

# A REPORT

## 2016 CIVIL SOCIETY ACCOUNTABILITY FORUM

T H E M E :

### FAST-TRACKING STAKEHOLDERS' COMMITMENT AND ACTIONS

TOWARDS ACHIEVING 90-90-90 TARGETS BY 2020  
AND ENDING AIDS AS PUBLIC HEALTH THREAT BY 2030

15<sup>TH</sup> NOVEMBER 2016



**ORGANISERS:**

CIVIL SOCIETY FOR HIV/AIDS IN NIGERIA (CISHAN)

TREATMENT ACTION MOVEMENT (TAM)

PLANNED HEALTH ADVOCACY AND DEVELOPMENT FOUNDATION (PLAN)

NEW HIV VACCINE AND MICROBICIDES ADVOCACY SOCIETY (NHVMAS)

THE AFRICAN COMMUNITY ADVISORY BOARD (AFROCAB)

## INTRODUCTION

**A**t 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, 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 than 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, the civil society organizations working on HIV and AIDS, New HIV Vaccine and Microbicides Advocacy Society and Planned Health Advocacy and Treatment Foundation facilitated a one-day CSO accountability forum bringing together the policy makers, implementing partners, bilateral and unilateral organization, the private sector and members of civil society organizations to fast track the stakeholders' commitment and actions towards achieving 90-90-90 target by 2020 and ending the AIDS epidemic by 2030. The overall goal was to set a new tide in the HIV treatment optimization in Nigeria with community demand for accountability and actions from the various stakeholders with the CSO inclusive.

The meeting was held at the Crystal Palace hotel Abuja on the 15<sup>th</sup> of November 2016 with 62 participants in attendance. The meeting adopted various delivery model including plenary sessions with presentation of the data on the national HIV response, roundtable discussions and panel discussions. The forum was very engaging and the outcome was presented as recommendations for actions at various levels of response.

### OPENING PLENARY

The opening plenary chaired by UNAIDS Country Director Dr. Bilali Camara provided the platform to highlight the current state of the epidemic and the state of treatment

optimization in the national response. The topics discussed were “HIV prevention and ending the AIDS epidemic, Treatment optimization in Nigeria and its feasibility in Africa”.

### **ROUND TABLE DISCUSSIONS**

The roundtable discussions were focused on igniting discussions that would facilitate consensus on improving the financing of the HIV response and improving the community engagement process in the treatment program towards achieving treatment optimization. The discussion topics included: 'achieving donor independency for HIV treatment in Nigeria', 'community response and treatment program in Nigeria', and 'role of individuals for treatment success – what works!'

### **PANEL DISCUSSION**

The panel discussions had local and international resource persons' discuss on creating space for HIV treatment advocacy. The session centered on what we can do differently in achieving treatment optimization and better outcome in the HIV response. Panelists strongly advocated for rapid treatment scale up through community led mechanisms towards 90-90-90. Lessons from Zimbabwe were shared, what we need to do with adolescents, what we can do for people at substantial risk for HIV were all highlighted.

### **CLOSING PANEL DISCUSSION**

The session facilitated by Dr. Murphy Akpu and Dr. Emeka Asadu had a critical thinking through the various facets of the efforts at HIV treatment program in Nigeria and how best to achieve treatment optimization with a segmentation of the various stakeholders and what they will be bring on the board towards achieving accountability and commitment to HIV treatment programme in Nigeria. These include the Civil society organizations, the National Agency for the Control of AIDS, the Federal ministry of Health, PEPFAR, UNAIDS, World Bank, and other partners.

### **CSO POSITION PAPER**

Following the extensive discussions, the following recommendations were made as a way forward for the HIV treatment 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

- Ensure delivery of quality HIV treatment services: it is important that the quality of HIV prevention and treatment 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.
- 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 behaviors, improve treatment literacy, and build the capacity of judges to implement the HIV Anti-discriminatory Act.
- Ensure the HIV treatment program is cost effective: As the HIV treatment program 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.
- Efficient coordination of the HIV treatment program: It is important that all stakeholders involved in the HIV treatment program in Nigeria identifies and understand how they each contributes to targets set for the HIV program. It is then possible for the HIV treatment program 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.
- Provide public access to relevant HIV treatment data: it is important that CSO have access to data and information about the HIV treatment program 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 program. One of these forums should be the yearly CSO Accountability Forum.
- Increased Domestic Funding: The HIV treatment program in Nigeria is heavily dependent on the support of international partners. We demand that the national government's investment in the HIV treatment program should increase by at least 100% by the end of 2018. One such approach is the institution of the AIDS trust fund.

- Include CSOs and PLHIV in the planning, implementation and monitoring of the HIV treatment program: While we recognize that government and stakeholders often engage PLHIV in the design and implementation of programs, we would like to see more engagement of PLHIV in the monitoring of the HIV treatment program in Nigeria at the local, state and national levels to help improve the validity of our national data on treatment..
- Civil Society Organizations in Nigeria are committed to supporting the design and implementation of all HIV treatment plans that prioritizes 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 program in Nigeria is hinged on harnessing community support for treatment initiation, adherence and retention in care. Civil Society Organizations are ready to mobilize its structures to support the HIV treatment program. We demand that the government works with us to ensure we deliver what we deliver .

Finally, we demand that the HIV treatment program in Nigeria be accountable, available, appropriate, acceptable, affordable and standardized. 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.

**NEXT STEPS:**

- The communiqué should be published and made available to the various stakeholders
- The progress made from this forum should be monitored in terms of translations of the recommendations into action and this should be reported at the next CSO forum.
- CSO accountability forum should be held an annual event that would create interface between the CSOs and other stakeholders.
- The implementing partners should increase the number of CSO partners they

engage in the meeting; link with other networks and groups working on HIV and AIDS.

- Future event should be a two days event to allow for deliberations among the CSOs before engagement with the policy makers and other stakeholders.
- Advocacy visits should be properly scheduled to pass the message to the relevant authorities at the Federal Ministry of Health and the House Committee on health.