TREATMENT OPTIMIZATION: 2016 AND MOVING FORWARD

WHAT WE WANT TO SEE

Outcomes of the 2016 Civil Society Accountability Forum in Nigeria

Preamble:

At the end of 2015, an estimated 3,040,000 were living with HIV in Nigeria. An estimated 180,000 people had also died of HIV. Of those eligible for antiretroviral therapy, on 853,992 (809,304 adults 15 years and above, and 44,688 children 0-15 years) were on therapy. This constitutes 28% of population in need of ART, with the coverage being 18.7% for children, 20.7% for men, and 34.7% 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 was not achieved. We do appreciate that significant progress had been made with treatment coverage. However, this coverage is still far lower that what can make any meaningful impact. The quality of HIV services provider has also remained worrisome. 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.

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

- **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 treatment programme:** It is important that all stakeholders involved in the HIV treatment programme in Nigeria identifies and understand how they each contributes to targets set for the HIV programme. It is then possible for the HIV treatment programme 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.

• **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 the cost of program implementation drops. One of these ways includes shifting to the use of cheaper and less toxic first line drugs like dolutegravir. 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 treatment data:** it is important that CSO have access to data and information about the HIV treatment programme in Nigeria for its use as a monitoring and an advocacy tool. This implies that stakeholders need to continue to engage with CSO to regularly provide updates on current status of the HIV treatment programme. One of these forums should be the yearly CSO Accountability Forum.

• **Ensures the National HIV treatment programme is weaned off donor support:** The HIV treatment programme in Nigeria is heavily dependent on the support of international partners. We demand that the national government’s investment in the HIV treatment programme should increase by at least 100% by the end of 2018. One such approach is the institution of the AIDS trust fund.

• **Ensures inclusion of PLHIV in the planning, implementation and monitoring of the HIV treatment programme:** While we recognize that government and stakeholders often engage PLHIV in the design and implementation of programmes, 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 treatment plans that prioritises 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 treatment programme 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. For more information on treatment optimization plan for Africa, visit: http://pangaeaglobal.org/attachments/article/218/TreatmentOtimizationMeetingReportFINALJULY2015.pdf