAN), Civil Society Organizations (CSOs), the private sector, and faith-based organizations (FBOs). This diverse representation is designed to enhance high-level engagement, strategic decision-making, and sustained commitment to HIV prevention. The restructured NPTWG is chaired by NACA and operates as a permanent sub-committee reporting to the Expanded Team Group (ETG). The group is responsible for developing and implementing annual work plans, with progress closely monitored by the ETG to ensure accountability and measurable impact.

In order to achieve these mandates, the group will oversee the development and review of HIV prevention guiding documents, review HIV prevention program performance at national and sub-national levels. It will also develop technical assistance needs and capacity building plans and see to their implementation. Other tasks will include facilitating operations research aimed at generating data that will inform program planning and implementation, constituting technical sub-committees for selected thematic areas as may be deemed necessary to address specific issues of concern and undertake any other tasks as may be assigned by the ETG.

The revitalization of the NPTWG represents a crucial step toward strengthening HIV prevention efforts in Nigeria. By establishing a well-structured, high-level, and coordinated platform, the group enhances strategic decision-making, fosters improved collaboration, and ensures greater accountability in the national HIV response. With representation from key stakeholders and a clear reporting structure to the ETG, the NPTWG is well positioned to drive impactful policies, address programmatic gaps, and enhance the effectiveness of HIV prevention initiatives. Moving forward, sustained commitment and continuous monitoring will be vital in achieving the goal of zero new HIV infections by 2030.

# Prioritize Your Child's Health

*- By Kwaya Kahyivena MIS/IT*


PMTCT post-natal: Counselling on Mother's ART adherence, breastfeeding Techniques and EID testing.

## Did you know:

HIV treatment can prevent perinatal transmission of HIV and it's available at every ANC facility close to you. Why deny your unborn child the chance to be born HIV free? PMTCT care is readily available for all at every ANC facility, Visit, register and be regular at antenatal.

Proper guide and care are given to every HIV positive pregnant woman. Support and counseling on ART adherence goes a long way in achieving a successful result. As taking treatments properly and breastfeeding can keep your baby free of HIV



# Condom Use: 'The Most Effective Way to Prevent HIV Transmission'

*By: Anami Shall-Holma*

**HIV/AIDS** remains a significant public health challenge globally, and in Nigeria. While significant strides have been made in treatment and care, prevention remains crucial. Consistent and correct condom use is one of the most effective ways to prevent the transmission of HIV and other sexually transmitted infections (STIs).

**How Condoms Work:**

Physical Barrier: Condoms create a physical barrier between bodily fluids, preventing the exchange of semen, vaginal fluids, and blood.

Protection Against STIs: In addition to HIV, condoms offer protection against other STIs such as gonorrhea, chlamydia, syphilis, and human papillomavirus (HPV).

**Tips for EffectiveCondom Use:**

- **Choose the Right Condom**
- **Use latex or polyurethane (latex-free) condoms.**
- **Ensure the condom is not expired.**
- **Check for any tears or holes before use.**

**Proper Storage: Store condoms in a cool, dry place away from direct sunlight and heat.**

## Correct Application:

- **Check the expiration date before use.**
- **Apply the condom before any genital contact occurs.**
- **Leave space at the tip of the condom to collect semen.**
- **Withdraw while still erect and hold onto the condom base while withdrawing to prevent spillage.**

## Disposal:

**Discard used condoms responsibly in a bin.**

**Addressing Concerns:**

**Reduced Sensation:** Some people experience reduced sensation with condoms. Consider trying different types of condoms or lubricants.

**Breakage:**

Condom breakage can occur. If it does, stop sexual activity immediately, **call 6222** for assistance on how to get Post-Exposure Prophylaxis (PEP).

**Beyond Condoms:**

While condoms are highly effective, it's crucial to remember that they are not foolproof. Combine condom use with other prevention strategies such as:

**HIV Testing:** Regular HIV testing for both partners is essential.

**Treatment:** If you are living with HIV, adhering to antiretroviral therapy (ART) can significantly reduce the risk of transmitting the virus to others.

**Pre-Exposure Prophylaxis (PrEP):** PrEP is a medication that can be taken by people who are HIV-negative to significantly reduce their risk of acquiring HIV especially if they are at high risk of contracting HIV/AIDS, for example: personnels who collect blood samples and someone who is HIV negative but has a partner who is HIV positive.

Condom use remains a cornerstone of HIV prevention. By using condoms consistently and correctly, you can significantly reduce your risk of HIV and other STIs.

# Kenya's SSLN Champions Visit To Nigeria To Learn From Condom Programming Experience

SOUTH TO SOUTH LEARNING NETWORK
The HIV Prevention Interchange

*By Hidayat Yahaya*
*(Nigeria SSLN Champion)*

## BACKGROUND

**The South-South Learning Network (SSLN)** was established to provide countries the opportunity to gain practical knowledge from their peers, share best practices in HIV prevention, and adapt effective strategies to local contexts. Led by the Global HIV Prevention Coalition, SSLN is supported by Genesis Analytics (GA) and the University of Manitoba (UoM), with funding from the Bill & Melinda Gates Foundation. The initiative currently supports 15 countries, including Nigeria.

In 2024, Kenyan SSLN Champions expressed interest in visiting Nigeria to learn about its Total Market Approach (TMA) for condom programming. The learning visit was scheduled from October 6 to 11, 2024, and was hosted by the National Agency for the Control of AIDS (NACA). Ahead of the visit, NACA organized an inception meeting with key stakeholders involved in condom programming to set the tone for an impactful exchange.

## Objectives of the Visit
## The learning visit aimed to:

1. Enable Kenyan SSLN Champions to understand Nigeria's condom programming and Total Market Approach (TMA);

2. Discuss condom distribution, quantification, procurement, storage, demand creation, and HIV prevention strategies;

3. Identify challenges and opportunities for programmatic improvement.

## KEY HIGHLIGHTS

The Kenyan team was warmly received by Dr. James Anenih, Director of Community Prevention and Care Services at NACA. The Director General of NACA, Dr. Temitope Ilori, expressed appreciation for the collaboration, noting the success of the SSLN model in facilitating peer learning across countries. She also commended the participants for their commitment to improving HIV prevention outcomes.

In goodwill message of the Kenyan team lead, he shared that their national prevention self-assessment, supported by SSLN under the condom pillar in the country showed the need to improve on the condom programming in the country and also to improve achievement in the market development area. This underlines the urgent need to strengthen Kenya's private sector engagement in condom programming.

The inception meeting included presentations on Nigeria's condom programming landscape, including quantification, procurement, storage, distribution, demand creation, data collection, monitoring, evaluation, and sector coordination. Special focus was given to the TMA, which aims to enhance the sustainability and accessibility of health products by aligning efforts across three market sectors:

- Social Marketing: Subsidized condom products provided by government and donors.
- Commercial Market: Condoms sold through private channels and subject to VAT.
- Free Market: Government-distributed condoms made available at no cost through waivers granted by the Federal Ministry of Finance.

***TMA aims to increase equity & access to cost-effective health products and services by maximizing the comparative advantage of all the sectors.***

## Facility Visits

The Kenyan team, accompanied by Nigerian SSLN Champions, visited several key locations in Abuja and Lagos to observe condom programming in practice. These included:

- AIDS Healthcare Foundation (AHF) One-Stop Shop (OSS) in Abuja, where participants saw condom services in action;
- Institute of Human Virology Nigeria (IHVN)-supported OSS and a public healthcare facility offering services to both the general population and key populations;
- Lagos State Agency for the Control of AIDS (LSACA) to understand state-level implementation of TMA;
- Heartland Alliance lubricant production facility and OSS in Lagos, where the team engaged with key population communities;
- Society for Family Health (SFH) warehouse in Ota, Ogun State, for an in-depth look at condom storage and distribution in the public sector.

In order to have an experience of Nigerian culture, the team paid a courtesy visit to His Royal Majesty, Oba Professor Abdulkabir Obalanlege, Olota of Ota, Ogun state Nigeria who was recognized as a HIV Prevention Champion, the Olota pledged to support increased awareness and uptake of HIV prevention, treatment, and care services in his community.

## CONCLUSION

The Kenyan delegation expressed gratitude for the enriching experience and warm hospitality received during their visit. Both countries agreed on key next steps to strengthen condom programming, particularly the application of lessons learned in Kenya to enhance their Total Market Approach and expand private sector involvement.


# The Role of NACA in Ending HIV as a public Health Threat in Nigeria by 2030

*By: Emeka Okoh*

**The National Agency for the Control of AIDS (NACA)** plays a pivotal role in the fight against HIV/AIDS in Nigeria. Established in 2000, NACA has been central to coordinating the national response, formulating policies, driving strategic interventions, and engaging various stakeholders to combat the epidemic. Over the years, NACA's work has evolved in alignment with global health goals, including the United Nations' 90-90-90 targets and the broader vision of an AIDS-free future.

**The Roles of NACA in the eradication of HIV in Nigeria include:**

### 1. Policy Development and Strategic Frameworks

A cornerstone of NACA's efforts has been its focus on policy development. NACA has developed several strategic frameworks to guide the nation's HIV response. One such framework is the National HIV and AIDS Strategic Framework (2021-2025), which provides a clear road map toward ending the AIDS epidemic in Nigeria by 2030. This strategy outlines ambitious goals, including zero new HIV infections, zero discrimination, and zero AIDS-related deaths, with a particular focus on prevention, treatment, and care.

The National HIV & AIDS Strategic Plan (2023-2027) continues the vision of an AIDS-free Nigeria, emphasizing the need for an inclusive, multi-sectoral approach involving government, civil society, and international partners to achieve these targets. These plans focus on strengthening health systems, improving HIV diagnosis, and expanding access to treatment, ensuring that Nigeria makes significant strides toward eradicating HIV.

### 2. Coordination and Collaboration

NACA's role extends far beyond policy creation; it serves as the central coordinating body for HIV/AIDS activities in Nigeria. The agency ensures that interventions are effectively implemented across various levels—national, state, and local government. NACA's coordination efforts facilitate collaboration between government ministries, international organizations, civil society groups, and the private sector. By engaging these stakeholders, NACA ensures a holistic and unified response to the epidemic.

Additionally, NACA leads the implementation of HIV prevention programs, including education campaigns to raise awareness, distribution of condoms, and the promotion of safe sex practices. In partnership with global organizations such as Global Fund, UNAIDS and PEPFAR, NACA has ensured the scaling up of prevention programs in high-risk areas.

### 3. Increasing Access to Treatment

A significant achievement in Nigeria's fight against HIV has been the expansion of access to antiretroviral therapy (ART). NACA has worked tirelessly to ensure that HIV-positive individuals can access life-saving treatment free of charge. The Nigerian government, through NACA, has set up over 2,000 treatment centers across the country, where people living with HIV can receive ART. This initiative has helped millions of Nigerians living with HIV to lead healthy lives.

The implementation of "Test and Treat" policies, where people who

test positive for HIV are immediately put on ART, has contributed to increased life expectancy and reduced transmission rates. NACA's commitment to improving the quality of treatment and care is also reflected in its ongoing training programs for healthcare workers, ensuring that they are equipped to provide appropriate care for people living with HIV.

### 4. Advocacy and Public Awareness

Another critical aspect of NACA's role is advocacy and awareness campaigns aimed at reducing stigma and discrimination against people living with HIV. Stigma has been one of the most significant barriers to effective HIV prevention and treatment. NACA has used media, public engagements, and community mobilization to educate Nigerians about HIV, its transmission, and prevention methods.

Through its numerous campaigns, including the annual World AIDS Day celebrations, NACA has raised public consciousness about the need to tackle HIV head-on. By focusing on creating a stigma-free environment, NACA ensures that individuals are more likely to seek testing, treatment, and care without fear of discrimination.

### 5. Research and Monitoring

**NACA's efforts** also extend to HIV research and the collection of strategic data to monitor the effectiveness of interventions. Through partnerships with local and international research institutions, NACA supports studies that assess HIV prevalence, trends, and emerging challenges. This evidence-based approach allows the agency to adjust policies and programs for maximum impact.

Additionally, NACA regularly conducts surveys to track the progress of HIV prevention and treatment programs. The findings from these surveys help inform future strategies and ensure that resources are allocated to areas where they are most needed.

### 6. Sustainable Funding and Resource Mobilization

Ensuring sustainable funding for HIV programs is another area where NACA has made considerable strides. The agency has worked to increase domestic funding for HIV interventions, thereby reducing Nigeria's reliance on international donors. NACA has advocated for the private sector, state governments, and other actors to contribute to the fight against HIV.

NACA has also helped attract funding from international donors such as PEPFAR, the Global Fund, and UN agencies. These funds have been critical in supporting treatment programs, prevention initiatives, and research.

### Challenges and the Path Forward

While significant progress has been made in the fight against HIV in Nigeria, challenges remain. The country still has one of the highest HIV burdens in sub-Saharan Africa, with an estimated 1.8 million people living with HIV. Key challenges include ensuring equitable access to treatment in rural areas, addressing the needs of key populations such as sex workers and men who have sex with men, and combating persistent stigma and discrimination.

Moving forward, NACA aims to tackle these challenges by scaling up HIV prevention efforts, strengthening healthcare systems, and fostering greater community involvement. The agency is also committed to working closely with international partners and donors to ensure that Nigeria stays on track to meet its HIV/AIDS elimination goals.

### Conclusion

The National Agency for the Control of AIDS (NACA) has been a central force in Nigeria's battle against HIV/AIDS. Through effective coordination, policy development, awareness campaigns, and increasing access to treatment, NACA has made significant strides toward reducing the impact of HIV in Nigeria. While challenges remain, NACA's comprehensive approach ensures that Nigeria is well on its way to eradicating HIV and achieving its vision of an AIDS-free nation.

# A Private Way to Know Your HIV Status – Test Yourself Today!


Quick

Private

Reliable

**HIV Self-Test Kit – Quick, Private, Reliable!**
Get yours today at any pharmacy close to you. Always confirm test results with a Healthcare provider.

THE GLOBAL FUND

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6 2 2 2

# A Future without HIV: The Role of Science, Care, and the Community

*By Ojiaku Emmanuel and Maryam Ojone Yusuf*

## INTRODUCTION

We are living in a time when something once thought impossible is now within reach—the end of the HIV/AIDS epidemic. Thanks to decades of research, innovation, and global effort, what was once a death sentence is now a manageable health condition. People living with HIV can live long, healthy, fulfilling lives without fear of passing the virus to others.

A big part of this progress is the U=U message—Undetectable = Untransmittable. This simply means that people who take their HIV medication as prescribed and maintain an undetectable viral load cannot transmit the virus through sex. It's a fact that changes everything: from how we think about HIV, to how we treat and care for those affected.

But the story doesn't end with U=U. New, exciting advances—like long-acting injections, pre-exposure prevention (PrEP), post-exposure treatment (PEP), and HIV self-testing—are making HIV prevention and treatment easier, safer, and more accessible than ever before.

Here in Nigeria, the National Agency for the Control of AIDS (NACA) is leading the way by helping people get the right information, the right care, and the right tools to protect themselves and their loved ones.

### Why These Advances Matter

1. Breaking the Stigma: For years, fear and misinformation have made life harder for people living with HIV. But science tells us the truth: when a person's viral load is undetectable, they cannot pass the virus to others. This simple fact helps break the chains of shame, fear, and rejection.

2. Better Treatment Choices: Today, treatment has moved beyond daily pills. New long-acting injectable treatments can keep the virus under control with just one injection every one or two months. This is especially helpful for people who find it hard to take daily medication. These options offer freedom, privacy, and peace of mind.

3. Prevention for All: Tools like PrEP (Pre-Exposure Prophylaxis) are now widely available to help HIV-negative people stay negative—whether they're in a relationship with someone who is HIV positive or simply want to protect themselves. PEP (Post-Exposure Prophylaxis) is also available if someone thinks they may have been exposed to HIV.

4. Empowering Communities: When people have the right knowledge and support, they can make informed decisions about their health. HIV self-testing kits, peer support groups, mobile clinics, and telehealth services are giving people more control than ever.

### NACA's Role in Ending HIV/AIDS:

NACA is working every day to make these tools and treatments available to everyone, everywhere in Nigeria. Their approach includes:

1. Spreading the Word: Through awareness campaigns, NACA helps people understand that HIV can be prevented and treated—and that life with HIV can be full of joy, health, and purpose.

2. Improving Access to Care: NACA makes sure antiretroviral medications, PrEP, PEP, testing, and counseling services are within reach—no matter where you live.

3. Engaging Communities: Working with local groups, NACA ensures that programs are shaped to meet the real needs of young people, women, key populations, and rural communities.

4. Supporting Research: NACA partners with scientists and health experts to find better ways to treat, prevent, and manage HIV—so that every Nigerian can benefit from the latest breakthroughs.

**What Can You Do?**
**You are part of this story. Here's how you can help end HIV/AIDS:**

1. Learn and Share the Facts: Know the truth about HIV, U=U, PrEP, and PEP—and talk about it in your family, school, or community.

2. Demand Fair Health Services: Speak up for policies that make HIV prevention and treatment available to everyone, especially those who need it most.

3. Encourage Testing and Treatment: Help friends, family, and colleagues understand the importance of getting tested and starting treatment early.

4. Support Local Efforts: Volunteer with or support organizations that work to end HIV in your area.

## CONCLUSION

For the first time in history, ending HIV/AIDS is not just a dream—it's a real possibility. Science has given us powerful tools: U=U, long-acting treatments, PrEP, PEP, and self-testing. But science alone is not enough.
It takes all of us—health workers, community leaders, young people, families, and government agencies like NACA—to make this vision a reality.

HIV/AIDS can become a condition we manage, not a threat we fear. Together, we can create a future where everyone—regardless of HIV status—can live fully, freely, and without stigma.
Let's make this future real.

# MEET NACA DIRECTORS

## BRIEF PROFILE OF DIRECTORS

### Dr. James Anenih.

**Director Community Prevention and Care Service**

He provides leadership in the technical coordination of multi-sectoral programs at different levels of the response. He is responsible for ensuring that programs are technically compliant for effective service delivery in community prevention, treatment, care and support respecting gender and human rights. He is a medical doctor with many years of progressive experience in Research Monitoring and Evaluation, Policy and Planning, program design, resource mobilization and health systems strengthening. He has extensive experience across public health sector programmes in Nigeria and has worked extensively with Donors, Implementing partners, Ministries, Departments and Agencies (MDAs) in the design and deployment of large-scale interventions for multi-sectoral response.

### Dr. Yinka Falola-Anoemuah

**Director Resource Mobilization & Performance Management**

She holds degrees in Guidance & Counselling and Counselling Psychology and a Ph.D in Programme Evaluation from University of Ibadan. She also had a post-Doc stint on Gender Studies in Africa. She has over twenty-five years of diverse experience in organisational and programme management gender and human rights programming for women and girls living with HIV, other women, girls, sexually diverse persons, orphans and vulnerabe children and other HIV vulnerable populations in Nigeria. She teaches gender, health, sexual and reproductive health and rights and Sustainable Development Goals (SDGs) at University of Abuja, Nigeria on pro bono. She has scholarly publications and makes presentations at relevant national and international conferences and fora on vulnerable populations issues, gender equality and women empowerment, resource mobilization in Nigeria and Africa

# BRIEF PROFILE OF DIRECTORS

## Dr. Chinwendu Daniel Ndukwe

**Director Policy, Planning and Coordination**

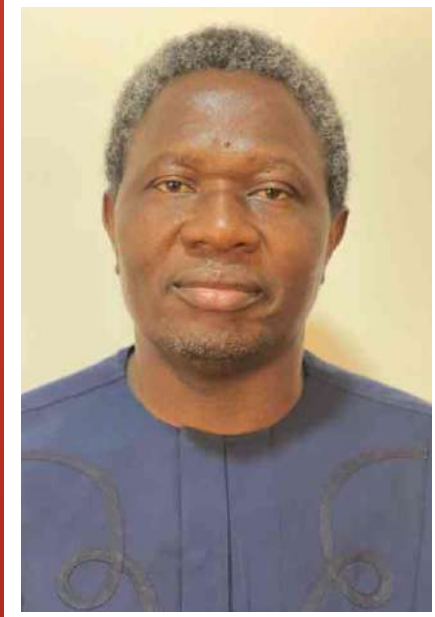
Dr C.D. Ndukwe is a public health physician with over 20 years of experience in the practice of medicine and public health. He is responsible for the development of the National Strategic Framework and Plan for the national response to HIV. He has at different times been the head of prevention and social behavioural change communication, treatment and prevention of mother-to-child transmission of HIV programmes of the response. He led or contributed to the development of different national policies and guidelines for the HIV response. He led the development of the first National HIV Strategy for Adolescents and Young People and is very passionate about evidence-informed policy-making. He believes in a holistic and client-centred approach to programming rather than looking at clients or patients through the lens of a biomedical productora particular disease. He led the development partners, ministries, departments and agencies of the government in more than three rounds of Global Fund grant-making. He lectured and trained several students and residents when he was a lecturer in the Department of Community Medicine at Ebonyi State University, and has authored over 20 peer-reviewed articles.

## Mr. Francis Agbo

**Director Research Monitoring and Evaluation.**

He is a dynamic Monitoring and Evaluation (M&E) Specialist with over two decades of experience in policy development, planning, and management of development programs. He is an expert in leading data management and capacity-building efforts while developing standardized data collection and reporting systems. He has a proven record of accomplishment in managing donor-funded projects such as the Global Fundand World Bank projects and collaborating with diverse stakeholders, including donors, development partners, national and sub-national governments, and civil society. He holds a Master's degree in Public Health. He has attended several professional courses both at home and abroad. In this role, he provides monitoring & evaluation leadership, oversight, technical guidance, and capacity development for implementing partner organizations at Federal and individuals and organizations in all 36 states plus FCT. He has also worked in diverse roles at different times in his time at the National Agency for the Control of AIDS.

# BRIEF PROFILE OF DIRECTORS



## Engr. Huck Kudumi

**Director Special Duties**

He is highly accomplished and results-driven Information Systems Consultant and Project Management Practitioner with over 20 years of experience delivering complex IT solutions across diverse sectors. Proven ability to manage the entire project lifecycle, from conception to completion, ensuring alignment with organizational goals and exceeding dient expectations. Expertise in designing, implementing, and maintaining robust IT infrastructure, including network security, database management, and cloud computing. Adept at data collection and analysis, leveraging data-driven insights to optimize processes and inform strategic decision-making. Passionate about digital transformation and empowering individuals through digital skills training.

## Mrs. Amenaghawon Mafeni

**Ag. Director of Admin and support service.**

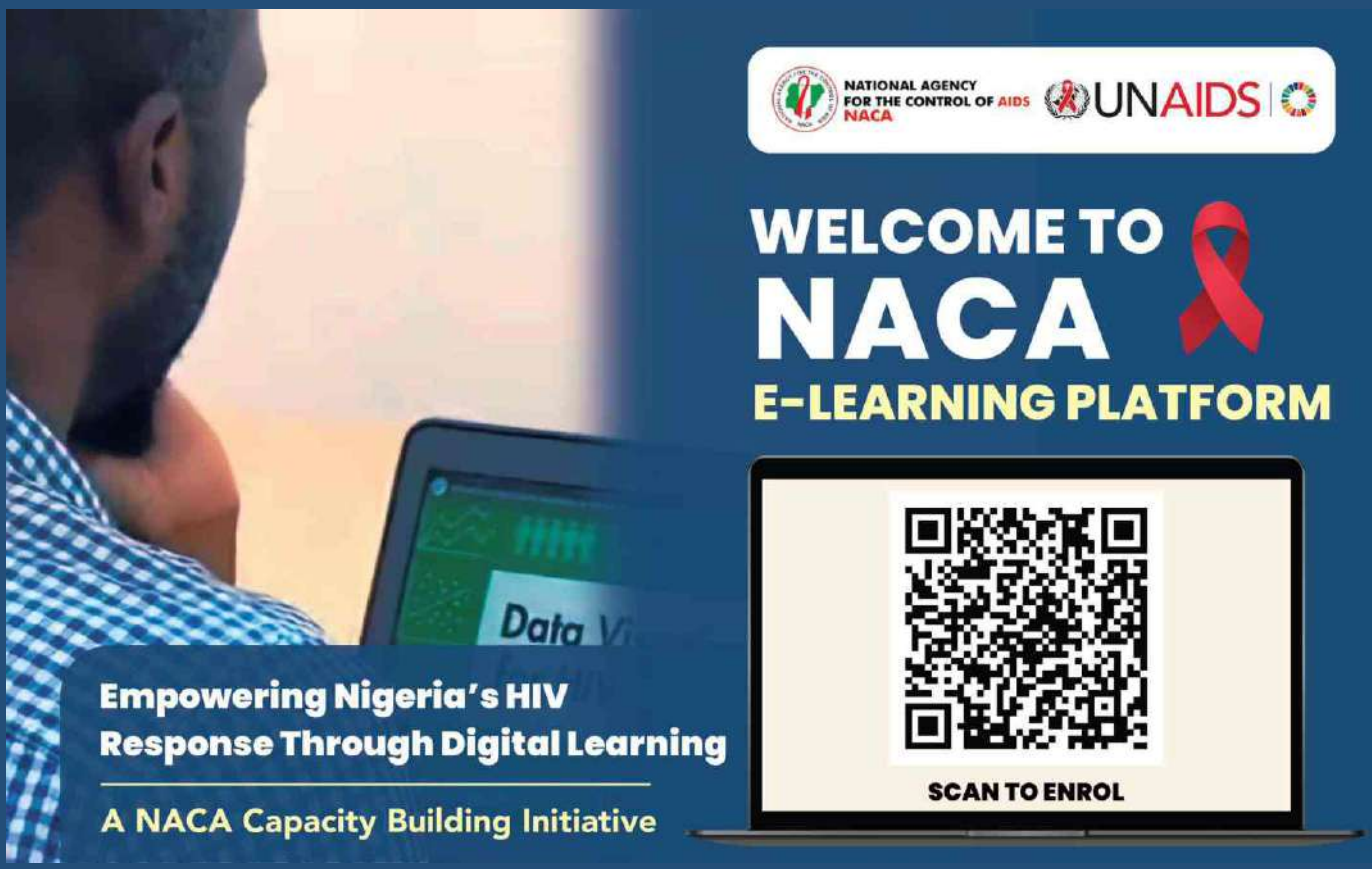
She is a directoral fellow of the Charteredinstitute of Human Resource Management (CIHRM). She hold a first degree in Business Administration both as well as an MBA from the University of Benin. She is a Seasoned administrator with over 30 years of diverse and cognate experience both in Banking and in the public sector. She has worked in NACA for about 18 years and developed skills in the areas of Public Policy and Administration, Project Management, Transport and Logistic Management, Inventory Management, Asset Management and Control, Strategic Management, Performance Management as well as Infrastructural Project Management and Administration. Her work for the Agency has provided her the right training ground for excellence through intermingling with staff and Various stakeholders from diverse cultures with whom she have experienced joy, challenges, camaraderie, hard work, built perseverance and nurtured Long standing Friendships. This medley of values has provided her with the impetus to fly on eagle's wings.

# BRIEF PROFILE OF DIRECTORS

## Mr. Ya'u Mustapha

**Ag. Director Finance and Account**

A seasoned Financial Management Expert and Project Manager with over 18 years of professional experience in leading organizational development. He has worked with the Nigerian College of Accountancy, Jos (Certified Chartered Accountant), and has also worked in in three (3) Nigerian Banks at different levels for about 20 years and with NACA for about 11 years. He has successfully managed and supported cross-functional group in planning and executing development projects, coordinated financial activities and ensured due diligence through internal control and auditing, and provided financial advisory to top management. Maintained and built healthy stakeholder relationship. Focused on delivering value on the job.



# 2024 Achievements of Department of Performance Management and Resource Mobilization

*By Promise Chibuike Nwosu*

Zonal resource mobilisation report review meeting with relevant stakeholders addressed critical bottlenecks. These include the non-implementation of the 0.5-1% state budget allocation for HIV agreed upon by State Executive Council (SEC), strengthened stakeholder collaboration, facilitated capacity building, knowledge sharing and developed actionable insights for tailored action plans to address zone-specific challenges in HIV resource mobilization.

Review of National Domestic Resource Mobilization & Sustainability Strategy (NDRMSS) 2021-2025 key achievements include:

**Stakeholder Engagement:** Strengthened collaboration among NACA, NASCP, SACAs, MDAs, private sector stakeholders, and donors to enhance domestic resource mobilization efforts.

**Assessment of Milestones:** Conducted a comprehensive evaluation of the five strategic pillars, showcasing achievements and milestones from stakeholders.

**Consensus Building:** Reached agreement on gaps, challenges, and proposed activities to guide the development of the 2026–2030 NDRMSS action plan.

Actionable Recommendations: Outlined clear next steps, including fast-tracking NHIA collaborations, enhancing resource mobilization TWGs, and expanding local manufacturing of HIV commodities, reactivation & Inauguration of the National Domestic resource mobilization Technical Working Group (NDRMTWG) strengthened collaboration between national and sub-national stakeholders for sustainable HIV financing. Four sub-committees were established to focus on public sector engagement, private sector contributions, the HIV Trust Fund, and governance, with clear Terms of Reference to drive domestic resource mobilization. The meeting reinforced the commitment to reducing dependency on external funding and achieving sustainable domestic financing for the HIV response.

Commitments were made by the Ministry of Budget & planning & Accountant General to increase budgetary releases for Borno SACA in 2024 budget as a result of the resource mobilisation mission to Borno state.

Performance Tracking of Implementation Gaps and Progress were conducted in three states (Bayelsa, Adamawa, and Kebbi) across 15 Service Delivery Points (SDPs).
Development of the 2024-2028 performance management guideline for the national HIV/AIDS response for effective and efficient tracking and service deliveries.

Review of Key Performance Indicators (KPIs) for the national response with Implementing partners (IPs), Ministries, Department and Agencies (MDAs) & SACAs for evidence-based decision-making, resource allocation, and strategic planning of HIV/AIDS programmes.

Familiarisation visit to the CEO/MD of the HIV Trust Fund of Nigeria (HTFN) and Nigeria Business Coalition Against AIDS (NiBUCAA) by the Ag. Director, PM/RM and her team where important issues were discussed with clear recommendations on the necessary steps to take to advance the Fund.

HIV Trust Fund of Nigeria Technical Working Group (HTFNTWG) Meeting held with relevant stakeholders where a clear roadmap for the HTFN to fulfill her mandate of mobilising resources for the national response from the private sector was developed.

# Some Progress and Achievements in HIV Prevention in Nigeria

*by Adakole Ogwola*

**1. DEVELOPMENT OF NATIONAL SOCIAL BEHAVIOUR CHANGE STRATEGY FOR HIV PREVENTION**

Recognizing the importance of social and behavior change communication (SBCC) in enhancing health competence, including HIV prevention, the National Agency for the Control of AIDS (NACA) initiated the development of the HIV SBC strategy to guide broader interventions for all HIV prevention programme areas, including biomedical and structural efforts to curb HIV in Nigeria. NACA with support from the South- South learning network (SSLN) engaged a consultant for a literature review of HIV related behaviours and practices and Key Informant interviews with relevant implementing partners working on HIV in Nigeria. The report of the situation analysis was reviewed by stakeholders during the quarter 4, 2024 NPTWG meeting. A draft SBC strategy report developed and reviewed by relevant stakeholders with support of SSLN and United Nations Population Funds (UNFPA) is in place. The strategy will be finalized, printed and disseminated in the first quarter 2025.

Stakeholders meeting on the development of the SBC strategy

**2. REVIEW OF THE NATIONAL PARENT-CHILD COMMUNICATION TOOLKIT FOR HIV PREVENTION AND SEXUAL AND REPRODUCTIVE HEALTH**

As Nigeria advances toward sustaining HIV programs at the community level, parent-child communication (PCC) emerges as a crucial public health strategy for disease prevention, health promotion, and enhancing quality of life. Recognized as a protective factor for adolescent sexual and reproductive health, including HIV prevention, PCC is pivotal in the effort to end the HIV epidemic by 2030. Parents in particular significantly influence the gender and sexual socialization of their children, shaping attitudes and behaviors critical to improved health outcomes. The process of developing the PCC toolkit was coordinated by Government of Nigeria through NACA with support from Education as a Vaccine against AIDS (EVA). Stakeholders' consultation on the PCC toolkit was held for all geopolitical zones in Nigeria to harvest critical region-specific information that will enrich the toolkit.

Stakeholders meeting in Kwara state on the review of the PCC Toolkit

**3. DEVELOPMENT OF THE NATIONAL ADOLESCENT AND YOUNG PEOPLE STRATEGY**

The National Agency for the Control of AIDS (NACA) reviewed the National HIV Strategy for Adolescents and Young People. This review was conducted through series of wide consultative meetings with various stakeholders working with adolescents and young people (AYP). A change in direction is articulated in this new AYP strategy. Compared to the previous strategy which focused predominantly on health services, the new strategy tagged GEN-N strategy emphasized multi-sectoral collaboration to support AYP aspirations. Generation Negative (Gen-N) conceptualization and launch in 2022 followed 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. The strategy is an action plan to prevent new HIV infections among AYP in their diversities. It addresses values, aspirations, peer pressure, responsibility, positive attitudes, negotiation, participation, decision-making, leadership, education, health, and HIV prevention. A priority in the strategy

focuses on guardians to improve parent-child communication, Influencers to model positive behaviors and advocate for health/HIV services, and political leaders to promote sociocultural norms and supportive policies. The strategy also communicates a national approach to championing the cause of AYP by driving policies, programs, and collaborations that equip them to lead fulfilling lives.

**Picture showing AYP key stakeholders the National HIV Prevention Technical Working Group meeting**

**4. AYP SYMPOSIUM ON ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND LAUNCHING OF THE NATIONAL ADOLESCENT AND YOUNG PEOPLE STRATEGY.**

Adolescents and young people (AYP) in Nigeria face significant barriers in accessing SRH services including HIV prevention, due to sociocultural norms, limited guidance, and inadequate resources. The National Agency for the Control of AIDS coordinated the 2024 World AIDS Day featuring an AYP Symposium on "Advancing Sexual and Reproductive Health: Ensuring Equitable HIV Prevention for AYP". The symposium was attended by 135 participants with seven panelists from AYP and youth organizations. The panelists shared key strategies for enhancing SRH/HIV prevention among AYP, which highlighted challenges for persons with disabilities (PWD), interventions focused more on Adolescent Girls and Young Women(AGYW) with less focus on Adolescent Boys and Young Men (ABYM), Improved policies, reduction of stigma and awareness on HIV prevention. The symposium provided valuable insights to address the specific needs of AYP including ABYM, emphasizing the importance of AYP involvement in planning relevant interventions. Key solutions included institutionalizing youth-friendly services in rural and urban areas, improving accessibility and affordability of HIV prevention services, assigning desk officers at health and youth-friendly services targeting improved communication for PWD, developing anti-stigma IEC materials, policy reforms for better access to health services for AYP, targeted ABYM interventions and engaging community and religious leaders were identified as crucial. It is worthy to note that the National HIV Prevention Strategy for Adolescents and Young People Generation Negative (Gen-N) was launched in this meeting

**Picture showing AYP key stakeholders the National HIV Prevention Technical Working Group meeting**

**5. MULTISECTORAL COLLABORATION TO SCALE UP BIOMEDICAL INTERVENTION TO REDUCE NEW HIV INFECTIONS**

The National HIV/AIDS, Viral Hepatitis and STI Control Programme (NASCP) has the mandate to coordinate the health sector response of HIV/AIDS in Nigeria. NACA staff participated at the NASCP organized meeting to review the training manual with stakeholders on CAB-LA (cabotegravir Long-Acting PrEP) and also at the Training of Trainers (ToT). This was scheduled as part of roll out of CAB-LA in Nigeria. The revision of the training materials was meant to play a pivotal role in ensuring the successful introduction and implementation of this new product in the country. The immediate next step of the ToT was site readiness assessment to confirm selected facilities for minimum requirement for CAB-LA roll out and pilot in Lagos state. The pilot study was supported by the FHI 360/MOSAIC through PEPFAR. The Government of Nigeria through NACA, NASCP and NAFDAC played key roles in the protocol development for the pilot study to promote sustainability.


**Picture taken during the entry meeting for site assessment of CAB-LA PrEP held in Lagos State Ministry of Health, Alausa.**

# 2024 NIGERIA HIV PREVENTION CONFERENCE

*- By- Favour Iyamu Obi*

## Conference Overview

The 2024 Nigeria HIV Prevention Conference was held from May 7-9, 2024, at Transcorp Hilton and the Nigeria Army Conference Centre in Abuja. Themed ***"Accelerating HIV Prevention to End AIDS Through innovation and community Engagement"*** with a sub-theme focusing on "Adolescents and Young People as Change Agents," this conference marked a significant milestone as the first major HIV prevention gathering since 2016.
Organized by the National Agency for Control of AIDS (NACA) in collaboration with UNAIDS, PEPFAR, and other stakeholders, the conference brought together approximately 500 physical attendees and 2,000 virtual participants. Under the leadership of NACA's Director General, Dr. Temitope Ilori, the event aimed to reprioritize national HIV prevention efforts and promote equitable, human rights-based approaches to achieve Nigeria's goal of ending AIDS by 2030.

## Context

The conference addressed Nigeria's critical HIV prevention challenges, particularly the insufficient decline in new HIV infections needed to meet 2030 targets. Nigeria had already missed its 2020 targets, with current prevention funding representing only 9% of total AIDS expenditure, far below the global commitment of 25%. This funding gap highlighted the urgent need for increased domestic investment in prevention programs.

Key speakers, including Dr. Leopold Zekeng (UNAIDS Country Director) and representatives from PEPFAR, emphasized the achievable nature of reducing new infections, citing success stories from other African countries. The conference recognized particular challenges in preventing mother-to-child transmission and combating persistent stigma and discrimination against people living with HIV/AIDS.

**Conference Structure and Participation:**

The hybrid event featured 22 sessions across four main themes: Prevention strategies and innovation; Leadership and sustainability; Research, data, and evidence-based programming; and Community-led initiatives. The program included an opening ceremony, a dedicated youth conference, technical sessions, exhibitions and community engagement activities, supported by eight satellite viewing centers across seven states.
Notable participants included high-level government representatives, UN agencies (UNESCO, UNFPA, UNICEF, UNODC, WHO), civil society organizations, community-based groups, and media representatives. The strong youth presence was

particularly emphasized, with PEPFAR funding 150 young people to attend and youth representatives delivering key addresses throughout the conference.

**Major Resolutions and Commitments**

The conference concluded with a comprehensive communique containing 18 key resolutions addressing critical areas for HIV prevention advancement:

1 **Funding and Sustainability**: Stakeholders committed to significantly increasing HIV prevention funding, with calls for national and state governments and donors to prioritize prevention investments.

2 **Youth Engagement**: Recognizing adolescents and young people as both present and future leaders, the conference emphasized investing in innovative programs to engage youth as agents of change. This included launching the National HIV Prevention Strategy for

Adolescents and Young People (Gen-Negative) campaign and strengthening comprehensive sexuality education.

**3 Multi-sectoral Approach**:
The resolutions called for greater private sector involvement, strengthening of State Agencies for Control of AIDS (SACAs), and meaningful participation of young people and communities in AIDS response efforts across health, education, youth development, and women's affairs sectors.

**4 Key Populations and Equity**:
The conference prioritized inclusivity and equitable access for key populations and persons with disabilities, emphasizing the need for culturally competent, non-discriminatory services and removal of legal barriers hindering access to prevention, treatment, and care.

**5 Technology and Innovation**:
Stakeholders agreed to harness digital technologies and social media platforms for HIV prevention messaging, develop mobile health applications, and bridge the digital divide to reach vulnerable populations effectively.

**6 Harm Reduction**:
The conference called for scaling up harm reduction programs for young people who use drugs, including needle and syringe programs, opioid substitution therapy, and naloxone for overdose management, supported by appropriate legal and policy frameworks.

**7 Prevention Strategies and Innovation**
The conference showcased several innovative prevention approaches, such as combination prevention therapy, HIV self-testing, and comprehensive harm reduction strategies. Emphasis was placed on implementing both biomedical and non-biomedical interventions to provide evidence-based options tailored to individuals' contexts and resources. Special attention was given to preventing mother-to-child transmission, with stakeholders recognizing Nigeria's opportunity to end new infections in children through available funding, the National Framework for Quality and Sustainable PMTCT Programme, and state-driven scale-up plans.

**8 Mental Health and Stigma Reduction:**
The conference strongly emphasized integrating mental health and psychosocial support services into HIV prevention programs. Key commitments included implementing anti-stigma campaigns, community dialogues to address misinformation, and training healthcare providers, educators, and community leaders on stigma reduction and human rights approaches. Stakeholders called for effective implementation of the HIV/AIDS Anti-discrimination Act and workplace safety policies, working with labor organizations and relevant ministries to ensure comprehensive protection against discrimination.

**9 Data and Monitoring**
The conference identified critical needs for improved data generation and utilization in prevention programming, requiring strengthened monitoring and evaluation systems for programs and budget performance. This includes better data capturing for interventions targeting key populations and marginalized communities.

## Looking Forward

The 2024 Nigeria HIV Prevention Conference represented a renewed commitment to achieving the 95-95-95 targets and sustainability by 2030. With institutionalized bi-annual conferences, increased focus on youth engagement, and comprehensive multi-sectoral approaches, stakeholders demonstrated unified determination to accelerate HIV prevention efforts. The emphasis on innovation, community engagement, and sustainable funding mechanisms provides a robust framework for the challenging but achievable task of ending AIDS as a public health threat by 2030.

***The conference has been established as a bi-annual event organized by NACA.***

# World AIDS Day 2024 in Action


Press Conference at NACA Headquarters Abuja


Church Service at First Baptist Church Garki Abuja.

# World AIDS Day 2024 in Action

Juma'at Service at the National Mosque Abuja

Health Walk at National Stadium Abuja.

# 2024 WORLD AIDS DAY Across The States

Akwa Ibom SACA Inaugurates Reources Mobilization Committee in Commemoration of World AIDS Day



Akwa Ibom State, World AIDS Day

Katsina SACA in Collaboration with Office of the First Lady and Her Foundation SASHIN continues to scale up PMTCT awareness campaign and distribution of 100 MAMA KITs to Pregnant mothers attending ANC at General Hospital Malumfashi, Katsina State.

# 2024 WORLD AIDS DAY Across The States



**katsina State, World AIDS Day**

**Anambra State, World AIDS Day**


5 days Free HIV Testing service and Tuberculosis screening in the designated points across the state to increase access to HTS and TB screening as part of activities for the commemoration of World AIDS Day in Anambra State.

# 2024 WORLD AIDS DAY Across The States


Road Walk for the commemoration of 2024 World AIDS Day in Anambra state on 3rd December, 2024 was declared open by the Anambra State Commissioner of Health Dr.Afam Obidike accompanied by the Permanent Secretary Ministry of Health Pharm Dr.Mrs Oby Ucheboh as part of the state outlined activities for World AIDS Day

**Zamfara State Agency For The Control Of AIDS ( ZAMSACA) Office Of The Executive Governor In Collaboration with MDAS, CSOs, Implementing Partners, Celebrate World AIDS Day**

# 2024 WORLD AIDS DAY Across The States

**World AIDS Day was celebrated on December 1st at Zamfara State Agency for the Control of AIDS (ZMSACA) to raise awareness about HIV/AIDs, show support to people living with HIV and remember those who have lost their lives to AIDS-related illnesses. It was an opportunity to educate communities, fight stigma and discrimination, and renew the commitment to ending the global HIV epidemic.**


**School quiz for World AIDS DAY 2024 at Nuruddeen Society School. Tudun wada Gusau, Zamfara State**




**Benue State, World AIDS Day**

# 2024 WORLD AIDS DAY Across The States


Sokoto State, World AIDS Day





Kano SACA World AIDS Days

# 2024 WORLD AIDS DAY Across The States


Bauchi State World AIDS Day


Taraba State World AIDS Day

Delta State World AIDS Day

# 2024 WORLD AIDS DAY Across The States


Yobe State World AIDS Day

# LIVING WITH HIV?

## YOU STILL NEED TO PROTECT YOURSELF FROM OTHER INFECTIONS AND KEEP OTHERS NEGATIVE.

*The correct use of condom* ***every time*** *you have sex is the best form of protection.*


THE GLOBAL FUND

INSTITUTE OF HUMAN VIROLOGY, NIGERIA

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# Ending AIDS: Accelerating HIV Prevention Through Innovation, Engaging Communities, Young People

*By Chukwuma Muanya*

## BACKGROUND

Until now, the Federal Government through the National Agency for Control of AIDS (NACA), the joint United Nations Programme on HIV/AIDS (UNAIDS) and other partners are determined to ending Human Immuno-deficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) in Nigeria by 2030.

As part of efforts aimed at ending AIDS, the 2024 Nigeria HIV Prevention Conference themed "Accelerating HIV Prevention to end AIDS through innovation and community engagement" and sub-themed "Adolescents and Young People as Change Agents" was held, last year, at Transcorp Hilton, Abuja and the Nigeria Army Conference Centre, Asokoro from May 7 to 9, 2024.

The conference was organised by NACA in collaboration with stakeholders, donor and implementing partners. Director General of NACA, Dr. Temitope Ilori, provided the needed leadership to galvanize the various stakeholders and heads of government Ministries, Departments, and Agencies (MDAs), in the successful planning for this conference.

The 2024 Nigeria HIV Prevention Conference was a long awaited follow up to the 2016 National HIV Prevention Conference.

The conference was convened as a result of the need to reprioritize national HIV prevention and to promote an equitable and inclusive human rights-based approaches to HIV prevention while strategizing for increased domestic funding towards community ownership and sustainability of HIV prevention programmes towards ending AIDS by 2030.

Furthermore the 2024 Nigeria HIV Prevention Conference was a key event aimed at engaging adolescents and young people in their diversities in Nigeria, activists, and innovators in discussions on youths' empowerment and HIV prevention.

The then Minister of State for Health and Social Welfare, Dr. Tunji Alausa, represented by Dr. David Atuwo, Director and Senior Technical Assistant to the Minister of State for Health gave the opening address. Honourable Godwin Amobi, Chairman, House Committee on AIDS, Malaria and Tuberculosis (ATM); Dr. Leopold Zekeng, UNAIDS Country Director, Nigeria; Ms. Funmi Adesanya, United States President's Preparedness Fund for AIDS Relief (PEPFAR) Coordinator, were all on hand to set the tone for the conference.

Stakeholders at the conference deliberated on various prevention issues bordering on the national response to HIV in Nigeria and agreed on policy resolutions to facilitate epidemic control as well as enhance the implementation of sustainable programmes for HIV prevention, treatment, care and support in Nigeria, especially amongst adolescents and youth at the national and sub-national levels.

The 2024 Nigeria HIV Prevention conference was a three-day hybrid event and was attended physically by about 500 and virtually by 2000 participants. It was a thematic-based conference with the overarching theme "Accelerating HIV Prevention To End AIDS Through Innovations and Community Engagement". It had a total of 22 sessions covering four sub-themes within the purview of HIV prevention and a sideline exhibition section, showcasing informercials and health products.

## FALLOUTS

This report carefully articulates the key action points and the communique of this very important conference for immediate implementation and necessary advocacy for an AIDS-free generation.

The Global AIDS Strategy calls for an accelerated HIV prevention response at country level. This is pertinent in Nigeria as new HIV infections are not declining rapidly enough. The last HIV prevention conference was held in Abuja in 2016 with the theme "Hands on for HIV Prevention". Since then, there has been a primary focus on achieving universal coverage for anti-retroviral therapy (ART) which has created gaps in HIV prevention programming in Nigeria. This conference brought together stakeholders in HIV prevention to consider evidence and implementation gaps in HIV programmes in Nigeria and highlight priorities for strengthening the HIV prevention programme to End AIDS by 2030.

The objectives of the 2024 National HIV prevention conference were: to optimize innovative HIV prevention approaches towards achieving epidemic control; to promote equitable and inclusive human rights-based approach to HIV Prevention; and to strategize for increased domestic funding towards community ownership and sustainability of HIV prevention programme.

Key participants included the Chair of the AIDS, Tuberculosis and Malaria Committee in the House of Representatives, representatives of the Coordinating Minister for Health and Social Welfare, the Honourable Minister of State for Health and Social Welfare, UNAIDS, Global HIV Prevention Coalition (GPC), United Nations (UN) System- United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO), PEPFAR, Global Fund (GF), States Agencies for Control of AIDS (SACAs), MDAs, private sector, non-government organizations, civil society organizations, community based organizations, community groups, and the media.

The conference consisted of an opening ceremony, a youth conference, as well as technical and community sessions. Key issues were presented and discussed during keynote speeches, presentations, plenary sessions, interactive panel discussions and exhibitions guided by the following conference themes: Prevention strategies and innovation; Leadership and sustainability; Research, data and evidence-based programming; and Community-led initiatives, engagement and Social Behaviour Communication Change (SBCC) for prevention.

The technical sessions included presentations and panel discussion anchored by keynote speakers, panelists, moderators, chairs, co-chairs and facilitators. The opening ceremony and the youth sessions of the conference were held at Transcorp Hilton on May 7 whilst the community sessions and main conference were held at the Nigerian Army Resource Centre, Asokoro Abuja from May 8 to 9, 2024.

There were eight satellite viewing centres supported by UNICEF (seven states) and PEPFAR (Abuja). The conference was funded by the Government of Nigeria with support from UNAIDS, PEPFAR, donors, implementing partners, and the private sector. The event was well publicized in national dailies, traditional media (radio and television) and different social media platforms.

## NACA'S Message

The Director General of NACA, Dr Temitope Ilori, welcomed attendees and acknowledged key funders including UNAIDS that provided the seed grant, other UN agencies, PEPFAR and implementing partners.

Ilori emphasized the conference theme, "Accelerating Prevention to End AIDS through Innovations and Community Engagement" highlighting changes in HIV prevention since the last conference, with the introduction of combination prevention therapy, HIV self-testing, and harm reduction. Despite these advances, Ilori noted ongoing challenges, including preventing mother-to-child transmission and combating stigma and discrimination against those living with HIV/AIDS. She called for innovative, inclusive, and community-focused efforts to achieve an AIDS-free generation by 2030 and officially declared the conference open. She was enthused with the depth of youth involvement in the planning and participation of the conference.

## Lawmakers and Partners Make Recommendations

Chairman of the House Committee on AIDS, Tuberculosis, and Malaria, Honorable Godwin Amobi Ogah, opened his speech at the conference by acknowledging key partners and expressing gratitude for their support. He highlighted Nigeria's ongoing challenges, such as high mother-to-child transmission rates and called for a re-evaluation of prevention strategies. He advocated for scaling up of treatment centers by the end of 2024 and stressed the importance of robust legislation, increased local funding, and strong leadership to eliminate AIDS as a public health threat by 2030. Concluding with best wishes from the Speaker of the House of Representatives, he expressed hope for renewed momentum towards an HIV-free generation, in line with the "Renewed Hope Agenda" of the current administration, led by President Bola Ahmed Tinubu.

Dr. Leopold Zekeng, the UNAIDS Country Director praised NACA and the Nigerian government for hosting the 2024 HIV Prevention Conference and recognized key stakeholders in attendance. He expressed concern over Nigeria's insufficient progress in reducing new HIV infections, citing data showing a significant gap from targeted goals. Zekeng highlighted success stories from other African countries, underscoring the achievable nature of reducing new infections. He called for a concerted effort on both prevention and treatment, urging stronger political leadership and increased resource allocation to prevention activities which is currently at 9% of total expenditure on HIV/AIDS in Nigeria compared to the global commitment of 25%.

Zekeng encouraged NACA and the government to prioritize primary prevention and implement effective strategies, assuring the UN's ongoing support to Nigeria's endeavors to end AIDS.

## Persons Living With HIV Make Recommendations

Mr. Abdulkadir Ibrahim, the National Coordinator of Network of People Living With HIV/AIDS in Nigeria (NEPWHAN), began his speech by expressing gratitude to the audience and acknowledging the efforts of key individuals, including the newly appointed Director General of NACA. He highlighted challenges in data management and emphasized the importance of collaboration between government agencies and the different communities to achieve HIV prevention goals. Mr. Ibrahim urged increased resource mobilization for prevention activities, citing the low allocation of funds to prevention despite the global commitment of 25%.

Mr. Ibrahim suggested focusing on prevention innovations and engaging youth-led organizations to drive community responses. He emphasized the need for comprehensive condom messaging and programming, particularly female condoms, to support prevention efforts effectively. He concluded by thanking the conference organizers and highlighted the importance of collaboration with CSOs and other critical stakeholders in achieving HIV prevention objectives.

Mr. Aaron Sunday, the National Coordinator of the Association of Positive Youth in Nigeria (APYIN), delivered a speech on behalf of Nigeria youth emphasizing the need to address the evolving needs of young people living with HIV. He thanked stakeholders, particularly PEPFAR, for funding 150 young people to attend the conference. Mr. Sunday highlighted issues of stigma and mental health and called for greater collaboration and understanding. He discussed the effectiveness of the APYIN scorecard, supported by UNAIDS, in assessing and addressing young people's needs in care, support, treatment, and prevention, urging its adoption and continuous youth involvement in NACA and National AIDS and STDs Control Programme (NASCP) HIV programmes. He concluded by stressing the importance of education in empowering youth and called for continued and amplified support to help them thrive and make informed life decisions.

Mrs. Esther Hindi, the National Coordinator of the Association of Women Living with HIV/AIDS in Nigeria (ASWHAN), expressed her excitement at the 2024 HIV Prevention Conference and the appointment of the first female Director General of NACA. She highlighted the significance of having women in leadership

positions within NACA and PEPFAR, believing it will amplify the voices of women living with HIV.

Mrs. Hindi emphasized ASWHAN's commitment to Preventing Mother-to-Child Transmission (PMTCT) to reduce pediatric HIV and stressed the importance of empowering and educating mothers. She called for inclusivity and meaningful engagement with women at all levels, noting ASWHAN's readiness for collaboration and capacity building across Nigeria. Finally, she urged the new DG to engage with ASWHAN at the state level to better understand and address the needs of women living with HIV, emphasizing that empowering women is key to empowering the nation.

Built around the adage that "prevention is better than cure," Mrs. Funmi Adesanya of PEPFAR, in her keynote address brought a message of encouragement calling on young people to protect their health and make informed decisions to shape their future.

She acknowledged health service barriers young people faced and challenged the audience to collaborate with and empower young people to break down barriers to care. She also noted the grave socioeconomic challenges youth in Nigeria faced and called upon the donors in the room to avail opportunities for youth engagement in their programs.

"Nigeria's youth will be the next generation of policy leaders, educators and change agents. You not only need access to services to protect your health, you need opportunities which will further expand your leadership potential and prepare you to meaningfully engage on the world stage and to lead this country. Young people your energy is unmatched, your potential is untapped, and your future is a blank canvas waiting for imagination. Nigeria has a vital resource many aging societies are losing: a vibrant youthful population full of energy, drive, and imagination. Nigeria has you."

She repeated the chorus 'Prevention is better than cure" and highlighted several new and existing initiatives including: a newly launched Youth Leadership Initiative (NLI); PEPFAR Nigeria's small grants Notice of Funding Opportunity (NOFO) targeting youth and KP-led organizations; the LIFT-Up Equity Fund designed by young people to address age of access legislation; and a revamped Patient Education and Empowerment Plan (PEEP) focused on improving treatment literacy support for meaningful youth engagement at the upcoming July 2024 International AIDS Society Conference in Munich.

## The Youth Conference

Meanwhile, the youth conference was held immediately after the opening ceremony and consisted of six technical sessions.

Multi-Sectoral response for HIV prevention among adolescents and young people focused on the multisectoral response to HIV prevention among adolescents and young people (AYP) in the country. It highlighted the progress made in the response showcasing the meaningful involvement of AYP in the development of the National HIV/AIDS Strategic Plan and the National HIV strategy for AYP in Nigeria. As part of NACA's multi-sectoral response, AYP are also prioritized in the Technical Working Groups (TWGs).

## Key takeaways:

It was emphasized that youth friendly centers that cater for the specific needs of adolescents should be provided to optimize HIV testing services (HTS) among the AYP.

NACA should work closely with FMoH and other MDAs to integrate HTS, prevention, treatment and adherence for those on drugs and integrate the youth friendly services into existing health structures for increased access to services.

The Federal Ministry of Education should strengthen the delivery of Family Life and HIV Education (FLHE) in schools and plan with other MDAs for out-of-school youths.

There is need to intensify training of teachers to amplify their voices on social welfare, in collaboration with MHP, Federal Ministry of Women Affairs (FMWA), National Drug Law Enforcement Agency (NDLEA), National Human Rights

Commission (NHRC), Legal AIDS Council (LACON) to support vulnerable populations with psychosocial support and economic empowerment.

In December 2022, Generation of HIV Negative Adolescents and Young People (Gen-N) was launched as a National Campaign by NACA. It intensified efforts towards the reduction of the incidence of HIV amongst Adolescents and Young People (AYP) while empowering them to remain HIV negative throughout their lives.

The Gen-N prevention strategy is evidence-informed and driven by AYP.

The closing plenary started with introduction of guests followed by remarks from UNAIDS Country Director, PEPFAR Coordinator, ASHWAN Coordinator, Youth representative, the Director CPCS, the Chair Scientific and Technical Sub-committee, and the chief rapporteur.

## MOVING FORWARD

In closing remarks, the DG NACA appreciated the funders, organizers, media, and participants, especially the young persons for expressing themselves throughout the conference. She also announced that subsequently the HIV conference will be held every two years.

The 2024 HIV prevention conference was largely successful and well-attended. The conference met all the key objectives with several commitments on moving the fight against HIV forward and achieving the 2030 HIV prevention target by all the stakeholders.

## COMMUNIQUE

There were two communiques from the youth and the main conference.

In a communique released at the end of the main conference, stakeholders agreed on the following resolutions:

1. New HIV infections are declining but too slowly to achieve our 2030 target. We have already missed our 2020 target.

2. The Nigeria HIV prevention conference should be institutionalized and held bi-annually, coordinated by NACA in collaboration with stakeholders and the organized private sector.

3. Nigeria has an opportunity to end new infections in children leveraging on available funds, the National Framework for Quality and Sustainable PMTCT Programme, and the PMTCT Scale-up Plan driven by state and local teams. To succeed, all stakeholders and partners must align to deliver on the country targets.

4. An urgent and significant increase in funding for HIV prevention is needed to get us on track towards our 2030 target. It is unacceptable that only 9% of total AIDS expenditure is committed to HIV prevention. Prevention is better than cure and so we must commit funds to achieve impact. Therefore, national and state government and donors need to prioritize increase and release of funds for HIV prevention.

5. There is critical need for improved generation and utilization of data in prevention programming by all stakeholders taking into consideration Nigerian context. This requires strengthening systems for adequately monitoring and evaluation of programmes and budget performance.

6. To maximize impact of HIV prevention, programmes should prioritize inclusivity and equitable access for key populations and persons with disability. This should include improved data capturing of interventions for these populations.

7. It is vital that HIV prevention programmes should take into consideration the implementation of full range of non-biomedical and biomedical interventions to prevent HIV infections. This will provide options for individuals based on evidence of what works, context, and resources.

8. We need to focus strongly on multi-sectoral approach with greater involvement of the private sector, strengthening of SACAs and other state entities as well as fostering meaningful participation of young persons and communities within the AIDS response.

9. Adolescents and young people are both the present and future of Nigeria. We must invest more on innovative programmes to engage them to become aware of their strength, build resilience and be empowered as agents of change for the future as a strategic approach to HIV prevention. This is the concept of Gen N.

10. In keeping with the Political Declaration on AIDS 2021, Nigeria needs the understanding of partners as it explores and applies innovative solutions to accelerate the decline in new HIV infections that are consistent with our context.

11. NACA must strengthen stakeholders' collaboration and partnership across sectors is key to MultiSectoral Response for HIV Prevention. To this end, there will be active involvement and engagement of multiple sectors, including health, education, youth and sports development, budget and planning, women's affairs, etc., for the effective integration of HIV prevention interventions in programs targeting adolescents and young people.

12. A call to action by young people for strategic and meaningful engagement of adolescents and young people living with HIV including key populations in inter-ministerial task forces and technical working groups responsible for the coordination of multi-sectoral collaboration, resource mobilization, and implementation of HIV prevention programmes.

13. Provision of youth-led support for the effective implementation of comprehensive sexuality education, and the strengthening of the in-school Family Life and HIV Education Program in Nigeria.

14. Strategic partnerships and collaborations among government, UN agencies, civil society organizations, private sector entities, and development partners to leverage resources, expertise, and networks for comprehensive HIV prevention initiatives.

15. Active engagement and meaningful involvement of young people living with HIV, including key populations across all levels of decision-making to amplify their voices, remove barriers to access to funding, provide capacity building, and ensure transition plans are put in place toward efforts in HIV prevention.

16. Multi-stakeholders' mechanism to include the government, UN agencies, civil society organizations, private sector entities, and development partners, to generate domestic resources to support HIV prevention initiatives led by youth-led organizations and networks.

17. On integration of sustainable HIV prevention strategies, the adolescents and youths affirmed;

- The importance of integrating sustainable HIV prevention strategies and recognize the urgent need for comprehensive and sustainable solutions.
- Meaningful youth engagement of adolescents and young people in all their diversities in designing, implementing, monitoring, and evaluating HIV prevention strategies and interventions through established technical working groups and mechanisms.
- Integration of HIV prevention into existing health and development programs targeting adolescents and young people, including sexual reproductive health and rights, economic empowerment, mental health, sexual and gender-based violence, and education.
- Strengthening of health systems to ensure the sustainability of HIV prevention efforts, including capacity building for healthcare providers, supply chain management for essential commodities, and monitoring and evaluation systems for program effectiveness.

18. On the promotion of mental wellness and combating stigma and discrimination, the conference stressed the need for;

Promotion of mental wellness and combating of stigma and discrimination as an integral component of our HIV prevention efforts in the country.

- Integration of mental health and psychosocial support services into HIV prevention programs to address the emotional and psychological

needs of adolescents and young people living with HIV, including key populations.

➢ Implementation of anti-stigma campaigns and community dialogues to curb misinformation, negative attitudes and discrimination toward adolescents and young people living with HIV, including key populations.

➢ Training for healthcare providers, educators, and community leaders on stigma reduction, cultural competence, and human rights to create inclusive and supportive environments for adolescents and young people affected by HIV, including key populations.

➢ Government, in collaboration with development partners, Nigeria Labour Congress, Federal Ministry of Labour and Employment and NIBUCCA should ensures the effective implementation and tracking of the HIV/AIDS Anti-discrimination Act and the Occupational Health, Workplace, Safety and Environment policy in the workplace.

***4. Utilizing Technology and Innovation for HIV Prevention, the conference recognized and agreed to;***

➢ Adopt where necessary the transformative potential of science, technology, and innovation, in driving sustainable development and promoting HIV prevention among youths evidenced by the YAHNaija story in Nigeria.

➢ Harness digital technologies and social media platforms to deliver HIV prevention messages, promote healthy behaviours, and facilitate access to testing and support services for adolescents and young people.

➢ Use multistakeholder approach to develop mobile health applications and online platforms for HIV education, self-testing, adherence support, and virtual counseling services tailored to the needs and preferences of adolescent and young people living with HIV, including key populations.

➢ Advocate for bridging the digital divide in the context of HIV prevention, recognizing the transformative potential of technology in reaching vulnerable populations.

***5. Ensuring the Health and Rights of KP living with HIV, the conference agreed to:***

➢ Ensure the health and rights of key populations (KPs) living with HIV as a cornerstone of our HIV prevention agenda by prioritizing comprehensive care, empowerment, and advocacy for KP communities.

➢ Strengthen the capacity of healthcare providers to deliver culturally competent and nondiscriminatory services to key populations disproportionately affected by HIV including young men who have sex with men, sex workers, and Lesbian, Gay, Bisexual, Transgender and Queer or Questioning Individuals united by common culture and social movements (LGBTQI+) young persons.

➢ The removal of legal and policy barriers that hinder access to HIV prevention, treatment, and care services for key populations, including age restrictions, criminalization of same-sex behaviour, and punitive laws targeting marginalized groups.

➢ Amplify the need for community-led initiatives and peer support networks to empower key populations living with HIV to advocate for their rights, access healthcare services, and participate in decision-making processes that affect their health and wellbeing.

***6. Scaling Up Harm Reduction for Young People, it was agreed that the country should;***

➢ Scale up harm reduction programme for those dependent on drugs through domestic funding to complement existing donor investment.

➢ Fast track the implementation of harm reduction strategies that are tailored to the needs of young people who use drugs, including needle and syringe programs, opioid substitution therapy, and the management of drug overdose with naloxone.

➢ Ensure and track the implementation of gender-responsive harm-reduction interventions, including the establishment of safe spaces to improve access to services especially for women who use drugs and the need to address inequality and gender-based violence as well as strong linkage and referral system to other

continuum of care.

➢ Educate and sensitise community stakeholders, health workers, law enforcement agents, gatekeepers, PWUD and other stakeholders in this respect. We call for the need to address HIV, Hepatitis and other blood-borne infections by investing to provide services for diagnosis, prevention, treatment and care services in addition to integrating empowerment programs into harm reduction services for PWUD.

➢ Develop a legal/policy framework in support of harm reduction, decriminalization of drug use and address all forms of stigma and discrimination against People Who Use Drugs.

The communique of the National HIV Prevention Conference was adopted by stakeholders as commitment towards the country's realization of the 95-95-95 targets and sustainability by 2030.

**Chukwuma Muanya**
*Adapted from the Guardian Newspaper*

# Political Declaration And Global AIDS Strategy On HIV/AIDS

***By Miriam Ezekwe***

Nigeria joined the Heads of State and Governments at the United Nations to make a political declaration to end AIDS as a public health threat by 2030 in June 2021. This would accelerate progress towards achieving the Sustainable Development Goals, specifically Goal 3 on good health and well-being. This requires the commitment to urgent and transformative action in the sphere of social, economic, gender inequalities, discriminatory laws, policies and practices, stigma and human rights violations which perpetuate the HIV/AIDS epidemic.

It is pertinent to note that It was 44 years ago that the first cases of AIDS were reported, almost 30 years since the Joint United Nations Programme on HIV/AIDS (UNAIDS) commenced its work as a unique multi-stakeholder and multisectoral programme to lead the efforts of the United Nations system against the global AIDS epidemic and 24 years since the landmark 2001 Declaration of Commitment on HIV/AIDS and the decision to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Political declaration recognises that sexual and gender-based violence, including intimate partner violence, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the sexual and reproductive health and reproductive rights, in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, of women and girls compromise their ability to protect themselves from HIV infection and aggravate the impact of AIDS. The political

declaration also noted that 150,000 children were vertically infected with HIV in 2029 compared to the 2020 target of 20,000, while 850,000 children living with HIV were not on treatment globally.

The National Agency for the Control of AIDS (NACA) is strongly committed to provide greater leadership and to work together through international cooperation, reinvigorated multilateralism and meaningful community engagement to urgently accelerate our national, regional and global collective actions towards comprehensive prevention, treatment, care and support, increase investments in research, development, science and innovations to build a healthier country.

NACA is leveraging on almost twenty years of action and delivery for sustainable development and ensures that no one is left behind. NACA has engaged with all 36 states and Federal Capital Territory on mapping of implementation of the National Strategic Plan. Viewing the response through the inequality lens and people centred approach, there are three strategic priorities areas that Nigeria will need to take action on. These are: (a) Maximize Equitable and Equal Access to HIV services and solutions, (b) Break down barriers to achieving HIV outcomes, and (c) Fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, emergency/humanitarian settings and pandemic responses to advance universal health coverage and sustainable development goals.

These priority areas require commitment to the universal declaration of Human rights that includes the right to the enjoyment of the highest attainable standard of physical and mental health and not just the absence of disease. Human rights are universal, indivisible, interdependent and interrelated and integrated into HIV and AIDS policies and programmes. The availability, accessibility, acceptability, affordability and quality of HIV combination prevention, testing, treatment, care and support, health and social services, including sexual and reproductive health-care services, information and education, delivered free from stigma and discrimination, are essential elements to achieve the full realization of this right.

Through studies, it has been shown that while the risk of high HIV transmission and acquisition is present among key populations, the burden of HIV is highest among the general population in Nigeria. People at elevated risk of being infected by HIV are women and adolescent girls and their male partners, young people, children, persons with disabilities, people living in poverty, migrants, refugees, internally displaced persons, men and women in uniform and people in humanitarian emergencies and conflict and post-conflict situations.

HIV prevention targets will be met leading to 95–95–95 testing and treatment targets being achieved within all subpopulations, age groups and geographic settings, including children living with HIV. It is expected that the various State's HIV/AIDS Strategic Plans will dwell extensively on Elimination of Mother to Child Transmission (EMTCT), Reduction in morbidity and mortality from HIV-TB To ensure that 90% of persons with TB-HIV are diagnosed through proactive screening services., Provision of care and support and viral suppression. Expanding access to HIV testing at local government level will close the gaps leading to the elimination of new infections and achieve the aim of the Global AIDS Strategy.

# Infant feeding and Prevention of mother to child transmission of HIV

*By: Rose C. Ijantiku*

Mother-to-child transmission (MTCT) of HIV remains one of the most significant public health challenges, particularly in regions with high HIV prevalence. While the transmission of HIV during pregnancy, childbirth, and breastfeeding is a reality, there are effective strategies in place to reduce the risk, especially when it comes to infant feeding practices.

## The Impact of HIV on Infant Feeding Choices

HIV-positive mothers face a complex decision when it comes to infant feeding. On the one hand, breastfeeding is a critical source of nutrition and immune protection for infants, particularly in resource-limited settings where access to clean water and formula feeding may be challenging. On the other hand, breastfeeding can potentially transmit HIV from mother to child.

## How HIV is Transmitted Through Breastfeeding

HIV transmission through breastfeeding occurs when the virus is present in breast milk. The likelihood of transmission varies, depending on several factors:

1. HIV viral load: Higher viral loads increase the risk of transmission.

2. Maternal health: Conditions like mastitis or cracked nipples can increase the chance of transmission.

3. Infant's immune system: Infants with immature immune systems are more susceptible to HIV infection.

4. Duration of breastfeeding: Prolonged breastfeeding can increase the cumulative risk of HIV transmission.

**The prevention of mother-to-child transmission (PMTCT) program has made tremendous strides in reducing HIV infections among infants. The core strategies include:**

1. HIV Testing and Antiretroviral Therapy (ART) for Pregnant Women: Initiating HIV-positive mothers on ART during pregnancy significantly reduces the risk of transmitting HIV to the child. ART lowers the viral load, minimizing the chance of transmission during labor, delivery, and breastfeeding.

2. Safe Infant Feeding Practices: Exclusive breastfeeding (EBF) for the first six months of life is recommended for HIV-positive mothers, especially if they are on ART with undetectable viral loads. EBF provides the best nutritional benefits while reducing the risk of HIV transmission compared to mixed feeding (combining breastfeeding with other liquids or solids). If ART is unavailable or the mother's viral load is not suppressed, replacement feeding (using formula or other alternatives) may be recommended to avoid the risks of transmission through breast milk.

3. Postpartum ART for the Mother and Baby: After childbirth, continuing ART for the mother and providing HIV prophylaxis to the infant for at least six weeks further reduce the risk of postnatal transmission. In some cases, continued ART for the infant may be necessary.

4. Support and Counseling: Comprehensive counseling for HIV-positive mothers is essential in making informed decisions about infant feeding. It includes educating mothers on the benefits and risks of breastfeeding and replacement feeding, as well as the importance of maintaining good hygiene and access to healthcare.

5. Viral Load Monitoring: Regular monitoring of the mother's viral load during pregnancy and breastfeeding ensures that HIV transmission risks are minimized. If viral load is undetectable or suppressed to very low levels,

breastfeeding is generally safer.

**Challenges and Considerations**

While PMTCT strategies have made a significant impact, there are still challenges which are:

**Access to ART:** In many low-resource settings, access to ART for mothers and infants may be limited, and maintaining ART adherence can be challenging.

**Cultural and social factors:** In some communities, formula feeding may not be culturally accepted or may be too expensive. Similarly, stigma around HIV may affect a mother's decision to breastfeed or seek medical care.

**Availability of safe formula feeding:** In regions where access to clean water and formula is not guaranteed, the risk of contamination and malnutrition due to improper formula preparation can outweigh the risks of breastfeeding.

**Maternal health:** In cases where a mother is very ill or has advanced HIV, breastfeeding may be discouraged due to the potential for higher viral loads in the breast milk.

**Conclusion**

Effective prevention of mother-to-child transmission of HIV involves a combination of strategies, including access to ART, safe infant feeding practices, and support for HIV-positive mothers. While breastfeeding remains the best option for infant health in many situations, the decision must be carefully guided by the mother's HIV status, viral load, access to ART, and available feeding alternatives. The global effort to reduce MTCT of HIV continues to progress, but there is still work to be done in ensuring that all mothers, regardless of where they live, have access to the resources and support they need to protect their infants from HIV. With the right interventions, including prevention, treatment, and care, the transmission of HIV from mother to child can be virtually eliminated.

# Transformative Role of Social Media in HIV/AIDS Awareness

*By: Sarah Simon*

***Social media has emerged as a powerful tool in raising awareness about HIV/AIDS, breaking down stigma, and promoting prevention and treatment options. With billions of people actively using platforms like Facebook, Twitter (X), Instagram, TikTok, and YouTube, these channels provide an unprecedented opportunity to educate, engage, and empower individuals worldwide.***

Social media platforms allow organizations, advocates, and healthcare providers to disseminate accurate information about HIV/AIDS to a broad audience. Campaigns like ***#WorldAIDSDay, #EndHIV, #HIVPrevention and #AIDSfreeGeneration*** leverage hashtags to spark global conversations, educate people about prevention methods such as safe sex practices, Pre-Exposure Prophylaxis (PrEP), and the importance of regular HIV testing. The reach of these campaigns often transcends geographical boundaries, ensuring vital information reaches even remote and underserved communities.

One of the most significant challenges in combating HIV/AIDS is the stigma attached to the condition. Social media campaigns featuring testimonials from people living with HIV have humanized the condition, fostering empathy and understanding. Influencers, celebrities, and health advocates often use their platforms to share stories of resilience and promote acceptance, encouraging a supportive environment for those living with HIV.

Social media campaigns frequently highlight the importance of HIV testing and the availability of life-saving antiretroviral therapy (ART). Through targeted advertisements and localized content, users are directed to nearby testing centers or Government hospitals. Social media platforms also promote initiatives like home-testing kits, making HIV testing more accessible and discreet.
Young people, who are among the highest users of social media, are also a key demographic in the fight against HIV. Social media is particularly effective in engaging this group through creative content like short videos, infographics, and interactive quizzes. These tools not only educate but also encourage discussions about HIV prevention and sexual health.

***The National Agency for the Control of AIDS (NACA) has been at the forefront of leveraging social media to enhance its efforts in ending HIV/AIDS in Nigeria by the year 2030. NACA has utilize social media effectively through the use of interactive campaigns, partnerships with influencers, online campaigns during key events such as: World AIDS Day & HIV Prevention conference and youth focus contents.***

Social media has transformed the way the world addresses HIV/AIDS, making information more accessible, reducing stigma, and encouraging proactive health behaviors. As the digital landscape continues to evolve, leveraging social media's reach and influence remains critical in the global effort to end HIV/AIDS.

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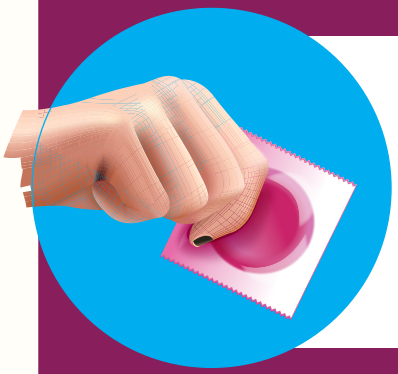

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# How Stigma and Discrimination Fuel New Infections & Scuttle Plan to **End AIDS by 2030**

*By Chukwuma Muanya*

## Persons Living With HIV For Over 20 Years Narrate Their Ordeals In Accessing Care And Treatment

For Mrs. Oluseyi Kadiri, her family abandoned her for four months at Lagos Island Maternity when she tested positive to Human Immuno-deficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS). "My problem started in 2000 when I first knew my HIV status. I didn't just happen to know my status. I came from Abuja and had a baby in Lagos. Before I came to Lagos I was using Garki General Hospital Abuja and then it was AIDS test that they call it and every pregnant woman had to undergo it. I did the test, I was certified negative and all that. On coming back to Lagos I had a baby, I gave birth inside my room and later I went to a Catholic Hospital close to the house for other care. It was two months later I just started bleeding, thick mucus coming out and all that. Eventually I was rushed to St Nicholas. After consultation, the doctor referred me to Lagos Island Maternity. They ran a lot of tests. All family members were supportive until the test results came out. The HIV test result (coded as XYZ test) came out positive. I did not even know what XYZ was. They called my family aside and told them," Kadiri said.

She added: "Behold that was the beginning of my life problems. From that day on every member of my family deserted me. I was left on the bed here in Island Maternity for over four months. Nobody was coming and I was just here. I didn't know what was happening. I got to understand stigma through the student nurses who comes around with a doctor. They will carry my card and be showing the XYZ test area to them, which makes their countenance to drop afterwards. It was really not funny for me and when families of people around me come to see them and I am just to myself. It was very painful, traumatic.

"After so much time in the hospital I thought I was okay but I wasn't. My CD4 count (a marker for the immune system) was 3, I was tagged paper white, I was just there and my medical bill was accumulating. At a time they said, 'madam you have to go'. How do I pay? I didn't have money. Later the Medical Director wrote off my medical bills and I was asked to go. They took me home in an ambulance. Immediately the ambulance dropped me it wasn't easy for me to walk not to talk of getting up to the third floor where I stayed in my father's house. I was trying to climb the staircase but I couldn't on my own, I had to crawl. My stepmother met me at the first floor and said, 'no you should not come up here. Go back.' I had to come down and I went to the boys quarter. My Dad came back from the office, he went in and I didn't know what the wife told him. He came where I was and asked, 'what are you doing here. Go back to where you were coming from.' Where do I go to?

"I didn't have any money on me then. I had been surviving and living on the hospital. Now I am back home and not welcome. He walked me out and locked the gate of the house and said, 'Seyi, can you see this house? Never come back here.' Do you know what it means? Nowhere to go? No money on me, no food, no drug. Remember I didn't even know what I did wrong, I did know I was HIV positive, it was XYZ. Nobody even called me to say the XYZ in question is HIV.

"Look at the way health workers work? I wasn't told what was wrong with me, I wasn't counseled. I couldn't go anywhere. I left home, I became a wanderer.

"However, I will say trauma was an issue for me, rejection was another thing. The rejection from my family really affected me. I refused assessing medication and I became worse. I just wanted

to die but I didn't want to die on the street and be wasted. I decided to go back to my mother's place in Delta State. Those ones had inheritance issues because my mom was the first born and had properties before she died. So, they have being the ones managing the properties since my mother died and my showing up was a challenge; then the property of my grandmother to which my mother was the next of kin. They didn't even know that those were not my problem.

"I was looking for how to take care of myself and even if I died, let me die in their hands and they would be able to bury me. If my cousins were coming to see me they would say, 'Auntie how are you? What happened to you? Why all these rashes? This thing be like AIDS?' I think that was the first time I got to know what was wrong with me had to do with me. Some will now come and tell me, 'Auntie do you know that people that have AIDS die. Somebody died there oh. I saw one woman, she was looking like you, they said the husband has AIDS. My heart just like, 'so, I have AIDS, I will soon die.' That was another trauma on its own. Eventually I wasn't comfortable, I had to leave. If I had stayed in that place those people would have poisoned me."

Kadiri said she continued moving around until she met Media Concern for Women and Children, a Non Governmental organisation (NGO). "That was when the story changed. That was the turn around. Those were the first people that actually counseled me on the difference between HIV and AIDS and made me to understand that I am at AIDS stage but if I could access medication it could be reversed and I could live positively. It was until 2003 that I had access to treatment. When I started this treatment at the Nigerian Institute for Medical Research (NIMR) Yaba, Lagos, sometimes I will not have money to come to the facility to access my drugs. Just N1,000 for me to pay as administrative charge, I didn't have, not to talk of transport money. I thank God I was able to access medication with the help of people.

"I had to come from Badagry to Lagos Mainland to access treatment. The time, the stress, the bad road, the cost of transportation, were so challenging. So as a woman there is no husband, no family and I have children to take care of. You can image my situation. Most times I would beg and beg. At a time the doctors at NIMR started contributing money for me. Sometimes they will write a prescription of N16,000 worth of drugs.

"Psychologically we are affected, we are traumatised knowing that we have HIV and seeing that you don't have money to feed your children. As time passed I got linked to Abidjan Corridor Organisation and from there I got enrolled into care, I began to attend trainings and built capacity. Then I actually discovered what I could do to help. There was no day I went out at that Seme-Badagry axis that I would not discover at least two persons living with HIV. I became a cornerstone.

"The worst part of it is that till today I have not been able to reconcile with the father to my children and my biological father. So, single handedly I have been able to raise a graduate, I have been able to raise HND holder and my two boys are really helping me and breaking new grounds as far as HIV and tuberculosis is concerned.

"Looking back I can say I am an orphan. No father, no mother, no family to go to, no siblings, I am just me. So, you can imagine that trauma, alone on me, you can just imagine other things and what brought about all these things? It is stigma. Let people see that HIV is real and a respecter of no one.

On the way forward, she said: "So, be a voice, empathise and advocate for care and support for people living with HIV. Most women out there need empowerment. We need drugs, good and fine but psychosocial support is another thing. A lot of women are there down with mental health issues. Let us also consider gender based violence issue. Most women with HIV are facing gender based violence."

To Patrick Akpan, the major challenge to accessing the 'free' national programme was the enormous administrative charges by some treatment centres, especially NIMR Yaba. He said some treatment centres charge between N5,000 and N20,000 as administrative fees for people living with HIV to access the 'free' HIV treatment programme by Federal Government. Investigation confirmed the charges were also for some laboratory tests.

"I was working with one of these multinational companies in Lagos. I kept going down every time. People kept asking me, 'you have been working, you have money, why are you like this? I tried to eat more to add weight but unfortunately nothing happened. Later on I began to see rashes over my body. I was living with my brother who advised me to visit a hospital. I decided in 2004 to visit the Ikeja General Hospital and asked for HIV test. They said I should come back in one week. When I came I saw XYZ, I asked, what was XYZ? But I saw something that said I have to do confirmatory test. It was then that it dawned on me that this could be HIV positive. For one year I did not go for that confirmatory test, I was still working, I was still running around and I didn't know there was treatment or whatsoever. One day I was moving in my room, I slumped. Thank God my fiancée then who is now my wife was there with me, my eyes turned and I began to see people in six places. I was rushed to the same General Hospital and I was admitted," Akpan said.

He added: "Some people that were in the hospital ward with me all died except myself. I became colour blind. I was referred to NIMR for my drugs. The doctor there called me a walking corpse. Every time I came he would tell me to go and come back and I told him that if I die my blood would be on his hands. So, he told them to give me the drugs that they should not follow procedures because I was a walking corpse.

"Before I started treatment my body was pulling down. My flesh was dropping on its own. I would sit down like this, one part of my body would open and flesh will come down. I was in a very bad situation; I already had advanced stage of AIDS. That is why I keep telling people, if you see me doing this work vigorously it is because I know I am living a borrowed life. I have a bonus life for 20 years now. So, I have decided to give back to the society because I know if not for God I wouldn't be alive today. I had a CD4 count of 10.

"I had some money, so I was planning my burial as well. I also experienced stigma. The first one was at NIMR when Prof. Oni Idigbe was the DG and during his sent forth. I was the coordinator of persons with HIV receiving treatment at the centre. I was called up to speak at the podium but when I got back to my seat there was nobody on my table. These people that were on my table moved to where my colleagues with HIV were sitting. They didn't know they were running from me to go and sit with others with HIV. That was my first experience of stigma.

"The next one was my immediate elder brother who was a councilor in my local government. We had a cousin who died of AIDS. When I came back from Lagos I asked my brother of cousin's wife and children and how we could help them. My elder asked me what I wanted to do with such people. I told him they are human beings just like us. He said he blamed the medical doctor who allowed them to come back without injecting them to die. That was my own blood brother and I was taking Anti Retroviral drugs (ARVs) for treatment of HIV and I was HIV positive. I said if this man knew I was HIV positive he would likely take my life."

On the way forward, Akpan said: "People need to know that you can bounce back from AIDS to HIV just like me. I am in undetectable status for many years now. I had a situation where a relative refused to hear anything about the sister who was positive and nearly electrocuted me with naked wire because I refused to leave her house when I went to plead on behalf of her HIV positive sister.

"I want people to understand that HIV is not a death sentence, that you can live positively with the virus. The painful part was that the lady could not be revived despite our efforts. I believe it was the rejection and stigma that killed her not even the HIV.

"We also had a case of a man who took his wife back after she bounced back with treatment."

Fredrick Adegboye tested positive to HIV on his Birthday in April 2003 and his admission into Nigerian Institute for Journalism (NIJ) was withdrawn because he voluntarily disclosed his status. "I was repulsive to myself. I had grown so lean that people were running away from me. I lost most of my friends. Stigma kills more than anything but 21 years on I am still alive," Adegboye said.

He further explained: "I voluntarily opened up about my status; I was not forced to disclose my status. So, when they were trying to drive me away from NIJ, I told them I will not allow it. I

wanted to go to the Office of the First Defender but I thought otherwise. I was emotionally disturbed at that moment. Then I went back to Ibadan, got in contact of my support group led by Oba Oladapo who was the coordinator. I narrated by ordeal to him and he now reached out to Journalists Against AIDS (JAAIDS) in Lagos and that was how a media war started. The Director General of National Agency for the Control of AIDS (NACA) invited me over to Abuja to get my own side of the story. I went there with my letter of withdrawal and letter of admission. I told him that I had to disclose my status because there were conditions in the letter of admission that could affect me because I was travelling everyday from Ibadan to Lagos to attend lectures and there were days I had to go to University Teaching Hospital (UCH) to get my drugs. I was ready to go to court but the NACA DG told me that there was no law on that. He told me that he was going to convince NIJ to take me back and NACA was going to give me scholarship. JAAIDS really tried, they mobilised the media to fight for me.

"My family stood by me through the trying period even uptill today. JAAIDS sensitised the media on the use of appropriate language because it is the stigma that kills not even the virus. Look at me now, I have been taking my drugs, for 21 years, I am still alive. The doctor who tested me recently said I am virus suppressed, which means that HIV is undetectable and therefore I cannot transmit the virus.
"Majority of my peers self stigmatise and once you do that there is nothing anybody can do for you. You have to be bold enough and courageous enough to fight stigma. I told JAAIDS that if it meant me standing on the top of the mountain to disclose my HIV status that I will gladly do that and not lose my admission. I knew what I went through then, travelling from Ibadan to Lagos everyday for almost two weeks. Eventually my admission was given back to me and I won an award from JAAIDS called Heroes of Stigma Fighters."

## MAKING PROGRESS

Kadiri, Akpan and Adegboye are among estimated 1.8 million Nigerians that are living with HIV and receiving free life saving drugs provided by the Federal Government with support from international donors, especially the United States Government through the United States President Emergency Fund for AIDS Relief (PEPFAR), United States Agency for International Development (USAID) and the Joint United Nations Programme on AIDS (UNAIDS).

Interestingly, Kadiri, Akpan and Adegboye are now hale and hearty for over 20 years after testing positive to the virus. They narrated their ordeal to a group of journalists, development experts, government officials and international donors during a HIV Media Training, in Lagos. The meeting was supported by PEPFAR Nigeria through the Henry Jackson Foundation Medical Research International (HJFMRI) Ltd Gte.

Their stories and presentations by experts raised so many questions and provided answers in the quest to end AIDS by 2030. They decried barriers to accessing 'free' treatment by persons living with HIV; how stigma and discrimination as well as criminalization of activities of key population including sex workers, people who inject drugs (PWID) and Men who have sex with Men (MSM) is fuelling new HIV infections and restricting access to treatment and care; Why Nigeria still has highest mother-to-child transmission of virus worldwide; Why only 40 per cent of donor funds get to treatment of persons with virus, while 60 per cent is spent on administration, logistic fees; and over reliance on donor funding with no clear national budget for HIV make 'free' treatment unsustainable.

## But HIV Is Still A Problem: The Challenges

Representative of UNAIDS, Dr. Murphy Akpu, said: "There is a lot of assumption that HIV/AIDS is not a problem anymore. It is a good thing to some degree because it shows that people no longer see it as a threat. A lot of positives have come out of the treatment that has been happening for the past 20 years plus. Thank God for the effort of our government and also our donor partners and all of that. But when people no longer see HIV as a threat we might stand at a risk of reversing what we have, the benefit that we have gained, all the people we have put on treatment.

"There are still real problems to contend with. Our people are largely ignorant about what HIV is

all about. People still carry a lot of stigma about HIV, living with HIV. We ridicule people who live with HIV, we mock them and to a large degree they chose not to be visible in public and therefore those narratives continue to pose some challenges for even those on treatment and those who need to get tested and get on treatment.

"For the longest time, journalists have not been part of the response because we started pursuing the effort of putting people on treatment but for you to achieve lasting sustainable public health success, it is not just a medical agenda, its also a social agenda and you have to change people's agenda and mindset and reconstruct it. That is why journalists come in. So, this is first in series of what I hope will be an expanded conversation in the media community to bring them back into the HIV response because the media will help us address misconceptions, shape public narratives that will allow us to actually get to the end as an epidemic.

"At the end of that process because it is not something that we have a cure for, we still have a lot of people living with HIV. We are estimating that about two million Nigerians are living with the virus now. New infections would be added to that number and as people live longer that number would continue to grow. So it is not something we should stigmatise. In the medical world they are beginning to think about HIV to more like chronic manageable disease like several others- hypertension and diabetes, So, journalists can help remove the stigma of HIV so that people living with HIV and all can see it just like other chronic illness like hypertension and diabetes."

## *Way Forward: How To End AIDS by 2030*

Country Director and CEO of Living Health International, Dr. Gbenga Adebayo, said: "To end AIDS, we need to get the media back, especially editors and journalists, put them up to speed on what is happening as far as HIV and AIDS is concerned in Nigeria and build capacity. Following this building of capacity we can now begin to tell the proper stories, ask the right questions and start to chip away stigma and discrimination so that people with HIV/AIDS will know that this is not a death sentence. A friend of mine said that anybody that dies of AIDS in this age and time should be seen as suicide and he has now updated it and said it is now community assisted suicide.

"We can help ourselves. We can help people know what HIV/AIDS is and what it is not. In this age and time, anybody that is living with HIV that takes his or her medication within six months would be virally suppressed and the person can live a good, decent viable vibrant life. So, it is important that we go back to this kind of response and start to communicate effectively. There are so many things happening about HIV/AIDS that people are not aware of even senior journalists.

"What we hope to happen and it is happening already is to build a community of practice that will have media practitioners that are fully abreast of what is happening in HIV space."

To Executive Director of JAAIDS Nigeria, Olayide Akanni, the general public now believes that HIV/AIDS is no longer a thing in Nigeria. "For us to create awareness to bring back the public consciousness of the reality of HIV and the challenges that we need to still deal with, we felt that it was important to begin to engage with communication experts and we know that journalists and media are critical part of that space. We decided to have this training for journalists to update them on new interventions, new developments in HIV response in Nigeria and also to groom a community of practice where journalists can come together, network, share story ideas and help to keep HIV in the news. We know that once an issue is in the news it is in the front burner of public discuss and the public consciousness is renewed to the reality of the issues. Again we are also seeing trends in the HIV response that were not there ten years ago when many of the journalists were trained. So, it is important that we bridge the knowledge gap so that the journalists are able to provide adequate and accurate information to their audiences."

PEPFAR Nigeria Country Coordinator, Funmi Adesanya, said stigma remains one of the most significant barriers to ending the HIV epidemic; and it prevents individuals from seeking testing, treatment, and support, and it spreads fear and misinformation. Adesanya said: "As journalists, you have the

responsibility to report on HIV with accuracy, sensitivity, and compassion. Your stories can educate the public, dispel myths, and promote a culture of acceptance and understanding. I urge you to join us in advocating for the rights and dignity of people living with HIV. Highlight their stories, celebrate their resilience, and challenge the stereotypes that perpetuate discrimination. By doing so, you contribute to creating an environment where everyone feels safe to access the services they need without fear of judgement or rejection. Furthermore, it is crucial that we use the media as the right channel to disseminate accurate and evidence-based information about HIV. Misinformation can have devastating consequences, leading to fear, stigma, and harmful practices. We must work together to ensure that the public receives the right messages about prevention, treatment, and care. By doing so, we can empower individuals to make informed decisions about their health and well-being.

"Together, we stand united in our mission to end HIV in Nigeria and ensure a future free from the burden of this epidemic. Since its inception, PEPFAR has been at the forefront of the global response to HIV/AIDS, providing life-saving treatment, prevention, and care services to millions of individuals. In Nigeria, our efforts have been pivotal in reducing new HIV infections, increasing access to antiretroviral therapy, and improving the quality of life for those living with HIV. Through strong partnerships with the Government of Nigeria, civil society organisations like JAAIDS, and communities, we have made significant strides towards controlling the epidemic.

"However, our journey is far from over. Today, I want to emphasise the critical role that you, as journalists, play in this fight. The media is a powerful tool for change, and your voices can shape public perception, influence policy, and drive social transformation. It is essential that we leverage this power to combat stigma and discrimination against people living with HIV."

She charged journalists to remember that ending HIV in Nigeria is not just a medical challenge; it is a social and moral one as well. "By working together, we can create a future where every individual, regardless of their HIV status, can live a life free from stigma and discrimination. Let us continue to fight for this future with passion, dedication, and unwavering resolve," Adesina said.

**Chukwuma Muanya**
*Adapted from the Guardian Newspaper*

# Workplace Policy on HIV and AIDS

*By: Dr Miriam Ezekwe*

## INTRODUCTION

Declining global HIV funding necessitates sustainable, locally driven solutions. Workplace policies are crucial, ensuring non-discrimination, support, and health service access for employees affected by or at risk of HIV. In Nigeria, with an estimated two million Persons Living With HIV (PLHIV) and a 1.3% prevalence rate, workplace initiatives are key to prevention, care, and support. HIV and AIDS is a workplace issue and must be treated like any other serious illness or condition in the workplace, not only because it affects the workplace, but also because the workplace, being part of the local community, has a role to play in the efforts to curtail the spread and effects of the HIV infection in the country. NACA's Policy Division leads efforts to align workplace policies with global best practices, engaging stakeholders, including MDAs, employers (formal and informal), and labor unions, guided by key policy documents, conference reports, and meeting action points.

### The Importance of Workplace Policies

Workplace policies are crucial for HIV prevention and the rights of PLHIV, creating inclusive and supportive environments free from stigma and discrimination in all workplaces. Well-structured policies offer several benefits: reducing stigma and discrimination, encouraging HIV testing and treatment uptake, ensuring workplace productivity, and supporting national HIV response goals. These benefits are especially critical in Nigeria's evolving funding landscape, where domestic policies must guarantee the sustainability of workplace-based HIV programmes. NACA developed the NACA Workplace Policy on HIV/AIDS in 2019.

Reaching Workplace Testing Individuals through

A recent workplace HIV self-testing initiative reached nearly 14,000 individuals, demonstrating the potential for widespread testing uptake when accessible (UNAIDS Nigeria Country Report, 2020). Of those tested, 62 were linked to care and treatment, highlighting the effectiveness of workplace interventions and the need for policies facilitating easy access to testing and treatment. Key lessons include the importance of accessibility, confidentiality, and prioritized linkage to care.

### Global Best Practices

Global best practices demonstrate the effectiveness of comprehensive workplace HIV policies. Successful models include South Africa's mining sector with its on-site care;

Thailand's integration of HIV services into occupational health programmes; and Brazil's human rights-focused approach emphasizing confidentiality and ART access. These examples highlight the need for multi-sectoral collaboration, strong leadership, human rights protections, and integrated services.

Nigeria's National Workplace Policy on HIV/AIDS 2023
Its key objectives include eliminating stigma and discrimination, ensuring access to workplace HIV testing and treatment, and promoting a safe and supportive work environment. This policy is a crucial milestone in Nigeria's commitment to a sustainable, locally driven HIV response. Federal Government of Nigeria (Federal Ministry of Labour and Employment), in collaboration with the International Labour

Organization (ILO) and NACA, launched the National Workplace Policy on HIV/AIDS in 2023.

Challenges and Opportunities
Challenges remain in fully implementing workplace HIV policies in Nigeria, including fragmented implementation, stigma and discrimination, limited resources, and a lack of monitoring and evaluation. However, these challenges present opportunities for greater collaboration between government, the private sector, and civil society.

NACA's Strategic Approach
NACA is at the forefront of policy advocacy, stakeholder collaboration, and workplace interventions. In partnership with the FMoL's Occupational Safety and Health (OSH) Department, the Nigerian Labour Congress (NLC), the Trade Union Congress (TUC), and other unions, NACA drives implementation of the National Workplace Policy, integrating HIV services into workplace policies and fostering a safe and supportive environment. Key initiatives include collaborating with the FMoL, partnering with employers and unions, and promoting a rights-based approach.

**Conclusion**
As funding shifts, robust, well implemented, and data-driven workplace HIV policies are imperative. NACA's leadership in advocating for effective policies and fostering multi-sectoral collaboration is essential for ensuring workplaces remain safe and supportive environments for all. We call on employers, employees, and policymakers to actively support and implement these vital policies.

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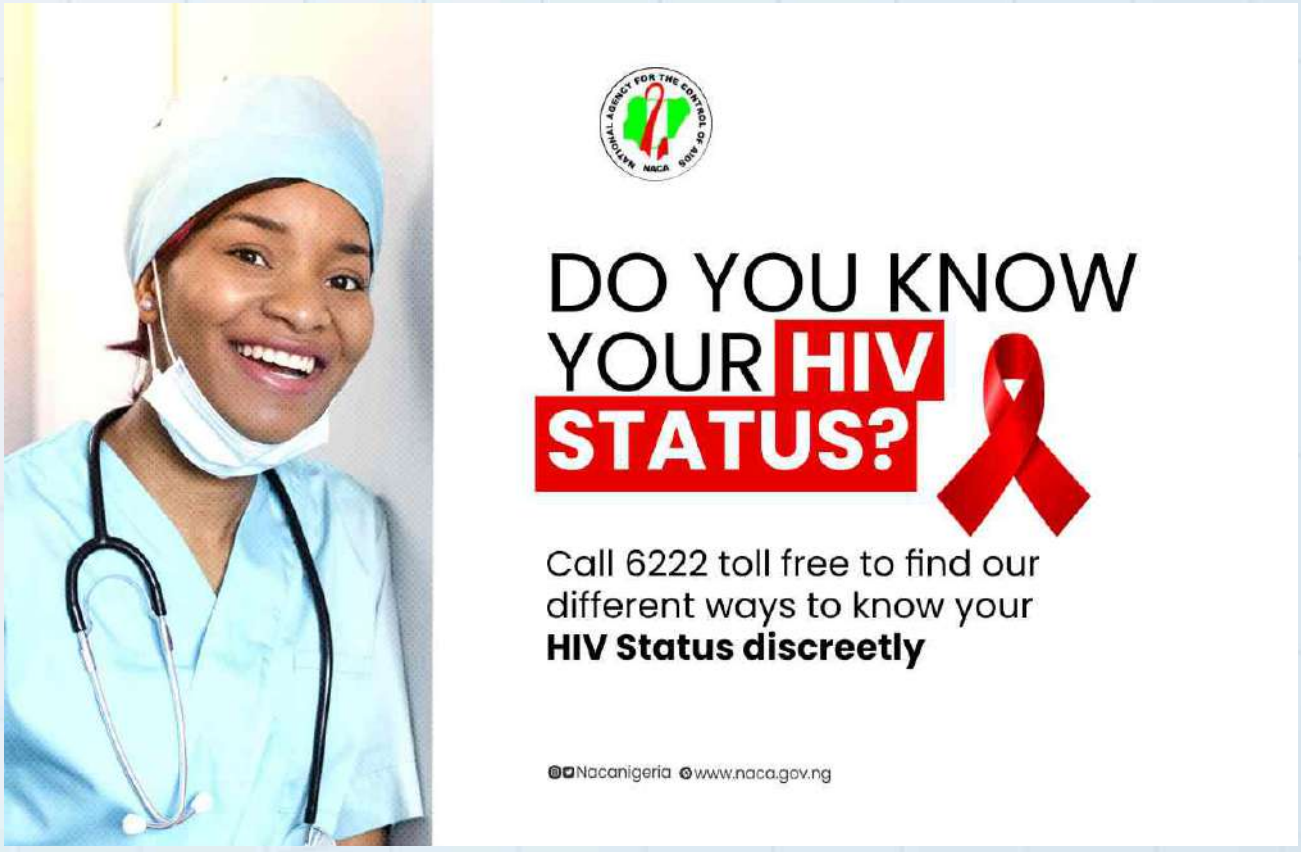

# HIV Sustainability in Nigeria: Navigating Towards a Resilient Future

*- By: Dr Yewande Olaifa*

Nigeria, home to approximately 1.9 million people living with HIV (NACA, 2023), stands at a pivotal moment in its fight against the epidemic. As the country shifts from a donor-dependent model to a more sustainable approach, the urgency for robust domestic financing and an integrated healthcare system has never been greater.

***Over the past four decades, Nigeria has made significant progress in addressing HIV/AIDS through various legal frameworks and policies aimed at enhancing access to treatment and prevention services (NACA, 2023).***

The nation is nearing the ambitious 95-95-95 targets—ensuring that 95% of people living with HIV are diagnosed, 95% of those diagnosed receive treatment, and 95% of those treated achieve viral suppression. However, the heavy reliance on external funding presents risks, especially as global donor priorities shift.

To ensure a sustainable HIV response, Nigeria is transitioning operational responsibilities to government-led structures, including federal and state ministries, departments, and agencies (MDAs). This transition spans six critical health system components: governance, financing, human resources, service delivery, supply chain management, and health information systems. Additionally, structural issues such as stigma, discrimination, and human rights violations are being tackled through cross-sector collaborations, integrating HIV response efforts within existing mandates and budgets.

To guide this transition, a Sustainability Technical Team was established, comprising key stakeholders from the National Agency for the Control of AIDS (NACA), the National AIDS and STI Control Programme (NASCP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Coordination Office, the United States Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), the Walter Reed Army Institute of Research (WRAIR), the Global Fund Country Coordinating Mechanism, the Institute of Human Virology Nigeria, the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), and the Key Population Secretariat. This core team serves as a think tank to build consensus on a sustainable pathway for Nigeria's HIV response. The Sustainability Technical Team led by NACA, has outlined a two-part roadmap to achieve sustainability.

**Part A: Programmatic Restructuring (The New Business Model)** This stage focuses on integrating HIV services such as the treatment services, into the existing healthcare infrastructure rather than maintaining the current verticalized approach. By embedding HIV care within broader health services, Nigeria aims to deliver holistic, client-centered care that addresses co-morbidities and social determinants of health.

**Part B: Financial Restructuring** The goal of this stage is to establish a sustainable HIV response with reduced dependence on external funding. This involves country-led

financing and resource coordination, aligning with the broader national health financing and social mobilization agenda to support the multisectoral HIV response.

To build consensus, these strategies were discussed in multiple high-level meetings with key multisectoral stakeholders, including MDAs, civil society, and faith-based organizations, between February and September 2024. Further engagements in October 2024 targeted national HIV implementing partners, state government officials across all 36 states and the Federal Capital Territory (FCT), and civil society leaders from various constituencies. These sessions facilitated the dissemination, validation, and refinement of Nigeria's HIV sustainability roadmap.

As Nigeria forges ahead with this transition, the commitment to ensuring a resilient and self-sustaining HIV response remains paramount. By fostering strategic partnerships and strengthening domestic systems, the nation is positioning itself for long-term success in the fight against HIV/AIDS.

***The nation is nearing the ambitious 95-95-95 targets—ensuring that 95% of people living with HIV are diagnosed, 95% of those diagnosed receive treatment, and 95% of those treated achieve viral suppression.***

# Breaking stigma, changing perceptions about HIV/AIDS

*By: Muhammad Yakasai*

## INTRODUCTION

HIV remains one of the most significant public health challenges globally. Despite medical advancements that have transformed it from a fatal disease to a manageable condition, stigma and discrimination against people living with HIV (PLHIV) persists. This stigma often leads to social isolation, barriers to healthcare, and even human rights violations. To effectively combat HIV/AIDS, it is crucial to change societal perceptions, promote awareness, and foster inclusivity.

**Understanding HIV-Related Stigma**

*Stigma surrounding HIV/AIDS is deeply rooted in misinformation, fear, and negative cultural beliefs. It manifests in various ways, including:*

***Social Stigma:*** their communities, families, or workplaces due to misconceptions about transmission may ostracize PLHIV.

***Self-Stigma:*** Individuals diagnosed with HIV may internalize negative beliefs, leading to depression, low self-esteem, and reluctance to seek treatment.

***Institutional Stigma:*** Healthcare settings, workplaces, and policies may unintentionally discriminate against PLHIV through inadequate services, job restrictions, or lack of support systems.

***The Impact of Stigma***

Stigma has far-reaching consequences, not only for individuals but also for public health efforts.

***Delayed Testing and Treatment:*** Fear of discrimination prevents many from being tested or seeking care, leading to late diagnoses and higher transmission rates.

***Mental Health Challenges:*** Many PLHIV experience anxiety, depression, and isolation due to societal rejection.

***Reduced Workplace Productivity:*** Stigma in professional environments discourages disclosure and affects employees' well-being and efficiency.

***How to Change Perceptions About HIV/AIDS***

***1. Education and Awareness Campaigns:*** Public education is key to dispelling myths about HIV transmission and treatment. Organizations, government agencies, and the media must work together to spread accurate information. Schools, workplaces, and community centers should incorporate HIV education into their programs to reach a wider audience.

***2. Humanizing the Narrative:*** Personal stories of people living with HIV can challenge stereotypes and create empathy. Media representation of PLHIV as active, healthy, and contributing members of society can reshape public perceptions.

***3. Promoting Workplace Inclusivity:*** Employers should adopt policies that protect PLHIV from discrimination and support their health needs. Sensitivity training for staff can help create an inclusive work environment where individuals feel safe to disclose their

status without fear of losing their jobs.

***4. Strengthening Legal Protections***: Governments must enforce laws that protect PLHIV from discrimination in healthcare, employment, and education. Policies should ensure equal access to healthcare, confidential HIV testing, and legal recourse for those facing discrimination.

***5. Encouraging Support Systems:*** Communities and families play a crucial role in combating stigma. Support groups and counseling services can help PLHIV navigate social challenges and empower them to live openly and confidently.

***Conclusion***

Eradicating HIV/AIDS is not just a medical battle; it is also a social one. To achieve global health goals, we must dismantle stigma, change perceptions, and foster a culture of acceptance and support. Through education, advocacy, and policy reforms, we can create a society where people living with HIV are treated with dignity and respect, ultimately contributing to a healthier and more inclusive world.

# Living my truth: the Journey of disclosure

*By Kareem Samsudeen*

Growing up with HIV is an experience that has shaped my life in profound ways. Being born with the virus meant that I had to navigate a world where stigma and misinformation were widespread. However, my greatest challenge came when I experienced an accidental disclosure, a moment that changed everything for me.

At the time, I was overwhelmed with fear. I worried about how my friends would react, whether they would abandon me, or if I would be subjected to stigma and discrimination. The fear of rejection consumed me, leading to immense mental distress. I struggled with anxiety, self-doubt, and a deep sense of loneliness. My mind was clouded with thoughts of judgment, and for a long time, I hid behind a façade, unable to embrace my true self.
Fortunately, I was privileged to receive mental health support, a turning point in my journey. Therapy and counseling helped me understand that I was not defined by my HIV status. It gave me the strength to accept myself and the courage to take control of my narrative. Armed with newfound confidence, I made the bold decision to disclose my status to my friends on my own terms.

To my surprise, their reactions were nothing like I had feared. Instead of rejection, I found acceptance, love, and support. That experience taught me an invaluable lesson: people's misconceptions about HIV stem from ignorance, not malice.

Through my journey, I have come to understand the importance of proper disclosure, especially in relationships and social interactions. Here are some key lessons I have learned:
1. Knowledge is Power – Many people have limited or outdated knowledge about HIV. Education is crucial in breaking stigma. When you choose to disclose, be prepared to inform and enlighten others about the realities of HIV, treatment, and prevention.

***"A mind that knows, is a mind that is free"***

2. The Right Timing Matters – Disclosing your HIV status is a personal choice, but timing is essential. Early disclosure in a relationship builds trust and gives your partner time to process and understand. It also reduces the risk of feeling deceived later on.

3. Consent and Boundaries – Never feel pressured to disclose if you are not ready. It is your story to tell, and you should do so when you feel safe and comfortable.

4. Avoid Sexual Intimacy Before Disclosure – It is important to disclose your status before engaging in any sexual activity. This fosters trust, ensures informed consent, and strengthens the foundation of your relationship.

5. Seek Support – Disclosure can be daunting, but you do not have to do it alone. Reach out to trusted friends, support groups, or mental health professionals who can guide you through the process.
6. Own Your Narrative – When you disclose on your own terms, you take control of your story. It prevents others from weaponizing your truth against you and allows you to live authentically.

Today, I live openly with HIV, advocating for awareness and supporting young people in similar situations. My story is one of resilience, acceptance, and empowerment. If there is one thing I hope to impart, it is this: HIV does not define you. Your strength, courage, and authenticity do.

To anyone struggling with disclosure, know that you are not alone. With the right support, knowledge, and self-acceptance, you can embrace your truth and live freely. Disclosure is not just about telling others, it is about owning your identity, breaking barriers, and fostering understanding in a world that needs it.

# Ending HIV in Nigeria by 2030: Key Population Programme in Focus.

*By: Kingsley Essomeonu*

**The World Health Organization (WHO)** defines key populations (KP) as populations who are at higher risk for HIV irrespective of the epidemic type or local context and who face social and legal challenges that increase their vulnerability. KP include sex workers, people who inject drugs, men who have sex with men, transgender people, and people in custodial or closed settings. Key population face stigma, discrimination, violence, and criminalization as well as often lack access to quality HIV services.

They are disproportionately affected by HIV and need access to quality HIV services The KP program in the national HIV response in Nigeria aims at improving access to HIV services for KPs, addressing barriers to care for KPs and using reliable population size estimates to guide HIV epidemic response efforts.

The National HIV Prevention Technical Working Group (NPTWG) through the KP subcommittee has the obligation to ensure effective coordination and implementation of KP programme in line with the national guidelines. Over the years, various partners at national and sub-national levels, focusing on key populations, have undertaken numerous interventions and initiatives.
Despite these efforts, challenges such as indiscriminate arrest and detention of key population members persist in some states. To this, on resumption of duty as Director General National Agency for the Control of AIDS (NACA), Dr. Temitope Ilori convened a consultative meeting of stakeholders in the national HIV program for KPs. The objectives of the meeting were to enhance partnerships among government bodies, law enforcement agencies, implementing partners, donor agencies and civil society organizations for improved HIV interventions for key populations in Nigeria, discuss recent challenges involving key populations in Nigeria, address ways to reduce barriers to accessing services, as well as reaffirm and strengthen HIV programmes for key populations in Nigeria.

***Addressing HIV among key populations in Nigeria requires a multifaceted approach that includes legal reform, community engagement, and the provision of culturally competent healthcare services.***

It also demands the active involvement of key populations in designing and implementing interventions, ensuring that their voices and experiences shape the response. By focusing on these areas, Nigeria is making significant strides in reducing HIV transmission, improving health outcomes for key populations, and advancing towards its goal of ending the HIV epidemic. HIV testing services for the various KP typologies has been improved. Support for the introduction of HIVST into Nigeria was largely focused on increasing the number of people who would undergo HIV testing since the self-test would help avoid stigmatisation that may arise from the use of health facilities.

Since the scale-up of oral Pre-Exposure Prophylaxis (PrEP) in early 2020, Nigeria has made tremendous progress in the reduction of new HIV infections though there is still the need to expand and improve the HIV prevention landscape. Yet, relatively high adherence is needed for oral PrEP to be effective hencethere is significant interest in other forms of PrEP that do not require a daily pill. In 2022, WHO recommended injectable cabotegravir (CAB LA) as an additional prevention option within comprehensive prevention strategies. CAB-LA is an intramuscular injectable, long-

acting PrEP method. Both oral PrEP and CAB PrEP are highly effective. CAB LA increases the options available and should always be offered alongside oral PrEP.

However, its effectiveness has not been evaluated for parenteral exposure or vertical transmission during pregnancy, childbirth, or breastfeeding. Recent randomized controlled trials have demonstrated its superior efficacy compared to oral PrEP. As the national coordinating entity saddled with the responsibility of the multi sectoral HIV response, the NACA has over the years put forth activities for effective KP program viz identifying and mapping KP hotspots, estimating the size of KPs, using tools like the thee Non Health Sector Tools, Prevention SelfAssessmentTool (PSAT) to assess the programme, using the polling booth survey (PBS) to collect data from service users, KP programme review, trainings research methods and adapting objectives and methods based on changing program dynamics.

Community-led programme, capacity of community-led collectives and organisations working on HIV interventions for KPs have been developed and KP led organisations are strengthened to perform the role of the One-Stop Shops (OSS). Recently, the Nigeria Key Populations Health and Rights Network (NKPHRN), previously known as the Key Populations Secretariat, launched an ambitious project of institutional strengthening and renewal, which also saw the start of a leadership transition process, approval of a new constitution, the renewal and expansion of state-level structures, structured engagement with planning processes for the PEPFAR COP and the country's Grant Cycle 7 (GC7) submission for the Global Fund. In accordance with the new constitution, the first Members' Assembly was held leading to the election of a twelve-member National Steering Committee (NSC). For persons who use/inject drugs (PWUD/PWID) in Nigeria, harm reduction is an umbrella term for interventions aimed at reducing the problematic effects of drug use. It encompasses a range of health and social services and practices that apply to drugs, including but not limited to; information on safer drug use, drug consumption rooms, needle & syringe programmes, overdose prevention & reversal, opioid agonist therapy, housing/ safe spaces, drug checking and legal/paralegal services. Harm reduction interventions provide additional tools for clinicians working with clients who, for whatever reason, may not be ready, willing, or able to pursue full abstinence as a goal. The KP program review shows that 68% of facilities reported engagement of PWID with harm reduction services at the OSS.

While not all facilities reported this service, the majority are providing essential harmreduction interventions for PWID. Sex work HIV prevention programis getting great attention. A cumulative 440,657 female sex workers (FSW) got tested for HIV in 2024 with 10,891 who tested positive were put on treatment.

There is evidence that HIV prevention programmes for sex workers, especially female sex workers, are cost-effective in Nigeria. The evidence that sex worker HIV prevention programs work inspire a renewed effort to expand, intensify, and maximize their impact. Many sex worker HIV prevention programs are inadequately codified to ensure consistency and quality; while many have not evolved adequately to address informal sex workers, male and transgender sex workers, and mobile- and internet-based sex workers. Notwithstanding the near stock out of male and female condoms in quarter 1-3, 2024 with 432,485 distributed to KPs, the national condom program has waxed back with male condoms in quarter 4, 2024, though the condom gap has not been filled Numerous demand creation, access and utilization interventions are in place to promote condom and lubricants use at various levels through market research, social marketing and targeted distribution, social mobilization, and capacity building. In addition, ensuring the continued functioning of the Total Market Approach (TMA). The condom subcommittee of the NPTWG drives the implementation of TMA strategies and interventions in condoms and lubricants programming in Nigeria. This is aimed at ensuring sustainability of condom and lubricants supply in country.

Nigeria condom market is being guided by a national quantification and estima tion of the quantities and costs of condoms and lubricants required to meet the demand over a given period to ensure uninterrupted commodity availability. The quantification exercise comes in three phases– preparation, forecasting and supply planning. Though the HIV programme for KPs are to a large scale donor dependent and with the dwindling economy and paucity of funds, NACA tows the line of ownership and sustainability to ensure effective funding and implementation of HIV prevention care and support services. There's no doubt that NACA will live the expectations and achieve the global and national targets towards

# WORLD BREASTFEEDING WEEK

*- By Esther Hindi (National Coordinator ASWHAN)*

***The Association of Women Living with HIV/AIDS in Nigeria (ASWHAN)*** with funding support from Love Alliance through Global Network of People living with HIV (GNP+) under the "Last Mile Grant: Children of structurally silenced women" project, commemorated the 2024 World Breastfeeding Week with the theme "Breastfeeding support for Structurally Silenced Women." This theme echoes the importance of providing resources and assistance to women facing unique challenges in breastfeeding. The event aimed to raise awareness about the benefits of breastfeeding and provide crucial support to this often-overlooked and underserved population.

***Structurally, silenced women face intersecting challenges, including those living with HIV/AIDS, women in rural communities, those experiencing poverty or displacement due to crisis and others whose voices are often unheard. These women encounter significant obstacles to successful breastfeeding, such as limited access to information, healthcare services and social support from families and communities. Stigma and discrimination can further isolate them and hinder their ability to make informed choices about infant feeding and ASWHAN aimed to bridge such existing gaps.***

ASWHAN engaged in a 7-day online campaign on all their social media platforms across 24 states to create awareness on the importance of breastfeeding before the main event. The main even was commemorated in the four project states and FCT, which also served as a medium to educate traditional rulers, community heads, religious leaders and relevant stakeholders who were present at the event on the importance of breastfeeding and the need for continuous awareness creation and the necessary support needed within the target population.

# PEER TO PEER

***ASWHAN*** with funding and technical support from UN WOMEN and UNAIDS, held a 3-day Training of Trainers (TOT) workshop. The training brought together 47 peer educators representing support groups across six northern states: Gombe, Kwara, Kaduna, Kebbi, Taraba, and the Federal Capital Territory (FCT). A second phase of this training (Southern zone) was held in Asaba, with participants from Abia, Imo, Lagos, Osun, Delta and Rivers

This intensive TOT is focused on building the capacity of peer educators, equipping them with the knowledge and skills to effectively support other members in the support group. A comprehensive toolkit was developed that covers a diverse range of topics for over 52 weeks and was a central element of the training. This toolkit is a valuable resource for peer educators when they conduct sessions within their respective monthly support group meetings.

The impact of this training is set to be significant, with an estimated 600 women across the northern and southern zones benefiting from the knowledge shared by the trained peer educators as a crucial step in strengthening community-level support systems This initiative aligns with the commitment of ASWHAN, UN Women, and UNAIDS on taking the right path in HIV sustainability as it empowers women living with HIV by providing them with the information and support they need to thrive, amplify their voices, develop resilience, and contribute more purposefully in the larger world scale.

# Strengthening Nigeria's HIV and Pandemic Response through the Global Fund-Gc7 Grant

*By: Thelma Chioma Thomas*


The Global Fund is financing the Grant Cycle 7 (GC7) to support HIV and COVID-19 Response Mechanism (C19RM) activities in Nigeria.

As Principal Recipient (PR), the National Agency for the Control of AIDS (NACA) in collaboration with other Sub-Recipients (SRs) is leading critical interventions across Nigeria, to advance Nigeria's vision for an AIDS-free society—with zero new infections, zero stigma and discrimination, and zero AIDS-related deaths, as outlined in the National HIV and AIDS Strategic Plan (2023–2027).

Additionally, the C19RM grant strengthens pandemic preparedness and response by enhancing laboratory systems, cold-chain storage, and transport infrastructure to support research and effective vaccination.
The NACA Programme Management Unit (PMU), through strategic thematic areas—including Community Systems Strengthening (CSS), Health Management Information Systems (HMIS), Health Products Management (HPM), Laboratory Systems, and Oxygen Investments continue to deploy lifesaving interventions to Nigerians.

Strengthening Health Emergency Response and Clinical Competencies through CSS and HMIS as part of efforts to strengthen diseases surveillance in communities to serve as an early warning mechanism for prompt detection of potential diseases/conditions/events including outbreaks at community levels. Under the Community-Based Surveillance (CBS) initiative, 7,166 carefully selected participants—including Disease Surveillance and Notification Officers (LGA DSNOs), Community-Based Surveillance Focal Persons (CBS FPs), Community Informants (CIs), and community members—were trained to enhance grassroots disease surveillance. This initiative, conducted across 63 Local Government Areas (LGAs) in three pilot states (Kano – 29 LGAs, Oyo – 21 LGAs, and Enugu – 13 LGAs), ensures that communities play an active role in early disease detection and outbreak prevention.

To further strengthen public health emergency preparedness and response, the Public Health Emergency Operations Center (PHEOC) training was conducted for staff in Abia, Kaduna, Rivers, FCT, Imo, Kano, and Kogi States. The training focused on Basic Public Health Emergency Management (PHEM), equipping participants with the skills needed to respond effectively to public health emergencies using the Incident Management System (IMS).

Recognizing the critical role of frontline healthcare workers, a total of 9,850 personnel across Ondo, Ebonyi, Plateau, Ogun, Enugu, Delta, and Anambra States received refresher training to enhance their clinical competencies, ultimately improving health outcomes and service delivery.

The grant also supports key programs in health surveillance, infection control, and community systems strengthening. Integrated Disease Surveillance and Response (IDSR) training, conducted in Nasarawa, Benue, Kaduna, Ekiti, Ebonyi, Yobe, Katsina, and Zamfara States, is enhancing disease reporting and surveillance efficiency, with refresher training ongoing in Gombe and Rivers States.

At the facility level, Infection Prevention and Control (IPC) focal persons across the six geopolitical zones were trained to implement best practices, leveraging lessons from the COVID-19 pandemic to strengthen pandemic preparedness

and improve healthcare quality. Additionally, the Community-Led Monitoring initiative provided support to ATM networks (ACOMIN, TB Network, and NEPWHAN) across 21 states to enhance patient-centered interventions.
To further advance healthcare quality, the Quality Improvement Initiatives, in collaboration with JHPIEGO, implemented quality management programs for HIV, TB, Malaria, COVID-19, and community health interventions in Jigawa, Gombe, and Ekiti States.

Data-driven decision-making remains a priority, and the National Health Demographic Survey (NHDS), supported by DPHRS and the National Population Commission (NPC), continues to provide critical insights into health system performance, guiding policy formulation, planning, and coordination of health interventions.

Expanding Access to Medical Oxygen Access to medical oxygen is vital for building a resilient, responsive, and equitable healthcare system. Through its oxygen investment in Nigeria, the Global Fund has provided 63 Oxygen PSA Plants and 12 cryogenic liquid oxygen (LOX) tanks. So far, 53 of the 63 PSA plants have arrived in-country and have been delivered to their designated sites. Additionally, 22 PSA plants in Federal Tertiary Hospitals (FTHs) have been repaired and handed over, while 11 out of 73 newly installed PSA plants have been commissioned and transferred.

Significant progress has also been made in infrastructure development, with 31 of 63 civil/site construction projects for PSA plant buildings completed and handed over across Nigeria's six geopolitical zones. Ongoing efforts include civil/site construction at 32 project sites and the flushing and filling of 12 cryogenic oxygen tanks with LOX.
This oxygen intervention is a critical, lifesaving investment that strengthens Nigeria's healthcare system and supports government efforts in combating infectious diseases.

**Procurement and Supply Chain Management Vital for Pandemic Response** The Procurement and Supply Management (PSM) initiatives under the C19RM in Nigeria, funded by the Global Fund, have played a crucial role in strengthening the country's healthcare system. These efforts have focused on oxygen supply, case management, laboratory improvements, health system resilience, warehousing, inventory management, and shipment tracking.

One of the most impactful investments has been in medical oxygen supply. A total of 20,446 oxygen cylinders were procured and distributed to healthcare facilities, alongside 73 strategically located Pressure Swing Absorption (PSA) oxygen plants. Strengthening the oxygen supply chain has ensured that life-saving oxygen remains accessible to health centers across the country. Additionally, the provision of ventilators and related consumables to Intensive Care Units (ICUs) has improved critical care capabilities. Pulse oximeters were also supplied to primary healthcare centers to enhance diagnosis and monitoring, while healthcare workers were trained on the proper use and maintenance of oxygen-related equipment.
In the area of case management, clinical operations were enhanced to ensure effective treatment of COVID-19 cases. Therapeutic interventions were strengthened through the procurement of essential medicines, and technical support teams were deployed to optimize treatment protocols. Expanding access to Antigen Rapid Diagnostic Tests (Ag-RDTs) further improved early detection, while frontline healthcare workers were provided with personal protective equipment (PPE) to safeguard their well-being. Increased surveillance and data reporting systems also helped refine the country's pandemic response.

At the national level, coordination mechanisms were strengthened to improve Nigeria's overall response to COVID-19. Enhanced inter-agency collaboration facilitated better resource mobilization, while newly established monitoring and evaluation frameworks ensured that interventions had measurable impacts. Laboratory capacity was also significantly improved, with the procurement of advanced diagnostic equipment and next-generation sequencing (NGS) reagents to enhance surveillance. Expanding laboratory networks increased testing coverage, while training laboratory personnel ensured greater diagnostic accuracy and efficiency.

To ensure the seamless distribution of pandemic response commodities, third-party logistics providers facilitated the timely delivery of essential medical supplies, including oxygen equipment, PPE, and test kits to all 36 states and the Federal Capital Territory. Effective warehouse management practices were implemented to store and handle these commodities, with stock monitoring systems in place to maintain quality assurance. Inventory management processes were streamlined to enhance efficiency, and storage facilities were strengthened to preserve the integrity of sensitive medical supplies.

Navigating regulatory requirements was also a priority, with over 10 Import Duty Exemption Certificates (IDECs) and E-licenses processed to facilitate the importation of critical medical supplies. A shipment tracking system was developed and

deployed, providing real-time visibility and accountability throughout the supply chain to ensure timely deliveries. The validation and verification of oxygen equipment deliveries were conducted across all 36 states and the FCT, reinforcing transparency and accuracy in distribution.

Beyond COVID-19 response efforts, the Resilient and Sustainable Systems for Health (RSSH) Grant has contributed to supply chain system strengthening, improving health commodity distribution and building the capacity of healthcare personnel in supply chain management. Digital transformation initiatives have further enhanced logistics and inventory management, supporting long-term health system resilience.

These PSM efforts have significantly improved Nigeria's capacity to respond to COVID-19 by optimizing oxygen supply, case management, laboratory capacity, and supply chain logistics. Continued investment in these areas will be critical to sustaining health security and preparedness for future pandemics.

To build on these achievements, further investment in local oxygen production is needed to reduce dependency on imports. Strengthening supply chain monitoring systems will enhance efficiency and transparency, while further training of healthcare personnel will ensure the effective use of newly acquired equipment and interventions. Increased stakeholder engagement will be essential in sustaining the gains made under C19RM.

**Strengthening Laboratory Systems for Effective Health Outcomes** Through the Global Fund C19RM funding, NACA has made significant strides in laboratory systems strengthening in Nigeria. In collaboration with NCDC and FMOH/MLSD, key initiatives have been implemented, including the inauguration of the Taskforce on Antimicrobial Stewardship, the launch of the National Genomics Strategy and AMR National Action Plan, and the upgrade of the National Genomics Core Facility in Lagos.

Beyond this, 12 Public Health Laboratories have been upgraded, including the National External Quality Assessment (EQA) Laboratory in Zaria and select NIPOST facilities in Abia and Taraba. Support for laboratory infrastructure improvements is ongoing and will extend to six integrated Zonal Reference Laboratories (iZRLs).
To enhance specimen referral systems, key NIPOST facilities have been upgraded with mobility and sample transportation equipment. These efforts are part of the pilot integrated specimen referral system in Abia and Taraba states, with baseline data collection underway and a planned launch in early 2025.

Technical assistance engagements to support the FMOH/MLSD on laboratory surveillance, electronic, National Laboratory Information Systems (eN-LIS), and diagnostics network optimization (DNO) further bolstered laboratory capabilities. Additionally, key laboratories have received ISO 15189 accreditation, alongside training workshops on quality management systems and external quality assessments.

The Agency's strategic projects include the procurement of computer hardware and biometric systems for 774 LGAs to facilitate data entry and achieve interoperability between eN-LIS and national data systems. Plans are also in place for the pilot integrated specimen referral system by March 2025. Furthermore, C19RM funding is supporting the implementation and scale-up of Quality Management Systems (QMS) to enhance laboratory efficiency and service delivery.


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# Domestication of HIV Stigma and Anti-Discrimination Law in Ondo State

*By: Nasir Sanusi with inputs from NEPWHAN*

## BACKGROUND

HIV-related stigma and discrimination refer to the illogical or harmful attitudes, behaviors, and decisions directed towards people living with or at risk of HIV. These barriers have significantly hindered access to healthcare for individuals with HIV, impacting prevention, treatment, care, and support efforts. Stigma undermines a person's ability to manage their own HIV status, affecting their physical and psychological well-being and overall quality of life. In Nigeria, the HIV/AIDS Anti-Discrimination Act of 2014 and the development of a Stigma Reduction Strategy were enacted to combat these challenges.

Globally, the People Living with HIV Stigma Index was launched in 2008 to measure the experiences of stigma and discrimination faced by people living with HIV (PLHIV). It was developed by organizations including the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF), and UNAIDS. In Nigeria, the first and second Stigma Index Surveys were conducted in 2011 and 2014, respectively, under the leadership of the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN). Ten years after the global launch, the survey was updated to Stigma Index 2.0, driven by changes in the HIV epidemic, new evidence on stigma, and shifts in the global HIV response, including the "test and start" treatment approach.

In 2021, the Nigeria Stigma Index Survey 2.0 was conducted with support from the Global Fund and Family Health International (FHI 360). With NEPWHAN and the KP Secretariat taking the lead, in collaboration with NACA and other stakeholders, and technical support from GNP+, the survey assessed stigma and discrimination levels in the country. While the findings indicated some reduction in stigma, progress was slower than anticipated. This continued prevalence of stigmatizing attitudes remains a barrier to controlling the AIDS epidemic.

In response to these findings, NEPWHAN and NACA launched an intervention "Stigma and Anti-Discrimination Awareness" Workshops, initially targeting states with high levels of stigma as identified in the 2021 Stigma Index Survey. These workshops aim to raise awareness among PLHIV, policymakers, healthcare workers, and the general public about the HIV/AIDS Anti-Discrimination Act of 2014 and its importance in reducing stigma. The goal is to further diminish stigma and support the adoption of the Act in states that have yet to implement it.

The first and second in the series of the workshop was conducted in Nasarawa State in November 2022, and Kaduna State in February 2024 respectively. This is the report of the third workshop that took place in Ondo State in October, 2024. The report summarizes the proceedings of the HIV Stigma and Anti-Discrimination Awareness Workshop convened by NEPWHAN, in collaboration with NACA, in Ondo State, which aimed to confront the persistent stigma and discrimination faced by individuals living with HIV, and promote inclusivity and human rights.

NEPWHAN is at the planning stage for the next phase of the stigma index survey to determine how impactful all efforts by government and relevant stakeholders has yielded result in reducing stigma and discrimination in the country.

## INTRODUCTION

The workshop brought together a diverse group of stakeholders, including People Living with HIV

(PLHIV), government officials, community leaders, religious figures, and others. With a variety of backgrounds and experiences, participants engaged in interactive discussions that went beyond simple conversation, exploring personal stories, shared experiences, and collective insights. Central to the workshop was the commitment to fostering understanding, empathy, and solidarity among all involved.

Through presentations, facilitated discussions, and storytelling sessions, participants openly shared their journeys, challenges, and successes in living with HIV. They also discussed their roles in policymaking, advocacy, and community leadership. Government officials gained valuable insights into the everyday realities of PLHIV, helping them better understand the nuances of policy implementation and the importance of inclusive decision-making. Community and religious leaders, on the other hand, recognized their key role in reducing stigma, encouraging acceptance, and creating a supportive environment for PLHIV within their communities.
The workshop acted as a catalyst for collective action, with participants building strong connections and setting the stage for collaborative efforts to address the complex challenges faced by PLHIV. Recognizing the power of grassroots mobilization and community-driven initiatives, participants committed to using their networks, resources, and platforms to amplify the voices of PLHIV and drive positive change at the local and community levels across the state.

**PROGRAM HIGHLIGHTS:**

**Opening Ceremony:**
The opening ceremony began with a solemn, yet inclusive atmosphere, marked by the rendition of the National Anthem, signifying unity and respect for national values.

Participants were drawn from Government Ministries, Departments and Agencies (MDAs), including the State Ministries of Justice and Health (SASCP), office of the Commissioner of Police, State House of Assembly, (Honourable members and Clerk of the House), National Human Rights Commission (State officials), Ondo SACA, and; PLHIV community (NEPWHAN, ASWHAN, and APYIN); Key Populations; Adolescent Girls and Young Women (AGYW); Community gate keepers (traditional leaders/rulers, Community and Religious leaders, Women/Market leaders, and Youth leaders); and the Media.

The participants' self-introduction fostered a sense of community and solidarity, affirming the shared mission to combat HIV stigma and discrimination.

The welcome address was delivered by the National Deputy Coordinator (South) of NEPWHAN, who represented the National Coordinator. She underscored NEPWHAN's unwavering dedication to combating stigma and discrimination at all levels.

Leading the opening remarks, the South-West Zonal Coordinator of the National Agency for the Control of AIDS (NACA), who represented the Director General, emphasized the imperative of prioritizing the rights and welfare of all vulnerable population with emphasis on the rate of stigma and discrimination that PLHIV and KPs face in their diversity. She also spoke on the importance of engaging religious and community leaders in awareness campaigns of this kind. The Honourable member of State House of Assembly Committee on Health elucidated on the detrimental effects of stigmatization on PLHIV, highlighting the urgency of collective action and his experience of having worked with a lot of PLHIV as a medical practitioner in the private sector before going into politics. The Clerk of the House of Assembly in his remark told everyone that the state had passed the law on stigma and discrimination and that it is important that people use the law in seeking justice, as that will expose the gaps in the law and its implementation. He also stated that they have made it possible for people to access legal service at a reduced cost as well.

The representative of the State Ministry of Justice articulated the Ministry's resolve to prosecute stigma and discrimination cases, affirming the Government's commitment to upholding justice and equality.

Goodwill messages were received from SACA, SASCP, NHRC and the Police. They all made commitments of their positive contributions towards reducing the scourge of stigma and discrimination in the State.

## Workshop Objectives:

NEPWHAN's Senior Program Officer (SPO) reiterated the workshop's primary objectives, emphasizing the imperative to dismantle HIV-related stigma and discrimination, while advocating for the rights and dignity of PLWHA. He enumerated the workshop objectives as follows:

☑ To engage heads and leaders of relevant stakeholders on Stigma and Discrimination within the State, and create awareness on the Anti-Discrimination Act.

☑ To engage key policy and decision makers to promote Stigma and Discrimination Laws, and checkmate human right abuses.

☑ To educate PLHIV/ KPLHIV, policy makers, and community leaders/members on the Anti-Discrimination Act, related rights, and how to seek redress, and

☑ To disseminate the National and State Anti-Discrimination Act booklets to relevant stakeholders, including MDAs and community leaders/members in the State.

PRESENTATIONS

Key Findings of the Nigeria PLHIV Stigma Index 2.0 Survey:

NEPWHAN's national staff delivered a comprehensive presentation on the Stigma Index 2.0 Survey, providing insights into the methodology employed and the key findings. The presentation included the following:

***Objective:*** The primary objective of the study was to document experiences of stigma and discrimination among PLHIV in Nigeria.

***Methodology:*** The study utilized a mixed-methods approach, combining quantitative and qualitative data. It was a cross-sectional study that involved both PLHIV and key population groups.

***Sample Size and Composition:*** The target sample size for the Stigma Index Survey 2.0 was 1,240 participants, spread across 16 + 1 study States.

## Key findings:

1 Disclosure Challenges: Many PLHIV faced difficulties in disclosing their HIV status to family members, friends, and colleagues due to fear of stigma and discrimination. This lack of disclosure impacts their access to support and care.

2 Stigma in Healthcare Settings: A substantial number of respondents reported experiencing stigma and discrimination within healthcare facilities. This included negative attitudes from healthcare providers, confidentiality breach, and reluctance to seek medical attention due to fear of judgment.

3 Social Isolation: Stigma led to social isolation for PLHIV. Participants reported feeling excluded from social gatherings, community events, and religious activities due to their HIV status.

4 Workplace Discrimination: PLHIV faced discrimination at their workplaces, affecting job security, promotions, and overall well-being. Fear of disclosure often prevented them from seeking workplace accommodations.

5 Violence and Abuse: Some respondents reported instances of physical violence, verbal abuse, and exclusion from family homes due to their HIV status. These experiences have severe emotional and psychological impacts.

6 Gender Disparities: Women living with HIV faced additional challenges related to gender-based stigma. They encountered discrimination related to motherhood, reproductive health, and marital status.

7 Key Population Groups: Key populations, such as men who have sex with men (MSM), sex workers, and people who inject drugs, experienced heightened stigma due to their dual vulnerability (HIV status and marginalized groups).

Recommendations: The survey highlighted the need for targeted interventions to address stigma, improve healthcare services, and promote community awareness. It also recommended sensitization of healthcare workers, regular conduct of anti-discrimination campaigns, and strengthening legal protections for PLHIV.

## Health Rights

The Ondo State Coordinator of the National Human Right Commission (NHRC) led an engaging session which focused on:

Defining fundamental human rights and elucidating their universal applicability, with a particular emphasis on non-discrimination.

Examining national and international legal frameworks safeguarding the rights of PLHIV and addressing various forms of human rights violations.
Discussion on the challenges hindering the promotion and protection of health rights, including systemic barriers to equitable healthcare access and pervasive discrimination within healthcare settings.

## Sexual and Reproductive Health Rights:

A dedicated session addressed the specific barriers impeding PLHIV from exercising their sexual and reproductive health rights. These include:

Strategies to enhance access to family planning services and combat misinformation and discriminatory practices.

Promotion of informed decision-making and bodily autonomy, empowering PLHIV to make choices conducive to their health and well-being.

In-depth analysis of public perceptions regarding sexual and reproductive health rights for PLHIV, aiming to dispel misconceptions and discriminatory practices.

## Know Your Rights

A national staff of the National Agency for the Control of AIDS (NACA) facilitated the sessions on the Patients' Bill of Rights, the HIV Anti-discrimination Act 2014, the Ondo State Anti-Discrimination Law, and the Ondo Policy on HIV/AIDS.

## Patients' Bill of Rights:

The Patients' Bill of Rights serves as a fundamental document outlining the entitlements of patients within healthcare settings. It encompasses various aspects, including the right to informed consent, confidentiality, quality care, and participation in treatment decisions. It serves as a guiding principle for healthcare practitioners, ensuring that patients receive respectful, patient-centered care.

## Expanding on the Patients' Bill of Rights:

a Informed Consent: Patients have the right to be informed about their medical condition, proposed treatment options, risks, and alternatives before consenting to any procedure.

b Confidentiality: Healthcare providers must uphold patient confidentiality, safeguarding personal health information from unauthorized disclosure.

c Quality Care: Patients are entitled to receive timely, competent, and compassionate care irrespective of their background, ensuring equitable access to healthcare services.

d Participation in Treatment Decisions: Patients have the right to actively participate in decisions regarding their healthcare, including the choice of treatment modalities and involvement in care planning.

HIV Anti-Discrimination Act 2014: The HIV Anti-discrimination Act 2014 is a legislative milestone aimed at combating discrimination against individuals living with HIV/AIDS. It prohibits discrimination on the grounds of HIV status in various sectors, including employment, education, healthcare, and provision of goods and services. This act promotes inclusivity, reduces stigma, and fosters a supportive environment for those affected by HIV/AIDS.

## Expanding on the HIV Anti-discrimination Act 2014:

a Employment: Employers are prohibited from discriminating against job applicants or employees based on their HIV status. This includes recruitment, promotion, and termination decisions.

b Healthcare: Healthcare facilities must provide equitable treatment to individuals living with HIV, ensuring they receive the same standard of care as other patients.

c Education: Educational institutions are mandated to create a safe and inclusive environment, free from discrimination based on HIV status.

d Goods and Services: Businesses and service providers cannot refuse service, or discriminate against individuals due to their HIV status when providing goods or services.

## Ondo State Anti-Discrimination Law:

The Ondo State Anti-Discrimination Law extends beyond HIV/AIDS to encompass broader measures against discrimination. It prohibits discrimination on various grounds, including race, ethnicity, religion, disability, and sexual orientation. This comprehensive legislation aims to foster diversity, promote equality, and protect the rights of all citizens within the State.

## Expanding on the Ondo State Anti-Discrimination Law:

a Protected Grounds: The law prohibits discrimination based on race, ethnicity, religion, disability, age, gender, sexual orientation, and other protected characteristics.

b Enforcement Mechanisms: It establishes mechanisms for reporting and addressing instances of discrimination, including legal recourse and penalties for offenders.

c Public Awareness: The law emphasizes public awareness campaigns to educate individuals about their rights and responsibilities concerning discrimination.

d Accommodation of Diversity: Institutions and organizations are required to accommodate diversity and promote inclusivity in their policies, practices, and services.

## Ondo State Policy on HIV/AIDS:

The Ondo State Policy on HIV/AIDS outlines strategies for prevention, treatment, care, and support for individuals affected by HIV/AIDS within the State. It prioritizes comprehensive approaches, including education, testing, access to treatment, and stigma reduction initiatives, to effectively address the HIV/AIDS epidemic.

## Expanding on the Ondo State Policy on HIV/AIDS:

a Prevention: The policy emphasizes preventive measures, including awareness campaigns, condom distribution, and promotion of safe practices to reduce the spread of HIV.

b Treatment and Care: It ensures access to antiretroviral therapy (ART), counseling services, and support networks for individuals living with HIV/AIDS, promoting their health and well-being.

c Stigma Reduction: Efforts are directed towards reducing stigma and discrimination associated with HIV/AIDS through education, community engagement, and advocacy.

d Collaboration and Partnership: The policy encourages collaboration between Government agencies, healthcare providers, civil society organizations, and affected communities to effectively implement HIV/AIDS interventions.

## *HIV Work-place policy*

This session was facilitated by a national staff of the National Agency for the Control of AIDS (NACA). The HIV Workplace policy reflects on the negative effects of HIV and AIDS on the productivity of a workforce. Negative effects such as management succession problems, loss of skilled and experienced manpower due to disability or death, loss of man hours due to prolonged illness, absenteeism, reduced performance, increased stress, stigma, discrimination and loss of institutional memory, amongst others, have a huge impact on the development of any economy.

However, as a workplace issue, HIV and AIDS and related infections should be treated like any other serious illness or condition that affects members of the workforce. The workplace should also serve as a platform to

educate the workforce on minimising the spread and mitigating the impact of HIV and AIDS.

The policy intends to serve as a comprehensive and coherent policy that will facilitate a work environment that protects the rights of staff infected or affected by the epidemic. It will also serve as a sample HIV and AIDS workplace policy that can be adapted by State Agencies for the Control of AIDS (SACAs), other ministries, departments and agencies (MDAs), as well as private sector organizations.

Grievance Communication and Feedback Mechanism – Panel Discussion

This session had a panel of representatives from NEPWHAN, NACA, SACA and NHRC.

The Panelists took turn to answer questions and give insights on how their various organizations handle issues of human rights violations, available options for redress at State level, and available options for redress at the health facility and PLHIV Network levels.

## INTERACTIVE SESSIONS

Beyond the presentations, which enlightened and increased the knowledge of participants, the workshop witnessed robust and vibrant interactive sessions by the diverse array of participants, including People Living with HIV (PLHIV), Government officials, community leaders, religious figures, and other stakeholders committed to combating stigma and discrimination. Through the interactive sessions and open dialogue, participants shared personal experiences, insights, and strategies for addressing the pervasive challenges faced by PLHIV in various spheres of society. The workshop served as a safe space for individuals to confront and challenge pre-conceived notions, stereotypes, and misconceptions surrounding HIV/AIDS. PLHIV bravely shared their stories of resilience, perseverance, and empowerment in the face of stigma and discrimination, shedding light on the lived realities and complexities of their journeys. Government officials, as well as other stakeholders, gained a deeper understanding of the systemic barriers and structural inequalities that perpetuate stigma and discrimination against PLHIV, reaffirming their commitment to implementing policies and initiatives that promote inclusivity, equality, and social justice.

Community and religious leaders, recognizing their influential roles as agents of change and advocates for social justice, pledged to leverage their platforms and influence to challenge harmful narratives, foster empathy, and create inclusive environments that embrace diversity and celebrate the inherent dignity and worth of every individual, irrespective of their status. Throughout the workshop, participants engaged in meaningful and interactive discussions, as well as collaborative activities aimed at fostering empathy, understanding, and solidarity. Drawing upon the collective wisdom and expertise of all stakeholders, the workshop generated innovative ideas and practical strategies for combating stigma and discrimination at the grassroots level and beyond.

As the workshop concluded, participants emerged with a shared commitment to translate the lessons learned and insights gained into tangible action. They resolved to step down the knowledge, skills, and awareness learnt at the workshop to their respective communities, networks, and workplaces, catalyzing a ripple effect of change and transformation that transcends boundaries and transforms lives. Through collective action and solidarity, they affirmed their dedication to building a more inclusive, compassionate, and stigma-free society for all.

## Conclusion:

As the workshop drew to a close, participants emerged with a renewed sense of purpose and solidarity, equipped with a deeper understanding of the issues at hand and a shared commitment to driving tangible progress. Armed with newfound insights and a strengthened resolve, they pledged to step down the lessons learned at the workshop to their respective communities, networks, and workplaces, ensuring that the seeds of dialogue, empathy, and collaboration continue to flourish long after the workshop has concluded.

The workshop concluded with a resounding call to action, emphasizing the collective responsibility to eradicate HIV stigma and discrimination in the State. Participants departed with a renewed commitment to:

(I) Elevate awareness through multifaceted initiatives, including community engagements, educational campaigns and media advocacy to dispel myths and disseminate accurate information about HIV/AIDS.

(ii) Cultivate empathy and understanding towards PLHIV, dismantling stereotypes, and fostering inclusivity and acceptance, and

(iii) Advocate for legislative and social reforms that uphold the rights and dignity of PLHIV, ensuring their equal access to healthcare, education, and opportunities.

The workshop represented a pivotal step towards fostering a more equitable and compassionate society, free from the shackles of stigma and discrimination based on HIV status. The general consensus was that, through collaborative efforts and sustained action, the vision of a future where all individuals, irrespective of HIV status, can thrive is within reach.
It was resolved that the next in the series of the sensitization and awareness creation will take place in the Southern region of the country, following the report of the Nigeria PLHIV Stigma Index 2.0 Survey.

# UNAIDS stands together with communities on Zero Discrimination Day

***Communities are essential to the sustainability of the HIV response***

**GENEVA, 26 February 2025**—On Zero Discrimination Day, 1 March, everyone's right to live a full and productive life with dignity is celebrated. Zero Discrimination Day highlights how people can become informed and promote inclusion, compassion, peace and, above all, it is a movement for positive change.

This Zero Discrimination Day, UNAIDS is Standing Together with communities.

Communities are essential to the sustainability of the HIV response and to broader global health efforts. They must be financed and supported in their steadfast commitment to ensuring that all people living with and affected by HIV have access to the services they need and are treated with dignity and respect.

"The only way to end AIDS is by working together with communities. They build trust and reach people which many traditional health facilities find hard to reach—the most marginalized, and people who face stigma and discrimination," said Christine Stegling, UNAIDS Deputy Executive Director. "To end AIDS by 2030, sustained investment and support for community-led responses is crucial."

Community healthcare and support providers are too often faced with challenges—stigma, discrimination, criminalization, funding cuts, and political backlash—despite their primary role in ensuring that health services reach everyone in need, including the most vulnerable.

Compounding this, the current crisis caused by the shift in U.S. government funding has resulted in deep anxiety and pain for many community organizations as the future of life-saving community-led HIV prevention, treatment, care, and support programmes are at risk, despite the clear evidence of the positive impact of community-led services.

Community led services are essential to the sustainability of the AIDS response up to and beyond 2030, yet community-led responses are too often unrecognized, under-resourced and in some places even under attack. Crackdowns on civil society and on the human rights of marginalized communities are obstructing communities from providing HIV prevention and treatment services.

The underfunding of community-led initiatives is leaving them struggling to continue operating as well as holding them back from expanding. If these obstacles are removed, community-led organizations can add even greater impetus to end AIDS as a public health threat by 2030.

***"No society can thrive where discrimination exists," said Marc Angel, Vice President of the European Parliament an a long-time HIV activist. " Every right denied, every barrier imposed weakens us all. On Zero Discrimination Day, let's make it clear: equality is not an option—it's a necessity. We stand together."***

On this year's Zero Discrimination Day, UNAIDS calls on countries, donors and partners to fulfill their commitments and Stand Together to support communities as they work to build sustainable HIV responses by ensuring that:

➢ Community-led organizations are able to deliver life-saving services and advocate without discrimination or harassment.

➢ Community-led organizations can legally be registered in the country they are working in and receive sustainable funding.

➢ Communities are supported in providing health services to vulnerable and marginalized groups.

➢ Communities are supported and funded in work to monitor respect for human rights including ending the criminalization of key populations, stigma and discrimination and gender inequalities.

➢ Government health services include community representatives within their structures as partners in the development, implementation and monitoring of health programmes to ensure they are accessible and acceptable to people living with HIV and marginalized populations.

The sustainability of the AIDS response now and into the future is critical with communities at the centre. Now is the time to reaffirm global commitment to their leadership.

Please join us to amplify the voices and work of communities in the HIV response. A social media toolkit is available in multiple languages here

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