



ENDING AIDS IN NIGERIA BY 2030

PROSPECTS AND CHALLENGES TO THE NIGERIA NATIONAL RESPONSE

OUTCOME OF 2016 ACCOUNTABILITY FORUM and IMPLICATIONS FOR THE 2016 WORLD AIDS DAY CELEBRATION

Organized by CiSHAN in Partnership with NEPWHAN, NHVMAS, TAM, and other CSOs in Nigeria

Preamble:

At the end of 2014, an estimated 3,396,546 (GARPR 2015) were living with HIV in Nigeria. A total of 174,253 people had also died of AIDS related causes. Of those eligible for antiretroviral therapy, only 853,992 (809,304 adults 15 years and above, and 44,688 children 0-15 years) were on therapy. This constitutes 28% coverage – 18.7% coverage for children, 20.7% for men, and 34.7% coverage for women. Also, 10.9% of clients in HIV care were placed on isoniazid prophylaxis, and 76.3% were placed on co-trimoxazole prophylaxis, 68% of those in HIV care were screened for tuberculosis. The 2015 target for HIV treatment coverage for adults and children were not achieved. We do appreciate that significant progress had been made with treatment coverage. However, this coverage is still far lower than what can make any meaningful impact. The quality of HIV services provided to PLHIV has also remained worrisome and continues to decline at the treatment centers. Unfortunately, the quality of HIV care is not monitored and measured. Also, we do not measure the management of HIV co-infections. Yet we are aware that in Nigeria, co-infection of HIV with tuberculosis, hepatitis and cancers are very high.

One of the main outcomes of The National HIV Prevention Conference was the glaring need for PrEP. While there is a draft national ART guidelines that acknowledges the need for PrEP access by those at substantial risk for HIV, there is no plan or roadmap defined for this in Nigeria. Key Affected Populations are continuously being left behind while the Family Life and HIV Education that ought to provide basic prevention information to in and out-of school youth have been abandoned in Nigeria. The HIV incidence is high and almost doubling for young and adolescent population in the past 4 years. Annually only about 11 million Nigerians are tested which represent 11% of the country's testing needs.

Nigeria pledge \$10 million to the Global Fund. The country is yet to redeem numerous counterpart contributions it has pledged in time past. Our domestic HIV/AIDS budgetary allocation by the National Assembly declined from N3 billion in 2014 to less than N1billion in 2016. Many HIV/AIDS programs and projects previously supported by donors have either been closed down or transitioned to the federal and state governments for continuity without adequate

sustainability plans. This has resulted in exorbitant USER FEES placed on PLHIV by treatment centers before drug refill and other treatment service is provided. PLHIV are dying because of the barrier created by this user fee. Fees range from as N3000 to N12,000 charged by University College Hospital, Ibadan. No standardization of fee in a national HIV response programmes.

The national Strategic Framework and Plan which provide targets, goals, activities and direction for the national response is just being developed after almost 1 year expiration of the previous one (2010-2015). This has further weakened the coordination of the National Response and seriously challenged our vision of ending AIDS in Nigeria.

In view of the above, we CSOs reached the following consensus at the end of the 2016 CSO accountability forum and in commemoration of the 2016 World AIDS Day: we demand that we CSO, along with stakeholders engaged with the HIV response in Nigeria:

- *Ensures the National HIV treatment response is weaned off donor support and National Budgetary Cycle:* The HIV response in Nigeria is heavily dependent on the support of international partners and National Budgetary cycle which weakens its efficiency and effectiveness. We demand that the national government's investment in the HIV response should increase by at least 100% in 2017 and the AIDS Trust Fund be established by an act of the National Assembly to provide sustainable financing system to the national response before 2018.
- *Standardize the delivery of HIV treatment in both the public and private health care settings:* The Federal Ministry of Health needs to institute a mechanism to ensure all hospitals providing HIV treatment services in Nigeria, no matter the status, adhere to prescribed standards of practices.
- *Ensures delivery of quality HIV treatment services:* it is important that the quality of HIV prevention services delivered in the facilities, are reviewed periodically. Inclusion of the management of HIV related opportunistic infections should also be included in the consideration for assessing the quality HIV treatment services.
- *Ensures the removal of barriers for HIV treatment access by adolescents and key populations:* we recognize the increasing vulnerability of adolescents to HIV infection and the increasing prevalence of HIV in adolescents. We ask that the government supports the access of adolescents to HIV treatment services without such barriers like demand for parental consents, stigmatization because of sexual orientation or the practice of high HIV risk behaviours, improve treatment literacy, and build the capacity of judges to implement the HIV Anti-discriminatory Act
- *Ensures efficient coordination of the HIV response:* It is important that all stakeholders involved in the HIV response in Nigeria identifies and understand how they each contributes to targets set for the HIV programme. It is then possible for the HIV response to be monitored and partners asked to be accountable for specific targets. The coordination mechanism must recognize those whom the community trusts to provide health care for them such as the private health sector and the traditional healers.

- *Implementation of PREP in Nigeria:* we demand that Nigeria having the second largest AIDS burden in the world adopt and fully fund PREP implementation in the country in order to end AIDS in the country.
- *Ensures the HIV treatment programme is cost effective:* As the HIV treatment programme matures, it is important that we equally look for ways to ensure that the cost of program implementation drops. One of these ways includes shifting to the use of cheaper and less toxic first line drugs like DTG. It is also important we consider generic drug production. It is equally important to recognize the value in the use of self test kits as a tool that can help reduce the barriers to individuals determining their HIV status.
- *Ensures public access to relevant HIV data:* it is important that CSOs have access to data and information about the HIV programme in Nigeria for its use as a monitoring and an advocacy tool. This implies that stakeholders need to continue to engage with CSOs to regularly provide updates on current status of the HIV activities. One of these forums should be the yearly CSO Accountability Forum.
- *Ensures inclusion of PLHIV in the planning, implementation and monitoring of the HIV activities:* While we recognize that government and stakeholders often engage PLHIV in the design and implementation of programmes and activities, we would like to see more engagement of PLHIV in the monitoring of the HIV treatment programme in Nigeria at the local, state and national levels to help improve the validity of our national data on treatment.

Civil Society Organisations in Nigeria are committed to supporting the design and implementation of all HIV programs and activities that prioritise the needs of people living with HIV, and ensures the delivery of quality services.

We are aware that the government plans to commence test and treat. This is a welcome development. However, the country needs to be aware of the potential challenges associated with this approach – an increase prospect for development and transmission of ARV resistance strains. This implies that ART services should not only provide viral load assessment but also ARV resistance monitoring. The country also needs to conduct periodic ARV resistance survey.

We are also aware that the success of the HIV treatment programme in Nigeria is hinged on harnessing community support for treatment initiation, adherence and retention in care. Civil Society Organisations are ready to mobilise its structures to support the HIV treatment programme. We demand that the government works with us to ensure we deliver what we can deliver.

Finally, we **demand** that the HIV/AIDS National Response in Nigeria be accountable, available, appropriate, acceptable, affordable and standardised. This requires integration of HIV treatment services into routine care services in all health care facilities, and the elimination of user fees and any other barriers that impede the access of any PLHIV accessing treatment.