NIGERIA

HIV/AIDS DATA

GOVERNANCE POLICY

OCTOBER, 2025

ACRONYMS

AI	Artificial Intelligence
AIDS	Acquired Immune Deficiency Syndrome
API	Application Programming Interface
CDPO	Certified Data Protection Officers
CITI	Collaborative Institutional Training Initiative
DHPRS	Department of Health Planning, Research & Statistics
DPA	Data Processing Agreements
DPIA	Data Privacy Impact Assessments
EMR	Electronic Medical Records
FMoH	Federal Ministry of Health
GBV	Gender-Based Violence
HDGC	Health Data Governance Council
HIS	Health Information System
HIV	Human Immunodeficiency Virus
IAM	Identity and Access Management
KPI	Key Performance Indicator
MFA	Multi-Factor Authentication
MOWA	Ministry of Women Affairs
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and Sexually Transmitted Infections Control Program
NDP	National Data Protection
NDPC	Nigeria Data Protection Commission
NHMIS	National Health Management Information System
NITDA	National Information Technology Development Agency
SACA	State Agency for the Control of AIDS
SASCP	State AIDS and Sexually Transmitted Infections Control Program
SOP	Standard Operating Procedure

FOREWORD

The Operational policy for data governance in Nigeria demonstrates a significant milestone in the nation's efforts to establish a robust framework promoting data integrity, security, and compliance with applicable laws and ethical standards. This policy is the culmination of extensive collaboration and dedication from diverse stakeholders in data management, protection agencies, implementing partners, and other key players

Nigeria's HIV data landscape is fragmented, with Parallel reporting systems, siloed disease-specific databases, and inconsistent reporting mechanisms, resulting in duplication, data gaps, and variable data quality. This policy addresses these challenges by providing guiding principles for effective data governance.

The purpose of this policy is to establish a standardized framework and practical guidelines for data governance, serving as a reference for data managers, policymakers, and stakeholders. By adhering to this policy, we aim to enhance data quality, improve data ownership and custodianship, ensure data security and privacy, promote data ethics, and streamline data storage, sharing, and governance.

We extend our deepest gratitude to all contributors to this policy. Your expertise and commitment have been invaluable. As we implement this policy, let us remain committed to providing high-quality HIV data that will transform into a national strategic

asset for informed decision-making in the HIV/AIDS response.

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Director-General
National Agency for the Control of AIDS (NACA)
2025

ACKNOWLEDGMENTS

The National Agency for the Control of AIDs (NACA) expresses heartfelt gratitude to all individuals and organizations who contributed to the development of this HIV data governance policy. This policy will guide data management practices, enhance data quality, and inform decision-making for a more effective HIV/AIDS response

We appreciate the collaborative effort that made this policy possible and extend special thanks to representatives from: NASCP, DHPRS/FMoH, NDPC, UNODC, IHVN, ECEWS, PEPFAR, AHF, NEPWHAN, and WHO Their expertise and commitment were invaluable.

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To all contributors, we extend our deepest gratitude. We hope this policy will have a significant positive impact on the data management processes, procedures, and ultimately improve the data quality reporting for evidence-based decision making.

Mr Francis Agbo

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EXECUTIVE SUMMARY

The Nigeria HIV and AIDS Data Governance Policy establishes a comprehensive framework to strengthen the management, security, and utilization of HIV-related data, aligning with national strategies to end AIDS by 2030. Anchored in the National HIV & AIDS Strategic Framework (2021–2025), the National HIV and AIDS Strategic Plan (2023–2027), and the Nigeria Data Protection Act (2023), this policy addresses critical challenges in Nigeria's HIV data landscape, including fragmented systems, inconsistent privacy safeguards, and limited interoperability. The policy introduces a unified, country-led data governance model to consolidate disparate platforms into an integrated Health Information System (HIS) architecture. It establishes clear accountability through the Health Data Governance Council and a Consultative Committee, suggesting minimum funding allocations for sustainability. Eight core policy thrusts guide implementation: data ownership and custodianship, quality and standards, security and privacy, ethics, storage and access, sharing and transfers, demand and use, and governance and monitoring. These thrusts promote ethical, secure, and interoperable data management, leveraging common identifiers, open APIs, and encryption to enhance data quality and accessibility.

Key objectives include ensuring national ownership, embedding privacy-by-design principles, standardizing data protocols, and fostering evidence-based decision-making. The policy emphasizes capacity-building, stakeholder collaboration, and inclusive governance to address the needs of key and vulnerable populations. A phased implementation plan spans five years, focusing on stakeholder sensitization, system integration, and continuous monitoring through a robust M&E framework. Key performance indicators track interoperability, data quality, and utilization, with regular audits and stakeholder engagement ensuring transparency and accountability. By transforming HIV data into a strategic asset, the policy empowers Nigeria to optimize resource allocation, enhance program effectiveness, and drive precision public health, paving the way for equitable progress toward ending AIDS by 2030.

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CHAPTER ONE

1.1 Introduction

Nigeria's commitment to ending AIDS by 2030 is grounded in a series of national strategies that recognize high-quality, secure, and interoperable data as a cornerstone of epidemic control. The National HIV & AIDS Strategic Framework (2021–2025), the National HIV and AIDS Strategic Plan (2023–2027), and the Nigeria Health Information System Policy (2014) all emphasize the importance of strengthening strategic information systems, standardizing data governance, and ensuring data security across all levels of the health system.

Despite these efforts, Nigeria's HIV data landscape remains fragmented. Parallel reporting systems driven by donor priorities, siloed disease-specific databases, and inconsistent reporting mechanisms have led to duplication, data gaps, and variable quality, particularly for key and vulnerable populations. Multiple actors, including NACA, NASCP, SACAs, implementing partners, and international agencies, often operate overlapping systems with limited interoperability and inconsistent privacy safeguards. For example, the funding freeze by the USG in January 2025 demonstrated the effect of this fragmentation and duplication, as data required for addressing programme gaps by the federal government were inaccessible. These challenges are further compounded by limited domestic investment in data systems and workforce capacity.

In response, Nigeria has commenced an interoperable data management system, which will transition into a unified, country-led HIV data governance model. This model is designed to consolidate disparate platforms into a single, integrated Health Information System (HIS) architecture. It aligns with the Nigeria Data Protection Act (2023), the National Digital Economy Policy, and global targets such as UNAIDS 95-95-95. The National HIV Data Governance Policy introduces clear accountability structures, including a Health Data Governance Council and a Consultative Committee, and mandates minimum funding allocations to support sustainable data governance.

This policy framework is further supported by the Nigerian National Response Information Management System Operational Plan III (2021–2025), which aims to improve data accuracy, reduce fragmentation, and streamline reporting. Together, these initiatives promote national ownership, ethical data use, and inclusive, evidence-based decision-making—ensuring that HIV data becomes a strategic asset in Nigeria's journey to end AIDS.

1.2 Rationale

As Nigeria accelerates its digital transformation, the need for a robust HIV data governance framework has become urgent. The country faces escalating data rights and ownership issues, cybersecurity threats, inconsistent privacy protections, and underutilized data assets. Despite the existence of legal instruments like the Nigeria Data Protection Act (2023), gaps in enforcement, infrastructure, and coordination persist, undermining the effectiveness of HIV programs and eroding public trust.

The Nigerian National HIV Data Governance Policy addresses these challenges by treating HIV data as a sovereign resource that must be protected, standardized, and leveraged for the public good. It introduces a comprehensive framework for ethical, secure, and interoperable data management. This includes the use of common identifiers, open APIs, and encryption to enable seamless integration across laboratory, EMR, and community systems. It also mandates routine data quality audits, workforce development, and inclusive standards to ensure that all data—whether from a viral load test or a community survey—can inform real-time dashboards, policy decisions, and research.

By closing governance gaps and fostering a culture of stewardship, the policy transforms Nigeria's vast HIV data ecosystem into a strategic engine for precision public health. It empowers stakeholders to identify service inequities, predict outbreak clusters, and drive targeted interventions—ensuring that no community is left behind in the national effort to end AIDS.

1.3 Situation Analysis

Nigeria's HIV data governance landscape is underpinned by strong institutional leadership, legal frameworks, and standardized digital platforms that support consistent data reporting and analysis. National bodies such as NACA and NASCP demonstrate commendable coordination, bolstered by strategic donor partnerships and growing technical expertise. The availability of adequate infrastructure and structured capacity-building initiatives further strengthens the system. However, challenges persist, including fragmented data systems, limited enforcement at subnational levels, and low digital literacy among health workers. Resistance to change and inconsistent data quality due to parallel systems operated by some partners also hinder progress.

Despite these weaknesses, there are significant opportunities to enhance data governance. The global push for digital health, legislative momentum, and the adoption of emerging technologies such as AI and blockchain present avenues for innovation and sustainability. Regional collaboration and increased awareness of the need for a national data governance policy offer additional leverage. However, external threats such as policy summersault, cybersecurity risks, and potential donor funding cuts pose serious risks. Public mistrust and limited control over foreign-managed data systems further complicate the landscape, emphasizing the need for a resilient, locally driven governance strategy.

1.4 Vision

A Nigeria HIV response with a trusted, integrated data governance framework that fosters scientific excellence, drives innovation, and ensures equitable access to reliable data for impactful programs, research, and policy-making, accelerating progress toward ending AIDS by 2030.

1.5 Mission

To sustain a nationally owned, secure, inclusive, and interoperable HIV data governance system that ensures the generation and use of high-quality data for coordinated, transparent, and evidence-based decision-making, innovation, and research, empowering all levels of Nigeria's HIV response.

1.6 Goal of the Policy

To establish a unified and secure HIV data governance system that ensures inclusive, high-quality, and interoperable data management systems, enabling evidence-based decision-making and effective monitoring of progress toward ending AIDS by 2030.

1.7 Scope

The Nigeria HIV and AIDS Data Governance Policy outlines a framework for all stakeholders involved in handling HIV-related data. It establishes standards for data quality, security, accessibility, and ethical governance to ensure effective management and sharing of data. The policy aims to promote transparency and coordinated decision-making, ultimately supporting the goal of ending AIDS by 2030.

1.8 Policy Objectives

The National HIV Data Governance Policy seeks to:

I. **Establish a unified and country-led HIV data governance framework** that consolidates fragmented systems and ensures national ownership of HIV-related data assets.

II. **Ensure the ethical, legal, and secure handling of HIV data** by embedding privacy-by-design principles, aligning with national laws such as the Nigeria Data Protection Act (2023), and protecting the rights of individuals and communities.

III. **Ensure high-quality, accurate, and timely data** through standardized protocols, routine validation, and continuous quality improvement mechanisms.

IV. **Enable interoperability and integration** across all HIV data systems—laboratory, EMR, community, and surveillance—through the use of common identifiers, open APIs, and harmonized reporting tools.

V. **Facilitate evidence-based decision-making and accountability** by ensuring that HIV data is accessible, usable, and trusted by policymakers, program managers, and stakeholders at all levels.

VI. **Strengthen institutional and human capacity** for data stewardship, analysis, and use through targeted training, performance monitoring, and leadership engagement.

VII. **Foster inclusive and equitable data governance** that addresses the needs of key and vulnerable populations, reduces stigma, and promotes social justice in the HIV response.

VIII. Transform HIV data into a strategic asset that drives innovation, resource optimization, and public health impact.

1.9 Process for Policy development

The process began with stakeholder engagement, which included a one-day meeting to build consensus among stakeholders. A subsequent three-day workshop led to the development of the policy draft. The draft was then circulated to a wider group of stakeholders for feedback, after which inputs were collated and harmonized. Finally, a validation meeting was held to finalize and validate the policy

CHAPTER TWO

2.0 Overview of Policy Thrusts

This chapter introduces the core policy thrusts that underpin Nigeria's HIV Data Use Policy. Each thrust addresses a critical dimension of HIV data governance, ensuring that data is managed ethically, securely, and effectively to support a robust national HIV response. The following summaries provide a high-level orientation to the goals and rationale behind each thrust.

2.1 Data Ownership and Custodianship

This thrust establishes a clear framework for government ownership and stewardship of HIV data. It addresses fragmented accountability, limited infrastructure control, and weak institutional capacity by defining roles, responsibilities, and access rights. The goal is to ensure sustainable, sovereign control over HIV data systems and improve coordination and integrity across all levels of government.

2.2 Data Quality and Standards

To ensure that HIV data is accurate, consistent, and usable, this thrust promotes the adoption of standardized definitions, indicators (see appendix 2), and reporting formats. It aims to unify data collection practices across platforms and stakeholders, enhance interoperability, and support evidence-based decision-making through improved data quality and comparability.

2.3 Data Security and Privacy

Recognizing the sensitivity of HIV-related data, this thrust embeds robust security through unique identifiers and privacy safeguards into all data processes (see appendix 2). It emphasizes national data sovereignty, legal compliance, and technical protections such as encryption and access controls. The goal is to prevent misuse, protect individual rights, and maintain public trust in the HIV response.

2.4 Data Ethics

This thrust ensures that HIV data is collected, shared, and used in ways that uphold ethical principles such as privacy, autonomy, and equity. It addresses risks of stigmatization and discrimination by promoting informed consent, transparency, and accountability. Ethical oversight mechanisms are emphasized to protect vulnerable populations and foster trust.

2.5 Data Storage and Access

To support secure and efficient data management, this thrust outlines protocols for data storage, access, and destruction. It ensures that HIV data is stored in compliance with national standards, accessible to authorized users, and protected against breaches. The goal is to maintain data integrity while enabling timely access for decision-making.

2.6 Data Sharing and Transfers

This thrust facilitates the ethical and secure exchange of HIV data across systems and stakeholders. It promotes interoperability, regulatory compliance, and transparency in data sharing practices. By enabling coordinated care and research, it supports a more integrated and impactful HIV response.

2.7 Data Demand and Use

Bridging the gap between data availability and utilization, this thrust fosters a culture of evidence-based decision-making. It emphasizes capacity-building, stakeholder collaboration, and accountability frameworks to ensure that high-quality HIV data informs policies, programs, and resource allocation at all levels.

2.8 Data Governance and Monitoring

This thrust establishes a comprehensive governance framework to oversee HIV data management. It defines leadership roles, accountability structures, and monitoring mechanisms to ensure consistent implementation of standards. The focus is on transparency, continuous quality improvement, and data-driven program management.

CHAPTER THREE

3.0 HIV Data Governance Policy Thrusts

3.1 Data Ownership and Custodianship

Rationale

Persistent challenges such as unclear accountability, fragmented reporting systems, and limited infrastructure control undermine government ownership of HIV data. These are exacerbated by weak institutional commitment and high staff turnover. Without a clear framework, the sustainability and integrity of HIV data systems are at risk.

Goal

To establish and implement a clear HIV data ownership framework across all levels of government to strengthen accountability, enhance stewardship, and ensure sustainable control of HIV data systems.

Objectives

- Define clear roles and responsibilities for data ownership and custodianship.
- Establish policies for data access, sharing, and use.
- Ensure accountability for data quality, security, and compliance.
- Promote sustainable control of HIV data systems.

Policy Statements

Government shall:

a. Assert national sovereignty and accountability in HIV data governance.
b. Define ownership, custodianship, and access rights across all government levels.
c. Institutionalize accountability through clear roles, responsibilities, and feedback mechanisms.
d. Improve data quality and usability through coordinated stewardship.
e. Ensure adequate control, security, and interoperability of HIV data systems through standardization.
f. Strengthen institutional capacity through leadership engagement and strategic planning.
g. Monitor and adapt governance practices through continuous evaluation.
h. Mandate the designation of HIV Data Stewards at federal, state, and LGA levels.
i. Require formal data governance agreements between the government and implementing partners.

3.2. Data Quality and Standards

Rationale

Inconsistent data practices and lack of standardization hinder the effectiveness of Nigeria's HIV response. Disparate platforms and poor adherence to protocols result in fragmented and unreliable data.

Goal

To unify standards across all HIV reporting platforms and stakeholders to ensure accurate, consistent, and interoperable data for evidence-based decision-making.

Objectives

- Standardize data collection and reporting using nationally approved definitions and formats.
- Promote data quality through validation, supervision, and performance monitoring.
- Ensure interoperability through harmonization of reporting platforms.
- Encourage the use of high-quality data for planning and resource allocation.

Policy Statements

Government shall:

a. Enforce compliance with national data standards and protocols.
b. Implement robust quality assurance mechanisms across all reporting systems.
c. Promote interoperability through standards, harmonized tools and platforms.
d. Support continuous data improvement through capacity-building and supervision.
e. Require periodic data quality assessments and public reporting of results.
f. Establish a national HIV data quality audit framework.

3.3. Data Security and Privacy

Rationale

HIV data includes sensitive personal health information. Without strong safeguards, misuse can lead to stigma, loss of trust, and disengagement from care. Security and privacy are essential for ethical and effective HIV programming.

Goal

To establish a nationally stewarded framework that embeds privacy-by-default safeguards and delivers end-to-end data security.

Objectives

- Ensure legal compliance and national data sovereignty.
- Embed privacy-by-design and data minimization principles.

- Implement organization measures and technical safeguards including encryption and multi-factor authentication (MFA).
- Enforce unique identification for health
- Enforce role-based access and accountability.
- Establish incident response protocols.
- Build capacity and awareness among data handlers.
- Ensure third-party compliance and continuous risk management.

Policy Statements

Government shall:

a. Mandate local hosting of all HIV data and regulate cross-border transfers.
b. Require Data Privacy Impact Assessments (DPIA) for all new HIV data systems.
c. Enforce encryption, MFA, and zero-trust network principles.
d. Enforce unique identifiers for health
e. Implement centralized access management with audit trails.
f. Activate a national incident response plan within two hours of a breach.
g. Ensure all data stewards obtain certifications as Certified Data Protection Officers (CDPOs) and Collaborative Institutional Training Initiative (CITI).
h. Require that all departments/units in charge of data collation, storage, transformation, and transmission are headed by citizens of Nigeria.
i. Enforce third-party compliance through Data Processing Agreements.
j. Conduct annual risk assessments and update policies biennially.
k. Establish a national HIV Data Privacy and Security Council.
l. Require regular penetration testing and red-teaming exercises.

3.4. Data Ethics

Rationale

Ethical lapses in data handling can lead to discrimination and loss of trust. Nigeria's HIV data ecosystem must uphold individual rights and ensure that data is used responsibly and equitably.

Goal

To institutionalize ethics in HIV data governance by enforcing privacy safeguards, informed consent, and equitable data use.

Objectives

- Protect individual rights to privacy and autonomy.
- Prevent bias and discrimination in data use.
- Promote transparency and accountability.
- Encourage responsible and equitable data use.
- Build public trust and inform ethical standards.

Policy Statements

Government shall:

a. Uphold ethical principles of privacy, confidentiality, equity and informed consent.
b. Prevent stigmatization and harm through ethical data handling.
c. Establish oversight bodies to enforce ethical standards.
d. Implement culturally sensitive training on ethical data management.
e. Develop a national HIV Data Ethics Code of Conduct which includes informed consent when necessary.
f. Establish a grievance redress mechanism for data-related harms.

3.5. Data Storage and Access

Rationale

Secure and efficient data storage is essential for operational efficiency and evidence-based decision-making. Compliance with Nigeria Data Protection laws (Nigeria data protection act 2023 and Nigeria Constitution 1999 as amended), ensures integrity and confidentiality.

Goal

To ensure that HIV-related data is securely stored, efficiently managed, and readily accessible to authorized stakeholders.

Objectives

- Secure HIV data storage at all levels.
- Standardize data schemas and storage protocols.
- Ensure access is limited to authorized users.
- Maintain data integrity and confidentiality.
- Establish protocols for data collection, storage, and destruction.

Policy Statements

Government shall:

a. Develop standard protocols for data storage and destruction.
b. Define minimum infrastructure standards for data storage.
c. Establish access control standards for all stakeholders.
d. Ensure data integrity through encryption and audit mechanisms.
e. Require offsite backups and disaster recovery plans.
f. Mandate periodic audits of data storage facilities.

3.6. Data Sharing and Transfers

Rationale

Secure and ethical data sharing enhances coordination, surveillance, and research. Interoperability and compliance with legal frameworks are essential for effective data exchange.

Goal

To ensure trusted, integrated, and compliant data exchange that supports innovation, equity, and impactful interventions.

Objectives

- Facilitate secure and ethical data exchange.
- Protect data through encryption and access controls.
- Promote interoperability and standardization.
- Ensure compliance with legal and ethical standards.
- Enhance transparency and accountability.
- Optimize data use for program improvement.
- Regulate cross-border data transfers.

Policy Statements

Government shall:

a. Ensure compliance with national and international data protection laws.
b. Maintain data integrity and accuracy through standardized protocols.
c. Promote transparency and authorized access.
d. Implement disaster recovery strategies.
e. Facilitate secure cross-border data transfers with legal safeguards.
f. Establish a national HIV Data Sharing Registry.
g. Require data-sharing agreements for all inter-agency transfers.

3.7. Data Demand and Use

Rationale

Despite data availability, utilization remains low. Strengthening data demand and use is critical for evidence-based decision-making and program improvement.

Goal

To foster a culture of evidence-based decision-making by promoting regular demand for and meaningful use of high-quality HIV data.

Objectives

- Improve infrastructure for data access and use.
- Build capacity for data interpretation and application.
- Foster collaboration among stakeholders.

- Promote accountability in data use.

Policy Statements

Government shall:

a. Ensure access to high-quality HIV data for all authorized stakeholders.
b. Implement training programs for data use and analysis.
c. Establish frameworks for regular data system reviews.
d. Promote collaborative data use across sectors.
e. Monitor and evaluate data use in decision-making.
f. Invest in modern data management technologies.
g. Support research on innovative data use strategies.
h. Create a national HIV Data Use Dashboard.
i. Incentivize data-driven decision-making through performance metrics.

3.8. Data Governance and Monitoring

Rationale

Effective governance ensures data quality, security, and accountability. A unified framework promotes transparency, coordination, and continuous improvement.

Goal

To establish a transparent and sustainable data governance framework with robust monitoring mechanisms and clear leadership structures.

Objectives

- Strengthen governance and coordination mechanisms.
- Enhance capacity for data analysis and use.
- Promote data-driven policy implementation.
- Increase accountability and transparency.

Policy Statements

Government shall:

a. Establish a unified national HIV data management system.
b. Build technical capacity for data analysis and visualization.
c. Develop a national data demand framework.
d. Institutionalize performance reviews and public reporting.
e. Create a National HIV Data Governance Council.
f. Require annual governance audits and stakeholder feedback sessions.

CHAPTER FOUR

4.0 Implementation Strategy

4.1 Governance Structure, Roles & Responsibilities

A clear, multi-tiered governance structure ensures that every stakeholder understands its authority, obligations, and escalation paths when executing the HIV Data-Governance Policy. Table 4-1 shows the reporting lines; the narrative below details core roles and responsibilities.

Stakeholder	Core Mandate	Key Responsibilities (Data Governance)	Escalation/Reporting
Federal Ministry of Health (FMoH)	Data custodian	• Issue national directives and budgets • Endorse standards & SOPs (Standard Operating Procedure) • Chair the Health Data Governance Council (HDGC)	Reports to Federal Executive Council
National Agency for the Control of AIDS (NACA)	Policy custodian and Strategic oversight	• Facilitate policy implementation and regular revision • Coordinate multi-sector HIV response • Consolidate national HIV indicators for global reporting • Validate cross-border data-sharing requests	Annual policy brief to FMoH & Presidency
National AIDS & STDs Control Programme (NASCP)	Technical lead	• Operate central HIV data platform	Monthly to HDGC; immediate breach alerts

		• Conduct PIAs, risk assessments, and audits • Manage the Incident Response Team • Train state M&E units	
Nigeria Data Protection Commission (NDPC)	Regulatory watchdog	• Enforce NDP Act compliance • Investigate data breaches • Advice on Data Processing Agreements.	Independent statutory reports
State AIDS Control Agencies (SACAs)/ SMOH(SASCPs}	Sub-national coordination	• Enforce policy at state level • Supervise facility data stewards • Submit quarterly data-quality scores	Monthly to NACA
Public & Private Health-Care Providers	Data originators	• Collect, validate, and upload patient-level data; implement privacy-by-design workflows • Flag anomalies or breaches within 24 hr	Facility → SASCP → NASCP
Implementing Partners & NGOs	Programme execution	• Sign Data Processing Agreements (DPAs)	Bi-annual compliance audits by NASCP and NACA

		• Align project databases with national standards • Fund capacity building and infrastructure upgrades	
Academic & Research Institutions	Evidence generation	• Submit ethical approvals for data access • Apply data minimisation protocols • Share findings with NACA and NASCP for policy feedback	Individual research report by users of data for research.
Department of Health Planning, Research & Statistics (DHPRS)	Research and analysis	• The process of collecting, analyzing, and utilizing data is essential for informed decision-making in the healthcare sector. • coordinating the National Health Management Information System (NHMIS), • Conducting research and monitoring and evaluating health programs.	Reports to the Honourable Minister
ICT Vendors & Cloud/Network Providers	Technology enablers	• Deliver AES-256/TLS 1.3 security stack	National Information Technology Development Agency (NITDA) and Galaxy Backbone.

		• Provide SOC monitoring and uptime SLAs • Undergo penetration tests & remediate within 30 days	
Civil-Society & Key-Population Networks, NEPHWAN	Community watchdogs	• Participate in policy reviews • Monitor rights-based data use • Escalate privacy violations to NDPC	Quarterly forums with NACA & NASCP.
Ministry of Women Affairs (MOWA)		• Coordinate Vulnerable Children, Gender-Based Violence (GBV). • Formulate national policies on GBV.	Monthly report to NACA

***AES-256 - Advanced Encryption Standard with a 256-bit key

***TLS - Transport Layer Security

Decision-Making Flow

1. Policy & Funding: FMoHSW sets directives → HDGC ratifies → NACA/ NASCP aligns donor inputs.
2. Technical Standards: NACA/NASCP draft → Technical Working Group reviews → HDGC approves.
3. Operations & Compliance: SASCP and SACAs enforce at state level → Facilities implement → file Compliance Audits Returns with the NDPC. Registration as a Data Controller/ Processor of Major Importance (DCPMI) with NDPC through NASCP and NACA.

4. Incident Management: Facility detects → alerts SACA & NASCP within 2 hr → National Incident Response Team activates → NDPC notified < 72h.

Continuous Improvement Loop

- Annual joint review by FMoH, NACA, NASCP, and NDPC to update thresholds, standards, and sanctions.
- Feedback from researchers and civil society feeds into the next policy revision cycle.

Phased Implementation Plan

Phase 1: Start-Up (Months 0–6)

- Finalize the implementation roadmap and Standard Operating Procedures (SOPs).
- Conduct a national stakeholder sensitization and capacity needs assessment.
- Begin policy dissemination across all levels of government and fora.

Phase 2: Foundation Building (Months 6–18)

- Develop and roll out a self-learning or virtual data stewardship training curriculum. Develop a national HIV Data Governance Training Curriculum (modular and e-learning enabled).
- Partner with academic institutions to embed HIV data governance into public health and IT training programs.
- Host periodic National HIV Data Summits to share best practices, foster innovation, and enhance cross-sector learning.
- Define and publish metadata standards, data dictionaries, and national indicator guides.
- Begin harmonization of HIV reporting tools and database systems.
- Develop and enforce national Data Use Agreements (DUAs) and DPAs with all partners.

Phase 3: Integration & Scale-Up (Months 18–36)

- Migrate parallel data systems into a unified HIS architecture (NDARS, NHMIS, LAMIS, NDR, etc.).
- Deploy national identity and access management (IAM) systems and audit logging tools.
- Launch the central HIV Data Repository and the National HIV Dashboard.
- Conduct quarterly data quality audits and annual privacy impact assessments.

Phase 4: Maturity and Sustainability (Years 4–5)

- Institutionalize governance committees with statutory mandates and budgets.
- Conduct annual penetration testing, ethics compliance reviews, and impact evaluations.

Publish an open HIV Data Governance Scorecard for accountability and public trust.

CHAPTER 5

5.0 Monitoring and Evaluation

5.1 Introduction

Effective monitoring and evaluation of the data governance policy are critical to ensuring that Nigeria's HIV/AIDS response leverages high-quality, timely, and secure data to drive evidence-based decisions, optimize resource allocation, and achieve the end of AIDS by 2030. This M&E strategy will track the implementation of the data governance framework, identify gaps, assess its impact on data quality, interoperability, and utilization, and promote transparency and accountability across all stakeholders.

To establish a robust M&E framework that systematically tracks the implementation and outcomes of the data governance policy, ensuring standardized data management, enhanced data utilization, and continuous quality improvement in Nigeria's HIV/AIDS response. The data governance policy document would be evaluated in 2028 with the intent of making adjustments before the global target of ending AIDS by 2030.

This Monitoring and Evaluation section aims at achieving the following;

1. **Establish a National Data Governance M&E Committee** under the leadership of the Ministry of Health with representation from key stakeholders (government, donors, IPs, CSOs, and academia).
2. **Monitor Data Governance and Coordination Mechanisms**: Track the establishment and functionality of a unified national HIV data management system to ensure standardized, interoperable, and high-quality data collection across sectors.
3. **Evaluate Capacity for Data Analysis and Utilization**: Assess the effectiveness of capacity-building initiatives in enabling stakeholders to analyze and apply HIV data for decision-making and program planning.
4. **Assess Data Governance Policy and Program Implementation**: Evaluate the extent to which HIV data informs policy formulation and program adjustments through stakeholder engagement and feedback mechanisms.

5. **Ensure Accountability and Transparency**: Monitor the implementation of performance reviews and reporting to ensure data utilization drives program improvements and stakeholder accountability.

5.2 M&E Framework

5.2 1. Key Performance Indicators (KPIs)

The following indicators, aligned with the policy objectives, will measure progress and outcomes towards 2028

Objective	Indicator	Baseline	Target	Data Source	Frequency
Data Governance and Coordination	% of states with fully interoperable HIV data systems in Nigeria	0%	100%	NACA Analysis, Reports	Annual
	Number of multi-sectoral data-sharing agreements established	0	10	NACA/SACA Reports	Annual
Capacity for Data Analysis	% of trained NACA/SACA staff proficient in data analysis tools	10%	80%	Training Reports, Assessments	Biannual
	Number of data visualization dashboards deployed	0	36 (1 per state + FCT)	NACA System Logs	Annual
Data-Driven Policy Implementation	% of national/state HIV plans informed by data	50%	95%	NSP/SACA Plans	Annual

	Number of stakeholder review meetings held annually	2	4	Meeting Reports	Quarterly
Accountability and Transparency	% of HIV program reports publicly available	20%	90%	NACA Website, NNRIMS	Annual
	Number of performance reviews conducted with stakeholder feedback	0	20 (4 per year)	Review Reports	Quarterly

5.2.2. Data Collection Methods

- **Routine Data Collection**: Leverage National Data systems to collect data on diseases and health conditions, system integration, data quality, and reporting compliance from public, private, and civil society stakeholders.
- **Surveys and Assessments**: Conduct biannual surveys to evaluate stakeholder capacity in data analysis and utilization, focusing on NACA, SACAs, and implementing partners.
- **Stakeholder Consultations**: Organize quarterly stakeholder meetings to gather qualitative feedback on data-driven policy implementation and barriers to data utilization.
- **System Audits**: Perform annual audits of data systems to assess interoperability, security, and compliance with data governance standards.
- **Performance Reviews**: Conduct quarterly performance reviews to evaluate data utilization outcomes and stakeholder accountability.

Data Tools and Templates

- **Monitoring checklists** for site visits, partner reviews, and audits.
- **Self-assessment tools** for institutions to review internal compliance.
- **Compliance dashboards** to visualize progress and gaps.
- **Incident reporting forms** for data misuse, breach, or non-compliance.

5.2.3. Data Analysis and Reporting

Plan for regular evaluation of the data governance policy (e.g., every 2–3 years). Use mixed methods (quantitative and qualitative) to assess document and share lessons learned to inform policy revisions.

- **Quantitative Analysis**: Use statistical tools to analyze KPIs, such as the percentage of states integrated into the National Systems and the proportion of data-driven plans, to measure progress.
- **Qualitative Analysis**: Analyse stakeholder feedback from consultations and reviews to identify barriers and opportunities for improving data governance.
- **Reporting**: Produce annual M&E reports summarizing progress, challenges, and recommendations, disseminated through NACA's website and stakeholder forums. Quarterly briefs will provide updates on key indicators and immediate action points.

5.2.4. Roles and Responsibilities

- **DPRS**: Coordinating the National Health Management Information System (NHMIS), conducting research, and monitoring and evaluating health programs
- **NACA**: Lead M&E implementation, coordinate data collection, and produce reports. Ensure integration of M&E findings into national HIV strategies.
- **NASCP**: Operate central HIV data platform, conduct PIAs, risk assessments, and audits, manage the Incident Response Team and train state M&E units
- **SACAs**: Collect and report state-level data, participate in capacity-building, and implement state-specific M&E activities.
- **SASCP**: Collect, validate, and upload patient-level data; implement privacy-by-design workflows and flag anomalies or breaches within 24 hr
- **NDPC**: Enforce NDP Act compliance, investigate data breaches and advise on Data Processing Agreements.
- **NITDA**: Deliver AES-256/TLS 1.3 security stack, provide SOC monitoring and uptime SLAs, undergo penetration tests and remediate within 30 days.
- **Implementing Partners**: Provide program data, participate in stakeholder reviews, and adopt data governance standards.
- **Civil Society Organizations**: Monitor transparency and advocate for data-driven decision-making.
- **Donors (e.g., PEPFAR, Global Fund)**: Support M&E activities through funding and technical assistance.

5.2.5. Timeline

- **2025**: Establish baseline data, finalize M&E tools, and initiate capacity-building programs.
- **2026-2027**: Roll out the Policy document across states, conduct initial performance reviews, and deploy data visualization tools.
- **2028**: Evaluate mid-term progress, refine data governance standards, and scale up stakeholder engagement.
- **2030**: Achieve full integration, assess policy outcomes, and finalize M&E report for 2025-2030.

5.2.6. Risk Mitigation

- **Risk**: Limited stakeholder compliance with data reporting.
  Mitigation: Enforce legislative/regulatory measures to mandate data submission and provide incentives for compliance.
- **Risk**: Insufficient technical capacity for data analysis.
  Mitigation: Expand training programs and partner with technical experts (e.g., UNAIDS, WHO) for support.
- **Risk**: Data security and privacy breaches.
  Mitigation: Implement robust data protection protocols and regular system audits.
- **Risk**: Funding constraints for M&E activities.
  Mitigation: Develop a costed plan leverage blended financing as well as advocate for increased domestic funding through budgetary allocations, HIV/AIDS Trust Fund and donor support.

5.2.7. Expected Outcomes

- A fully integrated national HIV data management system by 2025, ensuring high-quality and interoperable data.
- Increased stakeholder capacity to analyze and use HIV data, driving evidence-based resource allocation and program planning.
- Enhanced policy and program implementation informed by data, contributing to the 2030 targets.
- Improved transparency and accountability, fostering trust and collaboration among stakeholders.

6 Conclusion

This M&E strategy provides a structured approach to track the implementation of the data governance policy, ensuring that Nigeria's HIV/AIDS response is driven by high-quality, actionable data. By monitoring key indicators, leveraging robust data collection methods, and fostering stakeholder collaboration, the strategy will support the achievement of a sustainable and evidence-based national response to end AIDS by 2030.

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8 APPENDICES 1

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9 APPENDICES 2

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